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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 black lung benefit trust or private foundation)

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

2010

Open to Public Inspection

		2010 ca pplicable	c Name of organization DIRECT RELIEF INTERNATIONAL		D Employer	identification number		
☐ Add	dress ch	nange	Doing Business As		95-1831	116		
∏ Nai	me cha	inge	Doing Business As		E Telephone	number		
•	ial retu minate		Number and street (or P O box if mail is not delivered to street address) 27 SOUTH LA PATERA LANE	4-4767				
_	ended olication	return n pending	City or town, state or country, and ZIP + 4 GOLETA, CA 93117	G Gross receipts \$ 405,075,120				
י יי	Silection	r pending	F Name and address of principal officer	H/=\		iliates? Yes No		
			BHUPI SINGH	n(a) Is this a gr	oup return for aff	iliates? Yes No		
			27 SOUTH LA PATERA LANE GOLETA,CA 93117	H(b) Are all af	filiates include	d?		
						st (see instructions)		
I Ta	x-exen	npt status	▼ 501(c)(3)	H(c) Group	exemption i	number 🟲		
			/W DIRECTRELIEF ORG					
			✓ Corporation Trust Association Other ►	L Year of form	ation 1948	M State of legal domicile CA		
Pa	rt I	Sum	mary					
Activities & Governance		A FFECT ST RENG RESO U F	RELIEF INTERNATIONAL PROVIDES MEDICAL ASSISTANCE TO IM ED BY POVERTY, DISASTER, AND CIVIL UNREST AT HOME AND THI STHEN THE IN-COUNTRY HEALTH EFFORTS OF OUR PARTNERS BY P RCES, MEDICINES, SUPPLIES AND EQUIPMENT This box I fithe organization discontinued its operations or disposed of	ROUGHOUT T PROVIDING E	HE WORLD	WE WORK TO MATERIAL		
න් ආ	3	Number	of voting members of the governing body (Part VI, line 1a)		3	26		
¥	4	Number	of independent voting members of the governing body (Part VI, line 1b)		4	26		
ŧ	5	Total nu	mber of individuals employed in calendar year 2010 (Part V, line 2a) .		5	61		
∢	6	Total nu	mber of volunteers (estimate if necessary)		6	145		
	7a	Total un	related business revenue from Part VIII, column (C), line 12		7a	0		
	ь	Net unre	lated business taxable income from Form 990-T, line 34		7b	0		
				Prior Y		Current Year		
o)	8		butions and grants (Part VIII, line 1h)	33	8,248,826	404,747,879		
Revenue	9	_	Im service revenue (Part VIII, line 2g)		186,262	281,616		
歪	10 11		revenue (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,698	17,270 -11,589		
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		733	-11,509		
				33	8,439,221	405,035,176		
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)	24	6,998,633	277,087,574		
	14		ts paid to or for members (Part IX, column (A), line 4)		0	0		
\$	15	Salarıe 10)	es, other compensation, employee benefits (Part IX, column (A), lines 5-	4,685,308		5,467,772		
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)		0	0		
ठ	b		ndraising expenses (Part IX, column (D), line 25) 🛌					
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		9,314,232	26,918,957		
	18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		0,998,173	309,474,303		
- gr	19	Keven	ue less expenses Subtract line 18 from line 12	Beginning o	7,441,048	95,560,873		
ର୍ଷ୍ଟେଲ ଜନ୍ମ				Yea		End of Year		
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)	12	2,563,687	221,000,728		
4 P	21	Totall	labilities (Part X, line 26)		2,718,738	2,760,162		
	22		sets or fund balances Subtract line 21 from line 20	11	9,844,949	218,240,566		
Unde know		Ities of po and belie	ature Block erjury, I declare that I have examined this return, including accompanying sch f, it is true, correct, and complete. Declaration of preparer (other than officer)					
_		****			-12-15			
Sign Here		BHUF	PI SINGH EVP, COO & CFO or print name and title	Date				
		Print/Type			eck if self-	PTIN		
Paid	-	preparer's		em	ployed 🕨 🦳			
Preparent	arer		dress 111 E VICTORIA ST 2ND FLOOR			Firm's EIN • (805) 962-		
use (JIIIY		CANTA BADDADA CA 021012010			9175		

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

Par	t III		of Program Serv		lishments uestion in this Part III	·	
1	Brief	ly describe the	organization's missio	n			
SEE	SCHEE	OULE O					
2			undertake any signifi r 990-EZ?			r which were not listed on	┌ Yes ┌ No
	If "Ye	s," describe the	se new services on S	chedule O			
3		ne organization o	onducts, any program	┌ Yes ┌ No			
	If "Ye	s," describe the					
4	Section	on 501(c)(3) an	id 501(c)(4) organiza	tions and secti		largest program services b are required to report the an service reported	
4a	(Code	e) (Expenses \$	305,791,551	ıncludıng grants of \$	277,087,574) (Revenue \$	281,616)
	SEE S	SCHEDULE O	, , ,			, , , , ,	, ,
4b	(Code	e) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code	e) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4d	Othe	er program serv	ıces (Describe in Sc	hedule O)			
		enses \$		luding grants o	f \$) (Revenue \$)
4e	Tota	ıl program servi	ce expenses ⊧ \$	305,791,55	1		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
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? If "Yes," complete Schedule C, Part II	4	Yes	
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? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
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</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
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</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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-24d and complete Schedule K. If "No," go to line 25	24a		No
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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes			
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 49			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
•	gaming (gambling) winnings to prize winners?	1c	Yes	
а	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		l No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
3	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	4a		
	account)?	44	Yes	
Ь	If "Yes," enter the name of the foreign country SF			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
3	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
C	The storing Salor SD, did the organization me Form 8886-17	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		l No
	services provided to the payor?			
	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	7c		NI.
d	file Form 8282?	/(No
u	The rest, indicate the number of forms 5252 med during the year.			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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		
	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter	- -		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	1		
	facilities	1		
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
2a	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	-		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	,			
Ь	Enter the amount of reserves the organization is required to maintain by the states			
U	in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
_	13c			_
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Vac " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schodule O	1/16		

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

	ection A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	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?	2		Νο
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?	3		Νο
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	7.5		110
0	year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a				
ь	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	Yes	
c	A re officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
c 13	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c	Yes Yes	
13	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13	Yes Yes Yes	
13 14 15	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13	Yes Yes Yes	
13 14 15 a	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14	Yes Yes Yes Yes	
13 14 15 a	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14	Yes Yes Yes Yes	
13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b	Yes Yes Yes Yes	DI -
13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	12b 12c 13 14	Yes Yes Yes Yes	No
13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No
13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No
13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No
13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► DIRECT RELIEF INTERNATIONAL BHUPI SINGH EVP COO & CFO 27 SOUTH LA PATERA LANE GOLETA, CA 93117

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

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, and current key employees 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 organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	Name and Title Average hours			C) (che apply	cka			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
-										
			<u> </u>							

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

(A) Name and Title		(B) Average hours		(i tion that a			ıII		(E Repor comper	table isation	(E) Reportable compensation from related		(F) Estimated amount of other	
		per week (describe hours for related organizations in	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensat employee	Former	from organıza 2/1099		organizations		compensation from the organization and related organizations	
		Schedule O)	ň	8			<u></u>							
See A	ddıtıonal Data Table													
												+		
												+		
												+		
												+		
												+		
												4		
								<u> </u>						
1b c	Sub-Total							<u> </u>				_		
								 	1	1,160,619		0		103,132
2	Total number of individuals (incl \$100,000 in reportable compen	udıng but not lır	nıted to	thos	e lıs	ted) who	received	more tha	n	<u> </u>		
													Yes	No
3	Did the organization list any fori on line 1a? <i>If</i> "Yes," complete Sch					ey e	mploy •	ee, o	or highest	compens:	ated employee	3		No
4	For any individual listed on line organization and related organization	ations greater tl	nan \$15	0,00	002.	If "Y								
5	Individual	rosolvo or assri				• • fror	~ .	• uprol	lated orga	nization o	rundividual for	4	Yes	
3	services rendered to the organiz		-				-		_		•	5		No
	etian D. Indonendant Con	tunatava												
1	ction B. Independent Con Complete this table for your five		nsated i	ndep	end	ent o	contra	ctors	that rece	ived more	than			
	\$100,000 of compensation from	the organizatio											10	• • • • • • • • • • • • • • • • • • • •
		(A) ne and business ad	dress							Descr	(B) iption of services		Comper	
1 WO	K SYSTEMS ODBRIDGE CENTER 335 DBRIDGE, NJ 07095								п	Γ CONSULTI	NG			499,498
1417- SANT	KY CONSULTING A OLIVE ST A BARBARA, CA 93101								п	Γ CONSULTI	NG			217,673
PO BO	CT STAFFING DX 100985 DENCA, CA 91189								S	TAFFING SE	RVICES			171,084
9816 SCOT	EN INC E BAHIA DRIVE TSDALE, AZ 85260								п	Γ CONSULTI	NG			164,027
6 SPA	MIKE MARKS MD 6 SPARROW HAWK DRIVE BOX 29 HERMANUS, JOHANNESBURG SF REGIONAL MEDICAL ADVISOR FOR AFRICA								115,000					
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \(\mathbb{F} 5 \)														

	90 (2010)					P	age 9
Part \	VIII Statement of F	levenue		(A) Total revenue	(B) Related or exempt function revenue		exclude from tax under
							512, 513, or 514
2 22	1a Federated campaigns	5 1a	444,025				311
Contributions, giffs, grants and other similar amounts	b Membership dues .	1b					
Σ. Ε	c Fundraising events	1c	149,652				
Ĕä	d Related organizations						
∞ે≣	e Government grants (contr						
돌			404 454 202			ļ	
5 ₹	f All other contributions, gift similar amounts not include	ts, grants, and 1f ded above	404,154,202				
	g Noncash contributions incl	uded in lines 1a-1f \$	388,503,845				
ဒ္ဓ	h Total. Add lines 1a-1	ir 🛌		404,747,879			
a)			Business Code				
Program Service Revenue	2a PROGRAM MANAGEMENT	FEE	541610	281,616	281,616		
æ	b						
ф С	с						
<u>₹</u>	d						
2	e						
Ģ.	f All other program ser	rvice revenue					
<u>د</u>	a Total. Add lines 2a-2	2f . ►		281,616			
	_	including dividends, interest					
		ounts)		17,620			17,6
	4 Income from investment	of tax-exempt bond proceeds					
	5 Royalties	<u> </u>					
		(ı) Real	(II) Personal				
	6a Gross Rents						
	b Less rental expenses						
	c Rental income or (loss)						
		(loss)	•				
		(ı) Securities	(II) O ther				
	7a Gross amount from sales of						
	assets other than inventory						
	b Less cost or other basis and		350				
	sales expenses						
	c Gain or (loss)		-350	959	250		
		<u> </u>		-350	-350		
	8a Gross income from fu (not including	indraising events					
 }	\$149,652						
Č	of contributions repo See Part IV, line 18						
b		а	27,487				
5	b Less direct expense	s b	39,594				
	c Net income or (loss)	from fundraising events 🟲		-12,107			-12,1
		amıng activities See Part IV, line 19 . a	a				
		s	b				
		from gaming activities					
	10a Gross sales of invent returns and allowance						
		а					
	b Less cost of goods s	_					
		from sales of inventory 🟲					
	Miscellaneous Re		Business Code	<u>-</u>			
	11a MISCELLANEOUS R	EVENUE	624200	518	518		
	b						
	С						
	d All other revenue .						<u> </u>
	e Total. Add lines 11a-	-11d ▶		518			
	12 Total revenue. See Ir	netructions -	-				
	o.ucve.iue. 3ee 1			405 035 176	1 201 704	l o	5 5 5 1

	990 (2010)				Page 10
Par	t IX Statement of Functional Expenses		- 1		
А	Section $501(c)(3)$ and $501(c)(4)$ organizations must omplete column (A) but are not required to c			(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	110,941,694	110,941,694		· ·
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	166,145,880	166,145,880		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	543,764		396,715	147,049
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,060,702	2,580,652	825,997	654,053
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	166,477	92,837	43,817	29,823
9	Other employee benefits	398,253	216,967	111,100	70,186
10	· ·	·	,	'	
a	Payroll taxes	298,576	167,288	78,187	53,101
ь	Management	26,012	4,157	21,855	
c	Accounting	51,139	9,770	40,694	675
d	Lobbying	1,444	1,444	,	
е	Professional fundraising services See Part IV, line 17	2,	2,		
f	Investment management fees				
g	Other				
12	Advertising and promotion	10,022	25	4,351	5,646
13	Office expenses	352,017	310,533	· · · · · · · · · · · · · · · · · · ·	17,784
14	Information technology	197,824		•	78,823
15	Royalties	157,024	31,370	27,023	70,023
16	Occupancy	762,540	734,102	16,558	11,880
17	Travel	451,757	402,726	 	10,638
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	431,737	402,720	36,393	10,038
19	Conferences, conventions, and meetings	73,204	47,878	17,931	7,395
20	Interest	87,607	56,395	 	13,039
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	512,210	349,239	94,028	68,943
23	Insurance	59,315	40,340	· · · · · · · · · · · · · · · · · · ·	5,946
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)		10/2 13	25,525	
а	INVENTORY ADJ-SEE SCH O	20,241,858	20,241,858		
b	FREIGHT AND TRANSPORTAT	1,785,270	1,785,270		
С	CONTRACT SERVICES	1,430,198	1,100,402	267,443	62,353
d	WEB HOSTING	258,019	166,092	53,524	38,403
e	UTILITIES AND TELEPHONE	210,291	162,588	32,724	14,979
f	All other expenses	408,230	142,038	205,793	60,399
25	Total functional expenses. Add lines 1 through 24f	309,474,303	305,791,551	2,331,637	1,351,115
26	Joint costs. Check here ► ☐ If following	· ·			· ·
	SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
				_	000 (2010)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			600	1	5,223
	2	Savings and temporary cash investments	•		4,832,151	2	6,172,294
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4	439,354	
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key	employees, and			
		Schedule L				5	
ssets	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employorganizations (see instructions)	ers, and				
		Schedule L				6	
Š	7	Notes and loans receivable, net	•			7	
₹	8	Inventories for sale or use			111,110,110	8	206,699,652
	9	Prepaid expenses and deferred charges			248,460	9	188,446
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	9,456,433			
	ь	Less accumulated depreciation	10b	2,585,844	6,367,867	10c	6,870,589
	11	Investments—publicly traded securities		11			
	12	Investments—other securities See Part IV, line 11	4,499	12	625,170		
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			122,563,687	16	221,000,728
	17	Accounts payable and accrued expenses .			680,841	17	356,087
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es.	21	Escrow or custodial account liability Complete Part IV of Schedul	le D .			21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ę		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			1,400,000	23	1,400,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			637,897	25	1,004,075
	26	Total liabilities. Add lines 17 through 25			2,718,738	26	2,760,162
		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olet e l	ines 27			
9		through 29, and lines 33 and 34.					
an E	27	Unrestricted net assets			113,570,684	27	211,612,363
Ba	28	Temporarily restricted net assets			6,274,265	28	6,628,203
몯	29	Permanently restricted net assets				29	
or Fund Balances		Organizations that do not follow SFAS 117, check here ► ar lines 30 through 34.	nd com	ıplet e			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
AS	32	Retained earnings, endowment, accumulated income, or other fu				32	
Net	33	Total net assets or fund balances			119,844,949	33	218,240,566
Z	34	Total liabilities and net assets/fund balances			122,563,687	34	221,000,728
					1 ==,000,001		

Pai	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		405,0	35,176
2	Total expenses (must equal Part IX, column (A), line 25)	2			 174,303
3	Revenue less expenses Subtract line 2 from line 1	3		95,5	560,873
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		119,8	344,949
5	Other changes in net assets or fund balances (explain in Schedule O)	5		2,8	34,744
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		218,2	240,566
Par	The contains a response to any question in this Part XII		-	T	No
1	Accounting method used to prepare the Form 990			165	NO
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, 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		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
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?	2	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

Employer identification number

SCHEDULE A Public

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

DIRE	CT RELI	EF INTERNATIONAL									
			95-1831116								
	rt I	Reason for Public Charity Status (All organizations must complete this		ctions							
	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one	•								
1	<u> </u>	A church, convention of churches, or association of churches described in section 17)(b)(1)(A)(i).								
2	<u> </u>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	Ŀ	A hospital or a cooperative hospital service organization described in section 170(b)	(1)(A)(iii).								
4	Γ	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	Γ	An organization operated for the benefit of a college or university owned or operated b	y a governmental un	ıt describe	d in						
		section 170(b)(1)(A)(iv). (Complete Part II)									
6	Г	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 govern described in section 170(b)(1)(A)(vi) (Complete Part II)	mental unit or from th	he general	public	:					
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)									
9	Ē	An organization that normally receives (1) more than 331/3% of its support from con	tributions, members	hip fees, a	nd aro	ss					
		receipts from activities related to its exempt functions—subject to certain exceptions			_						
		its support from gross investment income and unrelated business taxable income (le	ss section 511 tax) f	from busin	esses						
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete I	Part III)								
10	Г	An organization organized and operated exclusively to test for public safety. See sect i	on 509(a)(4).								
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the fone or more publicly supported organizations described in section 509(a)(1) or section the box that describes the type of supporting organization and complete lines 11e through the following organization and complete li	on 509(a)(2) See se ough 11h	•	a)(3).	Chec					
e	Γ	By checking this box, I certify that the organization is not controlled directly or indire other than foundation managers and other than one or more publicly supported organisection 509(a)(2)		-							
f		If the organization received a written determination from the IRS that it is a Type I, T check this box	ype II or Type III su	upporting o	rganız	ation. T					
g		Since August 17, 2006, has the organization accepted any gift or contribution from a following persons?	•								
		(i) a person who directly or indirectly controls, either alone or together with persons of	lescribed in (ii)		Yes	No					
		and (III) below, the governing body of the the supported organization?		11g(i)							
		(ii) a family member of a person described in (i) above?		11g(ii)							
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)							
h		Provide the following information about the supported organization(s)									

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	ion in ted in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

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.)

	under Part III. II t	ne organización	i laiis to qualily	under the tests	ilsted below, pi	ease co	ilibiete i	Part III.)
	ection A. Public Support							
Cale	endar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	10	(f) Total
1	membership fees received (Do not include any "unusual	198,493,65	29,762,904	165,973,150	341,084,014	406	,929,073	1,142,242,800
2	grants ") 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	198,493,65	29,762,904	165,973,150	341,084,014	406	,929,073	1,142,242,800
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							672,023,901
6	(f) Public Support. Subtract line 5							470,218,899
	from line 4							470,210,033
	ection B. Total Support endar year (or fiscal year	1		T				
Car	beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	10	(f) Total
7	A mounts from line 4	198,493,659	29,762,904	165,973,150	341,084,014	406,929,073		1,142,242,800
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	83,420	5,456	8,423	4,325		17,620	119,244
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	37	10	474	435		518	1,474
11	Total support (Add lines 7 through 10)							1,142,363,518
12	Gross receipts from related activ	ıtıes, etc (See ın	structions)			12	_	
13	First Five Years If the Form 990 check this box and stop here	is for the organiza	tion's first, secon	d, thırd, fourth, or	fifth tax year as a	501(c)(3	3) organız	zation,
	ection C. Computation of P							
14	Public Support Percentage for 20	10 (line 6 columi	n (f) divided by line	e 11 column (f))		14		41 160 %
15	Public Support Percentage for 20	09 Schedule A, P	art II, line 14			15		53 870 %
16a	33 1/3% support test—2010. If t and stop here. The organization of				lline 14 is 33 1/3%	% or more	, check t	hıs box ► ✓
b	33 1/3% support test—2009. If t	•	, ,,		6a, and line 15 is	3 3 1/3%	or more,	check this_
17a	box and stop here. The organizat 10%-facts-and-circumstances te is 10% or more, and if the organi in Part IV how the organization m	st—2010. If the or zation meets the	ganization did not "facts and circums	check a box on l stances" test, ch	eck this box and s	top here.	Explain	▶ □
b	organization 10%-facts-and-circumstances te 15 is 10% or more, and if the org Explain in Part IV how the organi	st—2009. If the or janization meets t	ganization did not he "facts and circ	check a box on l umstances" test,	ine 13, 16a, 16b, , check this box ar	or 17a ar nd stop h e	nd line ere.	▶ ┌
18	supported organization Private Foundation If the organizations							▶⊏ ▶⊏

Schedule A (Form 990 or 990-EZ) 2010 Page 3 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 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15		16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. 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

33 1/3% support tests—2009. 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

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

Software ID: Software Version:

EIN: 95-1831116

Name: DIRECT RELIEF INTERNATIONAL

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(B) Average hours		tıon (che				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
2 00	×						0	0	0	
2 00	Х						0	0	0	
5 00	Х						0	0	0	
5 00	Х						0	0	0	
2 00	Х						0	0	0	
2 00	Х						0	0	0	
2 00	Х						0	0	0	
2 00	Х						0	0	0	
10 00	Х						0	0	0	
2 00	Х						0	0	0	
5 00	Х						0	0	0	
2 00	Х						0	0	0	
5 00	Х						0	0	0	
5 00	Х						0	0	0	
5 00	Х						0	0	0	
2 00	Х						0	0	0	
2 00	Х						0	0	0	
5 00	Х						0	0	0	
5 00	Х						0	0	0	
2 00	Х						0	0	0	
2 00	Х						0	0	0	
2 00	Х						0	0	0	
2 00	Х						0	0	0	
2 00	Х						0	0	0	
2 00	Х						0	0	0	
	(B) A verage hours per week 2 00 2 00 5 00 2 00 2 00 2 00 2 00 2 0	(B) A verage hours per week Post of the per week 2 00 X 2 00 X 5 00 X 2 00 X 5 00 X 2 00 X <t< td=""><td>(B) A verage hours per week 2 00</td><td>(B) A verage hours per week</td><td> C</td><td> C</td><td> C</td><td> Column</td><td> Co</td></t<>	(B) A verage hours per week 2 00	(B) A verage hours per week	C	C	C	Column	Co	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Limployees, and Independent Contractors										
(A) Name and Title	(B) Average hours	l	((tion (hat a	(che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MARY-LOUISE SCULLY DIRECTOR	2 00	Х						0	0	0
BHUPI SINGH EVP, COO & CFO	40 00			х				249,666	0	24,832
THOMAS E TIGHE CHIEF EXECUTIVE OFFICER	40 00			х				294,097	0	15,261
ANTHOULA RANDOPOULOS VP, PHILANTHROPIC INVESTMENT	40 00					Х		124,000	0	16,370
ROSS COMSTOCK DIRECTOR OF IT	40 00					Х		116,333	0	16,131
SARAVANAN SELVARAJ SAP APPLICATIONS MANAGER	40 00					Х		120,000	0	14,602
PAUL THOMPSON CHIEF OF PROGRAMS	40 00					Х		115,754	0	6,446
KERRI MURRAY VP, MARKETING, DEVELOPMENT & COMMUNICATIONS	40 00					х		140,769	0	9,490

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DLN: 93493353006711

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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.

Open to Public Inspection

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

 Sec 	etion 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 zations Complete Part III	(Proxy Tax) or For	m 990-EZ, Part V, line 35a	not complete Part II-A I (Proxy Tax), then
Nan	ne of the organization	·		Employer iden	itification number
DIKE	ECT RELIEF INTERNATIONAL			95-1831116	
Part	I-A Complete if the or	ganization is exempt und	er section 501(c) or is a section 527	organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect po	litical campaign act	tivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Part	I-B Complete if the or	ganization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization	under section 4955	5	\$
2	Enter the amount of any excise	e tax incurred by organization ma	nagers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form	1720 for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes
b	If "Yes," describe in Part IV				
Part	I-C Complete if the or	ganization is exempt und	er section 501(c) except section 50:	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization fo	section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing o exempt funtion activities	rganization's funds contributed to	o other organization	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	re and on Form 112	20-POL, line 17b ►	\$
4	Did the filing organization file F	Form 1120-POL for this year?			⊤ Yes
5	organization made payments f amount of political contribution	nd employer identification number For each organization listed, ente ns received that were promptly ar political action committee (PAC)	the amount paid front of the transfer of the t	om the filing organization's t to a separate political orga	funds Also enter the inization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total			
2a	Lobbying non-taxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
С	Total lobbying expenditures								
d	Grassroots non-taxable amount								
e	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								

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

		(a	a)	(b)	
		Yes	No	A mount	
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				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV	Yes		1,444	
j	Total lines 1c through 1i			1,444	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
Ь	If "Yes," enter the amount of any tax incurred under section 4912		•		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

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

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

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

_	/	_	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
ь	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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Ident if ier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES		DIRECT RELIEF INTERNATIONAL PAYS AN ANNUAL MEMBERSHIP FEE TO INTERACTION FOR FY 11 THAT AMOUNT WAS \$17,822 INTERACTION INFORMED DIRECT RELIEF INTERNATIONAL THAT 8 1% (\$1,444) OF THE MEMBERSHIP DUES ARE USED FOR LOBBYING ACTIVITIES

1

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DLN: 93493353006711

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

ешаі	Revenue Service	orm 990. F See separate instructions.		Ilispe	
	ne of the organization ECT RELIEF INTERNATIONAL		Emp	loyer identification num	ber
			95-	1831116	
Pa	rt I Organizations Maintaining Donor Ac		unds	or Accounts. Compl	ete if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	1 - 4	(b) Funds and other acco	unts
	Total number at end of year	(a) Donor advised funds	'	Tullus alla otilei acco	runts
	Aggregate contributions to (during year)				
	Aggregate grants from (during year)				
	Aggregate value at end of year				
	,				
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	_	nor advi	Yes	☐ No
1	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				┌ No
ar	t II Conservation Easements. Complete	ıf the organızatıon answered "Yes"	to Forn	n 990, Part IV, line 7.	
· !	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualication on the last day of the tax year	on or pleasure) Preservation of a Preservation of a	certifie	ically importantly land aid historic structure	re a
				Held at the End of th	e Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified his	toric structure included in (a)	2c		
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d		
	Number of conservation easements modified, transfe the taxable year -		ed by th	ne organization during	
	Number of states where property subject to conserva				
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ndling of	violations, and Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easer	ments d	uring the year ►	
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	ts durin	g the year ► \$	
i	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of se	ction	☐ Yes	┌ No
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financia	•	•	
ar	Organizations Maintaining Collection Complete if the organization answered '	ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Ot	her Similar Assets.	
а	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue statem for public exhibition, education or resear	rch ın fu		ce,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research		•	
	(i) Revenues included in Form 990, Part VIII, line 1			► \$	
	(ii) Assets included in Form 990, Part X			► \$	
	If the organization received or held works of art, histofollowing amounts required to be reported under SFA:		for finan	<u>- </u>	
a	Revenues included in Form 990, Part VIII, line 1	2 220 rolding to those items		▶ - \$	
	Nevenues included in Form 330, Fait VIII, line I			F ⊅	

b Assets included in Form 990, Part X

Par	Til Organizations Maintaining Co	llections of Art	, Hist	torical Tre	easures, c	or Oth	<u>er Similar A</u>	sse	ts (coi	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of the	e following th	nat are a sıgı	nıfıcant	use of its collec	ction		
а	Public exhibition		d	┌ Loan o	rexchange p	orogram	าร			
b	Scholarly research		e	C Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how	they further	the organiza	ation's	exempt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•			ımılar	┌ \	ſes	Г No
Pai	t IV Escrow and Custodial Arrang					ered '	'Yes" to Form	990	,	
	Part IV, line 9, or reported an an		•	•						
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				ıons or otheı	rassets	s not	Γ,	ſes	∏ No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	followi	ng table			T -			
								moui	<u>nt</u>	
C	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?					۲	ſes	┌ No
	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete	If the organization (a)Current Year		wered "Yes Prior Year	" to Form 9 (c)Two Year		art IV, line 10 (d)Three Years Bac		Sour V	an Pack
1a	Beginning of year balance	28,429,715	(0)	31,306,636		480,303	(d)Tillee Teals bac	.к (е,	roui re	ars back
b	Contributions	582,986		179,402		, 578,647				
c	Investment earnings or losses	3,301,012		1,899,350		335,382				
d	Grants or scholarships	2,969,313		4,895,531	4,	350,069				
e	Other expenditures for facilities									
f	Administrative expenses	69,904		60,142		66,863				
g	End of year balance	29,274,496		28,429,715	31,	306,636				
2	Provide the estimated percentage of the yea	r end balance held a	a s					•		
а	Board designated or quasi-endowment 🕨	99 910 %								
ь	Permanent endowment • 0 090 %									
С	Term endowment ►									
3a	Are there endowment funds not in the posses	ssion of the organiz	atıon t	hat are held	and adminis	tered fo	or the			
	organization by								Yes	No
	(i) unrelated organizations					• •		ı(i)		N o
	(ii) related organizations						· · · · 	(ii)	Yes	
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second secon	•				• • •		3b	Yes	
	t VI Investments—Land, Buildings				n Part Y	lıne 10	1			
	Description of investment	s, una Equipme	<u> </u>	(a) Cost or basis (investi	other (b)Cos	t or othe (other)		i T	(d) Boo	ok value
12	Land			1 7	63,950			+	1	L,363,950
	Buildings				38,071		531,9	18		1,006,153
	Leasehold improvements		•		32,751		408,9	-		L,323,847
	Equipment		•		88,354		947,4	-		540,899
	Other			<u> </u>	33,307		697,5		7	2,635,740
_			-		-,		1 337,3		_	,, , , , ,

6,870,589

Part VII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)	(2,2 : :	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
	<u> </u>	
	+	
	+	
Total. (Column (h) should equal Form 990. Part X. col (B) line 12.)		
Tetali (Scialini (2) Sireali equali enil 1350) i are il con (2) iline 12)		12
Part VIII Investments—Program Related. See	e Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	+	Cost of elid-of-year market value
	-	
		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin		
(a) Descrip	tion	(b) Book value
	- ·	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
DISTRIBUTION PAYABLE-ANNUITIES	4,557	
CAPITAL LEASE OBLIGATION	24,464	
OTHER CURRENT LIABILITIES	975,054	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	1,004,075	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	er Return
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV)	
С	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV)	
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	t XIV Supplemental Information	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE ORGANIZATION EVALUATES UNCERTAIN TAX POSITIONS, WHEREBY THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE AS OF JUNE 30, 2011, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL THE ORGANIZATION FILES TAX RETURNS IN CALIFORNIA AND U S FEDERAL JURISDICTIONS THE ORGANIZATION IS NO LONGER SUBJECT TO U S FEDERAL, STATE AND LOCAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2007

DLN: 93493353006711

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

Name of the organization DIRECT RELIEF INTERNATIONAL **Employer identification number**

95-1831116

Part I	General Information on Activities Outside the United States.	Complete	e if the orga	anızatıon	answered
	"Yes" to Form 990. Part IV. line 14b.				

For grantmakers. 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

For grant makers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

Activites per Region (Use Part	V ıf addıtıonal :	space is needed)	,	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(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 region/investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANT MAKING		270,050
CENTRAL AMERICA AND THE CARIBBEAN	0	0		PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES	4,990,997
EAST ASIA AND THE PACIFIC	0	0	GRANT MAKING		1,363,320
EAST ASIA AND THE PACIFIC	0	1		PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES	9,221,427
NORTH AMERICA	0	0		PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES	938
SOUTH AMERICA	0	0	GRANT MAKING		200,233
SOUTH AMERICA	0	0		PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES	1,845,703
SOUTH ASIA	0	0	GRANT MAKING		160,086
SOUTH ASIA	0	0		PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES	8,381,386
SUB-SAHARAN AFRICA	0	0	GRANT MAKING		323,058
SUB-SAHARAN AFRICA	0	4		PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES	139,276,968
EUROPE	0	0	PROGRAM SERVICES		111,71!
3a Sub-total		1			18,052,754
b Total from continuation sheets to Part I		4			148,093,127
c Totals (add lines 3a and 3b) r Privacy Act and Paperwork Reduction	Act Notice so	5 the Instructions		t No 50082W Schedu	166,145,881 lle F (Form 990) 2010

scheaule F	· (Form 990) 2	2010												Page
Part II	Grants an	d Other Ass	sistance to Organ	izations or E	ntiti	es Outsid	e the Un	ited State	s. Comp	lete if the	organizat	ion answe	red "Yes"	to Form 990,
			recipient who rece space is needed.	ıved more tha	n \$5,0	000. Chec	k this box	ıf no one r	ecipient	received i	more than	\$5,000 .		▶ ┌
		(1) 100	() 5	4.00.0				443.44				41.5		400.00

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	See Add'l Data								
	_								
	_								
,	Enter total nur	mher of recipient	t organizations lis	ted above that are r	ecognized as charif	ties by the foreign o	ountry recognized	ac	I

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

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete	ıf the organızatıon a	nswered "Yes" to Form 9	990, Part IV, line 16.
	Use Part V if ad	ditional space is ne-	eded.					

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
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Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	✓	Νo
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 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
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)	Γ	Yes	r	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	r	Νo
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)	Г	Yes	্	Νo
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).	Г	Yes	⊽	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information	(see instructions)	required in Part I,	line 2, and any	additional
information	•	•		

<u>information.</u>		
Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING		SCHEDULE F, PART I, LINE 2 EXCEPT IN CERTAIN
GRANTS OUTSIDE THE U S		EMERGENCY RESPONSE SITUATIONS WHERE THE
		TIMELINESS OF OUR RESPONSE IS PARAMOUNT, GRANT
		RECIPIENTS SIGN MEMORANDUMS OF UNDERSTANDING
		OUTLINING THE RESPONSIBILITIES OF DIRECT RELIEF AND
		THE GRANTEE REPORTING BY THE GRANTEE VARIES
		BASED ON THE SIZE, SCOPE, AND TYPE OF PROGRAM,
		RANGING FROM MONTHLY, QUARTERLY, OR ANNUAL
		REPORTING, WITH A FINAL REPORT DUE UPON
		COMPLETION OF THE PROJECT DIRECT RELIEF ALSO HAS
		THE RIGHT TO MAKE SITE VISITS TO GRANTEES TO
		ENSURE COMPLIANCE WITH THE PROPOSAL, THIS IS
		ESPECIALLY THE CASE WHEN IT COMES TO THE
		MONITORING OF OUR SUPPORT OF GRANTEES IN
		EMERGENCY RESPONSE SITUATIONS
		Schedule F (Form 990) 2010
1		Schedule E / Form 990\ 2010

Software ID: Software Version:

EIN: 95-1831116

Name: DIRECT RELIEF INTERNATIONAL

Form 990 Schedule F Part II - Grants or Entities Outside The United States (b) IRS code (ı) Method of (g) A mount of non-(h) Description of (a) Name of section (e) A mount of (f) Manner of valuation (d) Purpose of grant non-cash (c) Region cash organization and EIN(ıf cash grant cash disbursement (book, FMV, assistance assistance applicable) appraisal, other) CENTRAL AMERICA FUNDING FOR 11,000 WIRE ANDTHE LEARNING CENTER-CARIBBEAN HAITI CENTRAL AMERICA FUNDING TO 28,250 WIRE AND THE DISTRIBUTE LOCALLY GROWN CARIBBEAN SEEDS AND VEGETABLES-HAITI CENTRAL AMERICA FUNDING TO 97,500 WIRE OPERATE A MOBILE AND THE CARIBBEAN MATERNITY & PEDIATRIC UNIT-HAITI CENTRAL AMERICA FUNDING TO 25,000 WIRE ANDTHE PROVIDE CARIBBEAN HEALTHCARE TO RESIDENTS OF ACUL DU NORD-HAITI CENTRAL AMERICA FUNDING TO 20,000 WIRE AND THE SUPPORT CARIBBEAN ORPHANAGE -HAITI CENTRAL AMERICA HAITIAN NGO 18,300 WIRE AND THE SUPPORT FOR CARIBBEAN COMMUNITY SCHOOLS 20,000 WIRE CENTRAL AMERICA MOBILE MEDICAL CLINIC IN ST AND THE CARIBBEAN ROCK-HAITI CENTRAL AMERICA REPAIR HAITIAN 25,000 WIRE ANDTHE CLASSROOMS TO CARIBBEAN PROVIDE EDUCATIONAL CLASSES CENTRAL AMERICA SUPPORT 25,000 WIRE ANDTHE COMMUNITY HEALTH WORKERS CARIBBEAN IN HAITI EAST ASIA AND NURSE/MIDWIFE 168,300 WIRE THE PACIFIC HEALTH EDUCATION TRAINING EAST ASIA AND NUTRITIONAL 67,945 WIRE THE PACIFIC PROJECT EAST ASIA AND JAPAN RELIEF AND 1,087,075 WIRE THE PACIFIC RECOVERY EAST ASIA AND MT MERAPI 40,000 WIRE THE PACIFIC VOLCANO RELIEF PROJECT SOUTH AMERICA CHILIE 95,370 WIRE EARTHQUAKE -HEALTHCARE FACILITIES REPAIRS SOUTH AMERICA DIABETES 60,000 WIRE PREVENTION PROGRAM -BOLIVIA SOUTH AMERICA RIO BENI HEALTH 44,863 WIRE CARE PROJECT -RURRENABAQUE, BOLIVIA SOUTH ASIA HOSPITAL 129,586 WIRE REHABILITATION PROGRAM IMPROVE SOUTH ASIA 20,500 WIRE STAFFING, SERVICES AND OUTREACH SOUTH ASIA TO IMPROVE 10,000 WIRE **PUBLIC HEALTH &** WAST MGMT ACTIVITIES 71,200 WIRE SUB SAHARAN OBSTETRIC AFRICA FISTULA REPAIR/PREVENTION PROGRAM SUB SAHARAN FISTULA REPAIR 107,000 WIRE AFRICA PROGRAM, NYANZA PROVINCIAL HOSPITAL SUB SAHARAN 22,231 WIRE SUPPORT OGRA'S AFRICA HEALTH RELATED WORK IN AFRICA SUB SAHARAN NURSE 16,000 WIRE HEALTHCARE AFRICA TRAINING SUB SAHARAN PURCHASE 10,627 WIRE PHARMACEUTICALS AFRICA FOR MARIDI HOSPITAL SUB SAHARAN SCOLARSHIPS FOR 96,000 WIRE AFRICA CLINICAL OFFICER TRAINING CENTRAL AMERICA 134,857 PHARMACEUTICALS, PURCHASED ANDTHE MEDICAL PRICE, CARIBBEAN SUPPLIES, ESTIMATED EQUIPMENT, WHOLESALE PRICE, CENTRAL AMERICA 20,855 PHARMACEUTICALS, PURCHASED AND THE MEDICAL PRICE, CARIBBEAN SUPPLIES, ESTIMATED EQUIPMENT, WHOLESALE PRICE, CENTRAL AMERICA 39,180 PHARMACEUTICALS, PURCHASED ANDTHE MEDICAL PRICE, CARIBBEAN SUPPLIES, ESTIMATED EQUIPMENT, WHOLESALE PRICE, CENTRAL AMERICA 145,853 PHARMACEUTICALS, PURCHASED AND THE MEDICAL PRICE, ESTIMATED CARIBBEAN SUPPLIES EQUIPMENT, WHOLESALE PRICE, CENTRAL AMERICA 47,451 PHARMACEUTICALS, ESTIMATED ANDTHE MEDICAL WHOLESALE

SUPPLIES,

EQUIPMENT,

PRICE,

CARIBBEAN

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	,	CENTRAL AMERICA AND THE CARIBBEAN				·	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	
		CENTRAL AMERICA AND THE CARIBBEAN				615,948	PHARMACEUTICALS, MEDICAL SUPPLIES,	· ·
-		CENTRAL AMERICA AND THE CARIBBEAN				299,426	SUPPLIES,	PURCHASED PRICE , ESTIMATED
		CENTRAL AMERICA AND THE CARIBBEAN					EQUIPMENT, PHARMACEUTICALS,	WHOLESALE PRICE, ESTIMATED WHOLESALE PRICE,
		CENTRAL AMERICA AND THE CARIBBEAN				·	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	ESTIMATED WHOLESALE PRICE,
		CENTRAL AMERICA AND THE CARIBBEAN				,	PHARMACEUTICALS,	WHOLESALE PRICE,
		CENTRAL AMERICA AND THE CARIBBEAN				·	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,
		CENTRAL AMERICA AND THE CARIBBEAN				181,654	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PRICE , ESTIMATED WHOLESALE PRICE,
		CENTRAL AMERICA AND THE CARIBBEAN				,	MEDICAL SUPPLIES,	PURCHASED PRICE,
		CENTRAL AMERICA AND THE CARIBBEAN					PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PRICE , ESTIMATED WHOLESALE PRICE,
		CENTRAL AMERICA AND THE CARIBBEAN CENTRAL AMERICA				,	PHARMACEUTICALS, MEDICAL SUPPLIES, PHARMACEUTICALS,	WHOLESALE PRICE,
		AND THE CARIBBEAN CENTRAL AMERICA					MEDICAL SUPPLIES, PHARMACEUTICALS,	WHOLESALE PRICE,
		AND THE CARIBBEAN					SUPPLIES, EQUIPMENT,	PRICE , ESTIMATED WHOLESALE PRICE,
		CENTRAL AMERICA AND THE CARIBBEAN				·	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PRICE , ESTIMATED WHOLESALE PRICE,
_		CENTRAL AMERICA AND THE CARIBBEAN					MEDICAL SUPPLIES, EQUIPMENT,	ESTIMATED WHOLESALE PRICE,
_		CENTRAL AMERICA AND THE CARIBBEAN				·	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PURCHASED PRICE , ESTIMATED WHOLESALE PRICE,
		CENTRAL AMERICA AND THE CARIBBEAN				ŕ	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,
		CENTRAL AMERICA AND THE CARIBBEAN				60,959	PHARMACEUTICALS, MEDICAL SUPPLIES,	PURCHASED PRICE , ESTIMATED
		EAST ASIA AND THE PACIFIC				475,580	EQUIPMENT, PHARMACEUTICALS, MEDICAL SUPPLIES,	PRICE , ESTIMATED
		EAST ASIA AND THE PACIFIC				72,430	EQUIPMENT, PHARMACEUTICALS, MEDICAL SUPPLIES.	WHOLESALE PRICE, PURCHASED PRICE, ESTIMATED
		EAST ASIA AND THE PACIFIC					EQUIPMENT, PHARMACEUTICALS,	WHOLESALE PRICE,
		EAST ASIA AND THE PACIFIC					MEDICAL SUPPLIES, EQUIPMENT,	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,
		EAST ASIA AND THE PACIFIC					MEDICAL SUPPLIES, EQUIPMENT,	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE,
		EAST ASIA AND THE PACIFIC				·	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	
		EAST ASIA AND THE PACIFIC				491,485	PHARMACEUTICALS, MEDICAL SUPPLIES,	PRICE , ESTIMATED
		EAST ASIA AND THE PACIFIC				215,057	SUPPLIES,	PRICE , ESTIMATED
		EAST ASIA AND THE PACIFIC					EQUIPMENT, PHARMACEUTICALS,	WHO LESALE PRICE, ESTIMATED WHO LESALE PRICE,
		EAST ASIA AND THE PACIFIC				·	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,
		EAST ASIA AND THE PACIFIC				18,318	MEDICAL SUPPLIES, EQUIPMENT,	PURCHASED PRICE , ESTIMATED
		EAST ASIA AND THE PACIFIC				·	PHARMACEUTICALS, MEDICAL SUPPLIES,	WHOLESALE PRICE, PURCHASED PRICE, ESTIMATED
							EQUIPMENT,	WHOLESALE PRICE,

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC				·	PHARMACEUTICALS, MEDICAL SUPPLIES,	PRICE , ESTIMATED
		EAST ASIA AND					EQUIPMENT, PHARMACEUTICALS,	
		THE PACIFIC EAST ASIA AND THE PACIFIC				339,092	PHARMACEUTICALS,	WHOLESALE PRICE, ESTIMATED WHOLESALE PRICE,
		EAST ASIA AND THE PACIFIC				188,926	PHARMACEUTICALS, MEDICAL	· · · · · · · · · · · · · · · · · · ·
							SUPPLIES, EQUIPMENT,	ESTIMATED WHOLESALE PRICE,
		EAST ASIA AND THE PACIFIC				·	PHARMACEUTICALS, MEDICAL SUPPLIES,	PURCHASED PRICE, ESTIMATED
		EAST ASIA AND				63,579	EQUIPMENT, PHARMACEUTICALS,	
		THE PACIFIC					MEDICAL SUPPLIES, EQUIPMENT,	PRICE, ESTIMATED WHOLESALE PRICE,
		EUROPE (INCLUDING ICELAND AND GREENLAND)				76,527	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	<u> </u>
		EUROPE				32,145	PHARMACEUTICALS,	PURCHASED
		(INCLUDING ICELAND AND GREENLAND)					MEDICAL SUPPLIES, EQUIPMENT,	PRICE,
		EUROPE (INCLUDING ICELAND AND GREENLAND)					EQUIPMENT,	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,
		NORTH AMERICA		0			MEDICAL SUPPLIES, EQUIPMENT,	ESTIMATED WHOLESALE PRICE,
		SOUTH AMERICA					PHARMACEUTICALS, MEDICAL SUPPLIES,	PURCHASED PRICE , ESTIMATED
		SOUTH AMERICA					EQUIPMENT, PHARMACEUTICALS,	WHO LESALE PRICE, PURCHASED
							MEDICAL SUPPLIES, EQUIPMENT,	PRICE, ESTIMATED WHOLESALE PRICE,
		SOUTH AMERICA					PHARMACEUTICALS, MEDICAL SUPPLIES,	<u> </u>
		SOUTH AMERICA					PHARMACEUTICALS, MEDICAL	PRICE,
		SOUTH AMERICA					SUPPLIES, EQUIPMENT, PHARMACEUTICALS,	ESTIMATED WHOLESALE PRICE,
		SOUTH ASIA				40,655	PHARMACEUTICALS,	WHOLESALE PRICE, PURCHASED
							MEDICAL SUPPLIES, EQUIPMENT,	PRICE, ESTIMATED WHOLESALE PRICE,
		SOUTH ASIA					MEDICAL SUPPLIES,	PURCHASED PRICE, ESTIMATED
		SOUTH ASIA				1,838,493	EQUIPMENT, PHARMACEUTICALS, MEDICAL	PRICE,
		SOUTH ASIA					SUPPLIES, EQUIPMENT, PHARMACEUTICALS,	WHOLESALE PRICE,
							MEDICAL SUPPLIES,	PRICE , ESTIMATED WHO LESALE PRICE,
		SOUTH ASIA					EQUIPMENT, PHARMACEUTICALS,	
		SOUTH ASIA					PHARMACEUTICALS, MEDICAL SUPPLIES,	PURCHASED PRICE , ESTIMATED
		SOUTH ASIA				103,715	EQUIPMENT, MEDICAL	WHOLESALE PRICE,
		SOUTH ASIA					SUPPLIES, EQUIPMENT, PHARMACEUTICALS,	WHOLESALE PRICE,
		JOOTH ASIA					MEDICAL SUPPLIES,	PRICE , ESTIMATED
		SOUTH ASIA				762,500	EQUIPMENT, PHARMACEUTICALS, MEDICAL	WHOLESALE PRICE, PURCHASED PRICE,
		COUTU ACTA					SUPPLIES, EQUIPMENT,	ESTIMATED WHOLESALE PRICE,
		SOUTH ASIA					MEDICAL SUPPLIES,	PURCHASED PRICE , ESTIMATED
		SOUTH ASIA					EQUIPMENT, PHARMACEUTICALS, MEDICAL	WHO LESALE PRICE, PURCHASED PRICE,
		0.000					SUPPLIES, EQUIPMENT,	ESTIMATED WHOLESALE PRICE,
		SOUTH ASIA					PHARMACEUTICALS, MEDICAL SUPPLIES,	PRICE, ESTIMATED
		SOUTH ASIA				263,403	EQUIPMENT, MEDICAL SUPPLIES,	WHOLESALE PRICE, PURCHASED PRICE,
		COUTH ACTA					EQUIPMENT,	ESTIMATED WHOLESALE PRICE,
		SOUTH ASIA					PHARMACEUTICALS, MEDICAL SUPPLIES,	PRICE, ESTIMATED
		SOUTH ASIA				330,905	EQUIPMENT, PHARMACEUTICALS,	
							MEDICAL SUPPLIES, EQUIPMENT,	PRICE , ESTIMATED WHOLESALE PRICE,

(a) Name of organization	(b) IRS code section and EIN (if	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV,
	applicable)	SOUTH ASIA				18,837	MEDICAL	appraisal, other) PURCHASED
		SOUTH ASIA				132 990	SUPPLIES, PHARMACEUTICALS,	PRICE ,
						·	MEDICAL SUPPLIES,	PRICE , ESTIMATED
							EQUIPMENT,	WHOLESALE PRICE,
		SOUTH ASIA					MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE,
		SOUTH ASIA					MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE,
		SUB-SAHARAN					PHARMACEUTICALS,	PURCHASED
		AFRICA					MEDICAL SUPPLIES,	PRICE , ESTIMATED
		SUB-SAHARAN					EQUIPMENT, PHARMACEUTICALS,	WHOLESALE PRICE,
		AFRICA					MEDICAL SUPPLIES,	PRICE , ESTIMATED
							EQUIPMENT,	WHOLESALE PRICE,
		SUB-SAHARAN AFRICA				313,905	PHARMACEUTICALS,	ESTIMATED WHOLESALE PRICE,
		SUB-SAHARAN AFRICA					PHARMACEUTICALS, MEDICAL	PURCHASED PRICE ,
							SUPPLIES,	ESTIMATED WHOLESALE PRICE,
		SUB-SAHARAN				1,611	EQUIPMENT, MEDICAL	PURCHASED
		AFRICA					SUPPLIES, EQUIPMENT,	PRICE, ESTIMATED
		SUB-SAHARAN				308 387	PHARMACEUTICALS,	WHOLESALE PRICE,
		AFRICA					MEDICAL	PRICE,
							SUPPLIES, EQUIPMENT,	ESTIMATED WHOLESALE PRICE,
		SUB-SAHARAN AFRICA					MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE,
							EQUIPMENT,	,
		SUB-SAHARAN AFRICA					PHARMACEUTICALS,	WHOLESALE PRICE,
		SUB-SAHARAN AFRICA				54,496	PHARMACEUTICALS, MEDICAL	PURCHASED PRICE,
							SUPPLIES, EQUIPMENT,	ESTIMATED WHOLESALE PRICE,
		SUB-SAHARAN				982,736	PHARMACEUTICALS,	PURCHASED
		AFRICA					MEDICAL SUPPLIES,	PRICE , ESTIMATED
		SUB-SAHARAN					EQUIPMENT, PHARMACEUTICALS,	WHOLESALE PRICE, PURCHASED
		AFRICA				·	MEDICAL SUPPLIES,	PRICE , ESTIMATED
							EQUIPMENT,	WHOLESALE PRICE,
		SUB-SAHARAN AFRICA				1,761	EQUIPMENT,	ESTIMATED WHOLESALE PRICE,
		SUB-SAHARAN AFRICA				1	PHARMACEUTICALS, MEDICAL	PURCHASED PRICE,
							SUPPLIES, EQUIPMENT,	ESTIMATED WHOLESALE PRICE,
		SUB-SAHARAN				154,607	PHARMACEUTICALS,	PURCHASED
		AFRICA					MEDICAL SUPPLIES,	PRICE , ESTIMATED
		SUB-SAHARAN					EQUIPMENT, PHARMACEUTICALS,	WHOLESALE PRICE,
		AFRICA					MEDICAL SUPPLIES,	PRICE , ESTIMATED
							EQUIPMENT,	WHOLESALE PRICE,
		SUB-SAHARAN AFRICA					PHARMACEUTICALS, MEDICAL	PURCHASED PRICE,
							SUPPLIES, EQUIPMENT,	ESTIMATED WHOLESALE PRICE,
		SUB-SAHARAN AFRICA					PHARMACEUTICALS, MEDICAL	
							SUPPLIES,	ESTIMATED
		SUB-SAHARAN					EQUIPMENT, EQUIPMENT,	WHOLESALE PRICE, ESTIMATED
		A FRICA SUB-SA HA RA N				30.865	PHARMACEUTICALS,	WHOLESALE PRICE, PURCHASED
		AFRICA				·	MEDICAL SUPPLIES,	PRICE , ESTIMATED
							EQUIPMENT,	WHOLESALE PRICE,
		SUB-SAHARAN AFRICA				,	PHARMACEUTICALS, MEDICAL	ESTIMATED WHOLESALE PRICE,
							SUPPLIES, EQUIPMENT,	
		SUB-SAHARAN AFRICA					PHARMACEUTICALS,	ESTIMATED WHOLESALE PRICE,
		SUB-SAHARAN				75,905	PHARMACEUTICALS,	PURCHASED
		AFRICA					MEDICAL SUPPLIES,	PRICE , ESTIMATED
		SUB-SAHARAN					EQUIPMENT, MEDICAL	WHOLESALE PRICE, PURCHASED
		AFRICA				·	SUPPLIES,	PRICE,
		SUB-SAHARAN AFRICA					MEDICAL SUPPLIES,	PURCHASED PRICE,
		SUB-SAHARAN AFRICA					MEDICAL SUPPLIES,	PURCHASED PRICE ,
		SUB-SAHARAN				48,031	MEDICAL	PURCHASED
		A FRI C A	l		I	<u> </u>	SUPPLIES,	PRICE,

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA					MEDICAL SUPPLIES,	PURCHASED PRICE,
-		SUB-SAHARAN AFRICA					PHARMACEUTICALS,	·
		SUB-SAHARAN AFRICA				114,637	PHARMACEUTICALS,	
-		SUB-SAHARAN AFRICA					MEDICAL SUPPLIES,	PURCHASED PRICE,
		SUB-SAHARAN AFRICA				19,561	MEDICAL SUPPLIES,	PURCHASED PRICE,
		SUB-SAHARAN AFRICA				20,591	MEDICAL SUPPLIES,	PURCHASED PRICE,
		SUB-SAHARAN AFRICA				13,246	MEDICAL SUPPLIES,	PURCHASED PRICE,
		SUB-SAHARAN AFRICA				· · · · · · · · · · · · · · · · · · ·	MEDICAL SUPPLIES,	PURCHASED PRICE ,
		SUB-SAHARAN AFRICA				· · · · · · · · · · · · · · · · · · ·	MEDICAL SUPPLIES,	PURCHASED PRICE ,
		SUB-SAHARAN AFRICA					MEDICAL SUPPLIES,	PURCHASED PRICE ,
		SUB-SAHARAN AFRICA				· · · · · · · · · · · · · · · · · · ·	MEDICAL SUPPLIES,	PURCHASED PRICE ,
		SUB-SAHARAN AFRICA				· · · · · · · · · · · · · · · · · · ·	MEDICAL SUPPLIES,	PURCHASED PRICE ,
		SUB-SAHARAN AFRICA				3,852,375	PHARMACEUTICALS,	ESTIMATED WHOLESALE PRICE,
		SUB-SAHARAN AFRICA					MEDICAL SUPPLIES,	PURCHASED PRICE ,
		SUB-SAHARAN AFRICA					MEDICAL SUPPLIES,	PURCHASED PRICE ,
		SUB-SAHARAN AFRICA					MEDICAL SUPPLIES,	PURCHASED PRICE ,
		SUB-SAHARAN AFRICA				, ,	PHARMACEUTICALS, MEDICAL SUPPLIES,	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,
		SUB-SAHARAN AFRICA				•	PHARMACEUTICALS, MEDICAL SUPPLIES,	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,
		SUB-SAHARAN AFRICA					MEDICAL SUPPLIES,	PURCHASED PRICE ,
		SUB-SAHARAN AFRICA					MEDICAL SUPPLIES,	PURCHASED PRICE ,
		SUB-SAHARAN AFRICA					MEDICAL SUPPLIES,	PURCHASED PRICE ,
		SUB-SAHARAN AFRICA					MEDICAL SUPPLIES,	PURCHASED PRICE ,
		SUB-SAHARAN AFRICA					MEDICAL SUPPLIES,	PURCHASED PRICE ,
		SUB-SAHARAN AFRICA					PHARMACEUTICALS, MEDICAL SUPPLIES,	PURCHASED PRICE, ESTIMATED WHO LESALE PRICE,
		SUB-SAHARAN AFRICA					PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	
		SUB-SAHARAN AFRICA				53,020	PHARMACEUTICALS,	·
		SUB-SAHARAN AFRICA				30,357	MEDICAL SUPPLIES,	PURCHASED PRICE,
		SUB-SAHARAN AFRICA					PHARMACEUTICALS,	· ·
		SUB-SAHARAN AFRICA				2,172,622	PHARMACEUTICALS,	·
		SUB-SAHARAN AFRICA				261,174	PHARMACEUTICALS,	·

(a) Name of organization	(b) IRS code section and EIN(if	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV,
	applicable)	SUB-SAHARAN AFRICA					MEDICAL SUPPLIES,	appraisal, other) PURCHASED PRICE,
		SUB-SAHARAN AFRICA					PHARMACEUTICALS	· · · · · · · · · · · · · · · · · · ·
		SUB-SAHARAN AFRICA				590,245	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE,
		SUB-SAHARAN AFRICA				1,723,554	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE,
		SUB-SAHARAN AFRICA					PHARMACEUTICALS,	WHOLESALE PRICE,
		SUB-SAHARAN AFRICA					PHARMACEUTICALS,	WHOLESALE PRICE,
		SUB-SAHARAN AFRICA					PHARMACEUTICALS,	WHOLESALE PRICE,
		SUB-SAHARAN AFRICA				·	MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE,
		SUB-SAHARAN AFRICA				·	MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE,
		SUB-SAHARAN AFRICA					MEDICAL SUPPLIES,	PURCHASED PRICE ,
		SUB-SAHARAN AFRICA				,	MEDICAL SUPPLIES,	PURCHASED PRICE ,
		SUB-SAHARAN AFRICA					PHARMACEUTICALS,	WHOLESALE PRICE,
		SUB-SAHARAN AFRICA					MEDICAL SUPPLIES,	PURCHASED PRICE ,
		SUB-SAHARAN AFRICA				·	MEDICAL SUPPLIES,	PURCHASED PRICE,
		SUB-SAHARAN AFRICA				·	MEDICAL SUPPLIES, EQUIPMENT,	PURCHASED PRICE , ESTIMATED WHOLESALE PRICE,
		SUB-SAHARAN AFRICA				·	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PURCHASED PRICE , ESTIMATED WHOLESALE PRICE,
		SUB-SAHARAN AFRICA					MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE,
		SUB-SAHARAN AFRICA				·	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,
		SUB-SAHARAN AFRICA				2,078	MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE,
		SUB-SAHARAN AFRICA				1	MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE,
		SUB-SAHARAN AFRICA				•	MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE,
		SUB-SAHARAN AFRICA				•	MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE,
		SUB-SAHARAN AFRICA				•	MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE,
		SUB-SAHARAN AFRICA				·	MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE,
		SUB-SAHARAN AFRICA					MEDICAL SUPPLIES,	ESTIMATED WHO LESALE PRICE,

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DLN: 93493353006711

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

SCHEDULE G

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. See separate instructions.

Inspection **Employer identification number**

DIK	ECT RELIEF INTERNATIO	NAL				95-183	31116		
Pa	rt I Fundraising Ac	tivities. Comple	te if the o	organizat	ion answered "Yes"	to Form 990, Pa	art IV, line	17.	
a b c	Indicate whether the organ Mail solicitations Internet and e-mail so Phone solicitations In-person solicitations	nization raised fund:		any of the		neck all that apply n-government gra vernment grants	<u> </u>		
2a b	Did the organization have or key employees listed in If "Yes," list the ten higher to be compensated at leas	n Form 990, Part VI st paid individuals o	I) or entity or entities	ın conne (fundraıse	ction with professional rs) pursuant to agreen	fundraising servic nents under which	the fundrais	Yes No	
(i) Name and address of individual or entity (fundraiser)		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount pai (or retained b fundraiser liste col (i)	y) ((vi) A mount paid to (or retained by) organization	
			Yes	No					
								_	
Tota	al			•					

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or report more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.									
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Total Events			
			MAY 5TH EVENT (event type)	NEW MAN DINNER (event type)	(total number)	(Add col (a) through col (c))			
₽	1	Gross receipts	131,303		,	177,139			
Revenue	2	Less Charitable contributions	121,025						
	3	Gross income (line 1 minus line 2)	10,278	7,929	9,280	27,487			
	4	Cash prizes							
မှာ	5	Non-cash prizes							
Expenses	6	Rent/facility costs							
	7	Food and beverages							
Direct	8	Entertainment							
Δ	9	Other direct expenses .	13,587	10,817	15,191	39,595			
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)	🛌	39,595			
	11	Net income summary Combine lir	nes 3 and 10 in column (d	1)		-12,108			
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than			
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))			
	1	Gross revenue							
s Seg	2	Cash prizes							
Expenses	3	Non-cash prizes							
<u>ត</u>	4	Rent/facility costs							
Direct	5	Other direct expenses							
	6	Volunteer labor	Γ Yes % Γ No	┌ Yes % ┌ No	┌ Yes % ┌ No				
	7	Direct expense summary Add lines	s 2 through 5 in column (d)					
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	<u> ▶ </u>				
9		er the state(s) in which the organiza							
a b		ne organization licensed to operate No," Explain		orthese states?		· I Yes I No			
		· · ·				1			
10a b		re any of the organization's gaming l Yes," Explain			the tax year?	· · Fyes Fno			

11	Does the organization operate ga	aming activities with nonmembers?		Г үе	s Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (jaming?		Г _{Yе}	s Γ_{No}
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation > \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	* \$			
	Description of services provided	>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				· Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par		<u>-</u>	r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

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Schedule I

(Form 990)

DLN: 93493353006711

OMB No 1545-0047

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.

Department of the Treasury Internal Revenue Service			Attach to Form 990	, ,			pen to Public Inspection
Name of the organization DIRECT RELIEF INTERNATIONAL						Employer identification	on number
						95-1831116	
Part I General Informatio							
 Does the organization maintain the selection criteria used to aw Describe in Part IV the organization 	ard the grants or ass	sistance?					✓ Yes
Part II Grants and Other A Form 990, Part IV, line duplicated if additional	ssistance to Gov e 21 for any recip	vernments and O ent that received r	rganizations in the nore than \$5,000. Ch	United States. Con eck this box if no one	recipient receive	d more than \$5,000.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
							<u> </u>
2 Enter total number of section 50)1(c)(3) and governn	nent organizations .					991

Enter total number of other organizations . . .

Part III	Grants and Other Assistance to Individuals in the United States. $ extstyle extstyle$	Complete if the organization	answered "Yes" to Fo	rm 990, Part IV, line	e 22.
	Use Schedule I-1 (Form 990) if additional space is needed.				

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) RIO BENI HEALTH CARE PROJECT - RURRENABAQUE, BOLIVIA	1	6,555			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Return Reference	Explanation
PART IV	SCHEDULE I, PART I, LINE 2 EXCEPT IN CERTAIN EMERGENCY RESPONSE SITUATIONS WHERE THE TIMELINESS
	OF OUR RESPONSE IS PARAMOUNT, GRANT RECIPIENTS SIGN MEMORANDUMS OF UNDERSTANDING OUTLINING
	THE RESPONSIBILITIES OF DIRECT RELIEF INTERNATIONAL 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
	INTERNATIONAL ALSO HAS THE RIGHT TO MAKE SITE VISITS TO GRANTEES TO ENSURE COMPLIANCE WITH THE
	PROPOSAL THIS IS ESPECIALLY THE CASE WHEN IT COMES TO THE MONITORING OF OUR SUPPORT OF
	GRANTEES IN EMERGENCY RESPONSE SITUATIONS

Software ID: **Software Version:**

EIN: 95-1831116

Name: DIRECT RELIEF INTERNATIONAL

Form 990,Schedule I, Par	t II, Grants an	d Other Assistanc	e to Government	s and Organizatio	ons in the United S	tates	T
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESS FAMILY CARE 4301 DONIPHAN DRIVE NEOSHO,MO 64850	43-1752799	501C3	25,000				TO ASSIST PATIENTS AND STAFF AFFECTED BY TORNADO
AMREF USA4 WEST 43RD STREET NEW YORK, NY 10036	13-1867411	501C3	30,000				RESPONSE TO UGANDA BOMBING
CHRISTOPHER BRADYPO BOX 882 LOS OLIVOS, CA 93441	54-5847759	501C3	6,555				RIO BENI HEALTH CARE PROJECT - RURRENABAQUE, BOLIVIA
HEALING HANDS FOR HAITIPO BOX 521800 SALT LAKE CITY,UT 84152	04-3486458	501C3	225,000				KAY KABAP KLINIK SUPPORT
KONBIT SANTEPO BOX 11284 PORTLAND,OR 04104	01-0540292	501C3	50,000				SUPPORT IN HAITI, HURRICANE PREP & RESPONSE, MIDWIFE AND TBA TRAINING
RENEWAL FOR HAITI18625 EAST DORADO DR AURORA,CO 80015	27-1899385	501C3	20,000				NEW OPERATING ROOM IN LEOGANE
SANTA BARBARA STREET MEDICINE5638 HOLLISTER AVE 200-B SANTA BARBARA, CA 93117	33-1210731	501C3	83,265				ESTABLISH AND EQUIP LOCAL MEDICAL RESERVE CORPS
A COMMUNITY CLINIC INC 335 MARKET STREET SUNBURY,PA 17801	20-4051982	501C3		81,693	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
AARON E HENRY510 HIGHWAY 322 CLARKSDALE,MS 38614	64-0624495	501C3		37,072	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ABCCM MEDICAL MINISTRY155 LIVINGSTON STREET ASHEVILLE,NC 28801	56-1987021	501C3		6,702	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ACCESS FAMILY CARE ADMINISTRATION4301 DONIPHAN DRIVE NEOSHO,MO 64850	43-1752799	501C3		780,818	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ADVANTAGE HEATH CENTERS15400 WEST MC NICHOLS DETROIT,MI 48235	38-2724796	501C3		39,217	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AEROMEDICOS OF SANTA BARBARAPO BOX 538 GOLETA,CA 93116	77-0117662	501C3		6,366	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE		
AGAPE CLINIC4105 JUNIUS STREET DALLAS,TX 75246	14-1847977	501C3		86,390	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS		
ALABAMA HONDURAN MEDICAL516 RIDGEVIEW DRIVE JASPER,AL 35504	68-0538134	501C3		96,997	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE		
ALAMEDA COUNTY HEALTH CARE1900 FRUITVALE AVE STE 3E OAKLAND,CA 946012469	94-6000501	501C3		52,166	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS		
ALASKA ISLAND COMMUNITY SERVICES 320 BENNETT STREET WRANGELL, AK 99929	92-0129543	501C3		9,007	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS		
ALBRECHT FREE CLINIC 1110 OAK STREET WEST BEND, WI 53095	39-1839654	501C3		23,266	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS		
ALCONA HEALTH CENTERS177 N BARLOW ROAD LINCOLN,MI 48742	38-2170985	501C3		16,884	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS		
ALLIANCE MEDICAL CLINIC1381 UNIVERSITY AVENUE HEALDSBURG,CA 95448	94-2308748	501C3		49,280	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS		
ALTAMED HEALTH SERVICES500 CITADEL DRIVE SUITE 490 COMMERCE,CA 90040	95-2810095	501C3		95,670	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS		
AMERICAN DIABETES ASSOCIATION1701 NORTH BEAUREGARD STREET ALEXANDRIA,VA 22311	13-1623888	501C3		497,126	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS		
AMERICAN INDIAN HEALING CENTER12456 E WASHINGTON BLVD WHITTIER, CA 90602	95-4835249	501C3		22,262	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS		
AMERICAN INDIAN HEALTH & SERVICES4141 STATE STREET SUITE B-11 SANTA BARBARA, CA 93110	77-0398793	501C3		19,007	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS		

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 NEAR EAST REFUGEE AID1111 14TH STREET WASHINGTON, DC 20005	52-0882226	501C3		2,653,255	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
AMERICAN NICARAGUAN FOUNDATION INC848 BRICKELL AVENUE 745 MIAMI,FL 33131	65-0326517	501C3		3,107,347	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
AMERICAN REFUGEE COMMITTEE430 OAK GROVE STREET MINNEAPOLIS,MN 55403	36-3241033	501C3		494,562	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
AMERICARES FREE CLINICS88 HAMILTON AVENUE STAMFORD,CT 69020	06-1008595	501C3		22,362	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
AMIGOS DE HONDURAS PAGPO BOX 98293 SEATTLE,WA 981980293	91-1638574	501C3		3,443,988	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
AMISTAD COMMUNITY HEALTH CENTER1533 BROWNLEE AVENUE SUITE 100 CORPUS CHRISTI,TX 78404	20-3008507	501C3		16,211	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
AMPLA HEALTH935 MARKET STREET YUBA CITY,CA 959914210	94-2210447	501C3		125,705	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
AMRIT DAVAA WORLD HEALTH1357 N HIGHLAND AVE LOS ANGELES,CA 90028	20-8818368	501C3		22,446	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
ANDERSON VALLEY HEALTH CENTER13500 AIRPORT ROAD BOONVILLE, CA 95415	94-2347424	501C3		27,290	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ANHC PHARMACY1217 E TENTH AVENUE ANCHORAGE, AK 99501	92-0047965	501C3		10,575	ESTIMATED WHOLESALE PRICE,	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		9,276	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ARLINGTON FREE CLINIC 2921 S 11TH STREET ARLINGTON,VA 22204	54-1671883	501C3		5,298	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ARTHUR NAGEL COMMUNITY CLINIC1116 12TH STREET 3 BANDERA,TX 78003	77-0697361	501C3		35,697	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS		
ASHLAND COMMUNITY HEALTH CENTER501 MAIN ASHLAND, MT 59003	81-0512837	501C3		17,812	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS		
ASHLAND FREE MEDICAL CLINIC30313 MERIDIEN CIRCLE UNION CITY,CA 94587	68-0554276	501C3		23,060	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS		
ASIAN HEALTH SERVICES 818 WEBSTER STREET OAKLAND,CA 94607	94-2235908	501C3		11,394	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS		
ASIAN HUMAN SERVICES 2424 W PETERSON AVENUE CHICAGO,IL 60659	01-0567661	501C3		20,151	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS		
ASIAN PACIFIC HEALTH CARE VENTURE1530 HILLHURST AVENUE LOS ANGELES,CA 90027	95-4177752	501C3		529,781	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS		
ASSOCIATION OF INDIAN PHYSICIANS6737 WILDWOOD TRAIL MAYFIELD VILLAGE, OH 44143	34-1407746	501C3		79,478	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE		
ATKINSON FOUNDATION 1720 SO AMPHLETT BLVD SUITE 100 SAN MATEO,CA 94402	94-6075613	501C3		3,477,463	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE		
AUGUSTA REGIONAL FREE CLINIC342 MULE ACADMEY RD FISHERSVILLE, VA 22939	54-1651896	501C3		7,009	ESTIMATED WHO LESA LE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS		
AXIS COMMUNITY HEALTH 4361 RAILROAD AVENUE PLEASANTON, CA 94566	94-2232394	501C3		10,087	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS		
BABY HEALTH SERVICE 1590 HARRODSBURG ROAD LEXINGTON, KY 40504	61-0518017	501C3		6,251	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS		
BATEY RELIEF ALLIANCE INCPO BOX 300565 BROOKLYN,NY 112305656	11-3403494	501C3		4,012,067	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE		

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR INTERNATIONAL PEDIATRIC AIDS6621 FANNIN HOUSTON,TX 77030	20-2951275	501C3		99,261	PURCHASED PRICE , ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
BAYOU CLINIC13833 TAPIA LANE BAYOU LA BATRE,AL 36509	63-1270951	501C3		18,424	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BEACH HEALTH CLINIC 3396 HOLLAND ROAD STE 102 VIRGINIA BEACH, VA 23452	54-1366960	501C3		12,790	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BEAR LAKE COMMUNITY HEALTH CENTER325 W LOGAN HIGHWAY GARDEN CITY,UT 84028	81-0587644	501C3		14,161	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BEAUREGARD AGAPE COMMUNITY CLINIC305 W 7TH ST DERIDDER, LA 70634	06-1822290	501C3		25,452	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BECKLEY HEALTH RIGHT 111 RANDOLPH STREET BECKLEY, WV 25801	55-0774466	501C3		7,874	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BELL GARDENS FAMILY MEDICAL CENTER6501 S GARFIELD AVENUE BELL GARDENS,CA 90201	95-1641454	501C3		21,851	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BELLE TERRACE HEALTH & WELLNESS2467 GOLDEN CAMP ROAD AUGUSTA, GA 30906	31-1591242	501C3		55,394	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BEN ARCHER HEALTH CENTER1600 THORPE ROAD LAS CRUCES,NM 88012	51-0158976	501C3		75,876	ESTIMATED WHOLESALE PRICE,	· · · · · · · · · · · · · · · · · · ·	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BETHESDA HEALTH CENTER133 STETSON DRIVE CHARLOTTE,NC 28262	56-2015959	501C3		8,353	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BETHESDA HEALTH CLINIC409 W FERGUSON TYLER,TX 75702	26-0036674	501C3		44,311	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BETHESDA MISSION HEALTH CLINIC611 REILY STREET HARRISBURG,PA 17102	23-1389397	501C3		9,087	ESTIMATED WHO LESALE PRICE,	,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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(a) Name and address of organization or government	(b) EIN	if applicable	grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	or assistance
BIDDEFORD FREE CLINIC 189 ALFRED STREET BIDDEFORD, ME 04005	01-0478977	501C3		5,782	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BLACKSTONE VALLEY42 PARK PLACE PAWTUCKET,RI 02860	51-0183476	501C3		12,363	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BLAND COUNTY MEDICAL CLINIC12301 GRAPEFIELD ROAD BASTIAN,VA 24314	54-1074890	501C3		46,635	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BLUE RIDGE MEDICAL CENTER4038 THOMAS NELSON HWY ARRINGTON,VA 22922	54-1222147	501C3		64,248	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BLUEGRASS COMMUNITY HEALTH CENTER1301 VERSAILLES RD SUITE 120 LEXINGTON, KY 40504	06-1798832	501C3		7,491	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BOND COMMUNITY HEALTH CENTER1720 SOUTH GADSDEN STREET TALLAHASSEE,FL 32301	59-2426414	501C3		139,593	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BOONE TRAIL MEDICAL CENTER1000 MEDICAL CENTER ROAD MAMERS,NC 27552	56-1205213	501C3		23,016	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BOUNDARY REGIONAL 6635 COMANCHE STREET BONNERS FERRY, ID 83805	04-3634356	501C3		22,869	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BREAD OF HEALING CLINIC1821 NORTH 16TH STREET MILWAUKEE,WI 53205	81-0669867	501C3		205,570	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BREATHITT COUNTY FAMILY HEALTH265 HWY 15 SOUTH SUITE 3 JACKSON,KY 41339	04-3779582	501C3		43,800	ESTIMATED WHOLESALE PRICE,	,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BREVARD HEALTH ALLIANCE220 BARTON BLVD ROCKLEDGE,FL 32955	90-0068515	501C3		22,493	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BRIDGE COMMUNITY HEALTH CLINIC1810 N 2ND STREET WAUSAU,WI 54403	39-1759404	501C3		10,809	ESTIMATED WHO LESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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BRIDGES TO HEALTH1251 WEST KEM ROAD MARION,IN 46952	20-5405181	501C3		11,996	ESTIMATED WHO LESA LE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BROAD STREET CLINIC FOUNDATION534 NORTH 35TH STREET MOREHEAD CITY, NC 28557	56-1853604	501C3		43,338	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BROCK HUGHES FREE CLINIC105 WEST PINE STREET WYTHEVILLE,VA 24382	20-2353144	501C3		11,816	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BROOKLYN AREA MEDICAL CENTER650 FULTON STREET BROOKLYN,NY 11217	11-2467268	501C3		6,518	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BROTHER BILL'S HELPING HAND3430 ODESSA DALLAS,TX 75212	75-6027740	501C3		13,659	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BROWARD COMMUNITY & FAMILY5010 HOLLYWOOD BLVD SUITE 100-B HOLLYWOOD,FL 33021	59-3489664	501C3		29,990	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BROWNSVILLE COMMUNITY HEALTH CENTER2137 EAST 22ND STREET BROWNSVILLE,TX 78521	74-2176836	501C3		42,781	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BUDDHIST TZU CHI FREE CLINIC1000 SOUTH GARFIELD AVENUE ALHAMBRA,CA 91801	95-4457939	501C3		27,423	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CABIN CREEK HEALTH CENTER5722 CABIN CREEK DRIVE DAWES, WV 25054	55-0709223	501C3		5,695	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CACHE VALLEY CHC PHARMACY1515 NORTH 400 EAST 104 NORTH LOGAN,UT 84341	87-0269232	501C3		7,709	ESTIMATED WHOLESALE PRICE,	,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CAMBODIAN CHILDREN'S FUND2461 SANTA MONICA BLVD 833 SANTA MONICA,CA 90404	20-0764162	501C3		2,025,923	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
CAPE FEAR CLINIC1605 DOCTORS CIRCLE WILLMINGTON,NC 28401	56-1984630	501C3		14,995	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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CAPE FEAR HEALTHNET INC3329-C WRIGHTSVILLE AVENUE WILMINGTON,NC 28403	26-2469988	501C3		22,891	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CAPITAL CITY RESCUE MISSION FREE259 S PEARL STREET ALBANY,NY 12202	56-2663290	501C3		18,459	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CAPITAL PARK FAMILY HEALTH CENTER2328 INNIS RD COLUMBUS,OH 43224	38-3765547	501C3		21,632	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CAPITOL CITY FAMILY HEALTH CENTER3140 FLORIDA BLVD BATON ROUGE, LA 70806	72-1395500	501C3		194,055	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CAPSTONE RURAL HEALTH CENTER5947 HIGHWAY 269 PARRISH,AL 35580	63-1276483	501C3		18,066	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CARE CLINIC239 ROBESON STREET FAYETTEVILLE,NC 28301	56-1837010	501C3		12,119	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CARE RESOURCE - MIAMI 3510 BISCAYNE BLVD SUITE 300 MIAMI,FL 33137	59-2564198	501C3		27,136	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CARESOUTH CAROLINA 201 SOUTH 5TH STREET HARTSVILLE,SC 29550	57-0664826	501C3		35,311	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CARING HANDS HEALTH CLINIC INC34C COURTHOUSE SQUARE CLEVELAND, GA 30528	64-0950194	501C3		100,899	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CAROLINA FAMILY HEALTH CENTERS303 EAST GREEN STREET BLDG A WILSON,NC 27893	58-2079819	501C3		21,151	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CASA ESPERANZA618 CACIQUE STREET SANTA BARBARA,CA 93103	77-0502754	501C3		12,194	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CASWELL FAMILY MEDICAL CENTER439 US HWY 158 WEST YANCEYVILLE, NC 27379	59-1812757	501C3		6,733	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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CATAHOULA PARISH HOSPITAL DISTRICT NO 2 307 CHISUM STREET SICILY ISLAND, LA 71368	72-0838896	501C3		43,185	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CATHERINE MCAULEY CLINIC5514 HOHMAN AVENUE HAMMOND,IN 46320	35-1835133	501C3		50,062	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CATHERINE'S HEALTH CENTER1211 LAFAYETTE AVE NE GRAND RAPIDS,MI 49505	20-3572418	501C3		16,479	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CATHOLIC CHARITIES609 E HALEY STREET SANTA BARBARA,CA 93103	95-1690973	501C3		15,952	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CATHOLIC CHARITIES212 NINTH STREET SUITE 301 PITTSBURGH,PA 15222	25-1326213	501C3		12,060	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CATHOLIC DIOCESE OF LITTLE ROCK2500 N TYLER STREET LITTLE ROCK,AR 72207	71-0236871	501C3		6,463	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CELNA MEDICATION ACCESS PROGRAM929 JOHNSTON STREET SUITE B ALEXANDRIA,LA 71301	02-0751416	501C3		36,262	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	l ,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CENTRAL CITY COMMUNITY5233 BEVERLY BLVD LOS ANGELES,CA 90022	95-4492570	501C3		88,537	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CENTRAL CITY CONCERNOLD TOWN CLINIC727 W BURNSIDE STREET PORTLAND,OR 97209	93-0728816	501C3		20,431	ESTIMATED WHO LESA LE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CENTRAL FLORIDA 2400 STATE ROAD 415 SANFORD, FL 32771	59-1741286	501C3		66,203	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CENTRAL FLORIDA HEALTH CARE936 E PARKER STREET LAKELAND,FL 33801	59-1404594	501C3		180,343	PURCHASED PRICE , ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CENTRAL MISSISSIPPI HEALTH SERVICES1134 WINTER STREET JACKSON,MS 39204	64-0426295	501C3		57,963	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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CENTRAL VIRGINIA HEALTH SERVICES25892 JAMES MADISON HIGHWAY NEW CANTON, VA 23123	54-0887287	501C3		92,539	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CENTRO DE SALUD DE LARES INCCARR 111 KM 19 LARES,PR 00669	66-0426506	501C3		6,393	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CENTRO SAN VICENTE 8061 ALAMEDA EL PASO,TX 79915	74-2505561	501C3		8,015	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CENTROMED SOUTH PARK CLINIC6315 S ZARZAMORA STREET SAN ANTONIO,TX 78211	74-1787031	501C3		58,458	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CHARITABLE CHRISTIAN MEDICAL CLINIC1408 S HERVEY STREET HOPE,AR 71801	71-0803496	501C3		51,761	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CHARLES DREW HEALTH CENTER2915 GRANT STREET OMAHA,NE 68111	47-0666715	501C3		42,318	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CHARLOTTE COMMUNITY HEALTH CLINIC6900 FARMINGDALE DRIVE CHARLOTTE,NC 28212	56-2274174	501C3		14,995	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CHATHAM CARES COMMUNITY PHARMACY 127 EAST RALEIGH STREET SILER CITY,NC 27344	41-2170926	501C3		34,006	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CHC OF ARKANSAS420 WEST 4TH STREET SUITE A NORTH LITTLE ROCK, AR 72114	71-0610075	501C3		78,726	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	1	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CHC OF PINELLAS INC 1344 22ND ST SOUTH ST PETERSBURG, FL 33712	59-2097521	501C3		16,377	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CHEROKEE HEALTH SYSTEMS2018 WESTERN AVENUE KNOXVILLE,TN 37921	62-0637925	501C3		182,945	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CHEYENNE CROSSROADS CLINIC1504 STINSON AVENUE CHEYENNE, WY 82001	83-0205887	501C3		32,017	ESTIMATED WHO LESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

(a) Name and address of	(b) EIN	(c) IRC Code section	(d) A mount of cash	(e) A mount of non-	(f) Method of	(g) Description of	(h) Purpose of grant
(a) Name and address or organization or government	(b) EIN	if applicable	grant	cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
CHEYENNE HEALTH AND WELLNESS CENTER2508 E FOX FARM ROAD CHEYENNE, WY 82007	87-0718984	501C3		171,449	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CHILD HOPE INTERNATIONAL1970 S PROSPECT AVE REDONDO BEACH, CA 90277	31-1811232	501C3		10,024	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
CHILDREN AND COMMUNITY HEALTH CENTER120 S CENTRAL EXPRESSWAY SUITE 102 MCKINNEY,TX 75070	20-0637782	501C3		75,363	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CHIPPEWA VALLEY FREE CLINIC421 GRAHAM AVENUE EAU CLAIRE, WI 54701	39-1840231	501C3		22,161	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CHIRICAHUA COMMUNITY HEALTH1205 F AVE DOUGLAS,AZ 85607	86-0814898	501C3		31,726	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CHRIST CLINIC5504 FIRST STREET KATY,TX 77493	35-2179708	501C3		97,159	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CHRIST COMMUNITY FREE CLINIC1 A STREET NW AUBURN,WA 98002	20-3849881	501C3		32,213	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CHRISTIAN AID MINISTRIESPO BOX 360 BERLIN,OH 44610	34-1344364	501C3		7,843,578	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
CHRISTIAN CLINIC OF HOWARD COUNTY100 S MAIN STREET NASHVILLE,AR 71852	20-5772465	501C3		8,638	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CHRISTIAN COMMUNITY ACTION200 SOUTH MILL STREET LEWISVILLE,TX 75057	23-7319371	501C3		27,310	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CHURCH HEALTH CENTER OF MEMPHIS INC1210 PEABODY AVENUE MEMPHIS,TN 38104	58-1716113	501C3		219,276	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	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		51,329	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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CIRCLE OF HEALTH INTERNATIONAL90 COVENTRY WOOD ROAD BOLTON, MA 01740	65-1213326	501C3		217,179	ESTIMATED WHOLESALE PRICE,		PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
CITIZENS HEALTH CENTER 1650 N COLLEGE AVENUE INDIANAPOLIS,IN 46202	35-1515887	501C3		21,705	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES, MEDICAL VOUCHER,	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		69,291	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CLAIBORNE COUNTY FAMILY HEALTH2045 HIGHWAY 61 NORTH PORT GIBSON, MS 391504262	64-0651149	501C3		59,223	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CLEAN THE WORLD FOUNDATION INC8026 SUNPORT DRIVE SUITE 306 ORLANDO,FL 32809	26-4212487	501C3		384,742	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
CLEARWATER FREE CLINIC 707 NORTH FT HARRISON AVENUE CLEARWATER,FL 33755	59-1852871	501C3		46,583	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CLEAVER FAMILY WELLNESS CLINIC4368 SANTA ANITA AVENUE EL MONTE,CA 91731	95-1765149	501C3		62,647	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CLINICA DE SALUD DEL VALLE440 AIRPORT BLVD STE A SALINAS,CA 93905	94-2652757	501C3		27,694	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CLINICA DE SALUD FAMILIAR9102 NE HIGHWAY 99 VANCOUVER, WA 98665	39-2074977	501C3		23,275	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CLINICA MSR OSCAR A ROMERO123 S ALVARADO STREET LOS ANGELES,CA 90057	95-3881333	501C3		940,349	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CLINICA SIERRA VISTA 1430 TRUXTUN AVENUE SUITE 400 BAKERSFIELD, CA 93301	95-2707101	501C3		39,139	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CLINICAS DEL CAMINO REAL200 S WELLS ROAD STE 100 VENTURA,CA 93004	95-2977147	501C3		32,989	ESTIMATED WHO LESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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COASTAL FAMILY HEALTH CENTER1046 DIVISION STREET BILOXI,MS 39530	64-0592416	501C3		219,941	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COASTAL MEDICAL ACCESS PROJECT2605 PARKWOOD DRIVE BRUNSWICK,GA 31520	01-0576945	501C3		19,087	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COLUMBIA COUNTY VOLUNTEERS IN310 EAST THIRD STREET MIFFLINVILLE, PA 18631	20-5695518	501C3		49,307	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COLUMBIA RIVER COMMUNITY HEALTH SERVICES201 SW KINKADE ROAD BOARDMAN,OR 97818	20-1056268	501C3		8,814	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMON GROUND CLINIC 1400 TECHE STREET NEW ORLEANS, LA 70114	20-3723007	501C3		10,575	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY ACTION COMMISSION5638 HOLLISTER AVENUE SUITE 230 GOLETA, CA 93117	95-2491790	501C3		14,878	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY ACTION COMMITTEE227 VALLEYVIEW DRIVE WAVERLY,OH 45690	31-0718042	501C3		143,057	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY ACTION HEALTH CLINIC700 FLOURNEY ROAD SUITE 2A ALICE,TX 78332	74-1679824	501C3		312,362	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY CARE CENTER2135 NEW WALKERTOWN ROAD WINSTON SALEM, NC 27101	58-1403699	501C3		65,427	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY CARE CLINIC 52 AUNT DORA DRIVE HIGHLANDS,NC 28741	65-1251915	501C3		18,574	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY CARE CLINIC 703 N FIRST STREET MCCALL,ID 83638	26-1375911	501C3		8,262	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY CARE CLINIC OF DARE2808A S CROATAN HWY NAGS HEAD, NC 27959	20-2230717	501C3		9,033	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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COMMUNITY CARE CLINIC-BOONE141 HEALTH CENTER DRIVE BOONE,NC 28607	20-8607858	501C3		17,990	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY CLINIC OF HIGH POINT779 N MAIN STREET HIGH POINT,NC 27262	56-1795022	501C3		9,778	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY CLINIC OF JOPLIN701 S JOPLIN STREET JOPLIN,MO 64801	43-1643962	501C3		50,741	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY CLINIC OF SHELBYVILLE200 DOVER STREET SUITE 203 SHELBYVILLE,TN 37160	34-1974609	501C3		226,134	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY FREE CLINIC 249 MILL STREET HAGERSTOWN, MD 21740	52-1772594	501C3		101,487	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH 13245 KESSLER ROAD CAIRO,IL 62914	37-1100482	501C3		154,936	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH ALLIANCE OF1855 N FAIR OAKS AVENUE SUITE 200 PASADENA, CA 91103	95-4536824	501C3		35,304	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH AND SOCIAL5635 WEST FORT STREET DETROIT,MI 48209	38-3094394	501C3		32,123	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH ASSN OF SPOKANE203 NORTH WASHINGTON SPOKANE, WA 99201	91-1641797	501C3		57,801	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CARE CENTER115 4TH STREET SOUTH GREAT FALLS, MT 59401	81-6001343	501C3		15,863	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CARE SYSTEMS616 FERNCREST DRIVE SANDERSVILLE, GA 31082	58-2001101	501C3		29,378	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTER228 ST GEORGE STREET GONZALES,TX 78629	74-1548089	501C3		36,660	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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COMMUNITY HEALTH CENTER3011 N MICHIGAN PITTSBURG,KS 66762	75-3002264	501C3		28,236	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTER338 MONTAGUE CITY RD TURNERS FALLS, MA 013761830	04-3312968	501C3		19,076	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTER8609 EVERGREEN WAY EVERETT, WA 98208	91-1255170	501C3		11,264	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTER4 COMMERCE LANE CANTON,NY 13617	16-1568985	501C3		7,394	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS1706 WEST AGENCY ROAD WEST BURLINGTON,IA 52655	42-1527584	501C3		642,960	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS2180 JOHNSON AVENUE SAN LUIS OBISPO, CA 93401	95-3253302	501C3		210,789	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS1210 EAST PLANT STREET WINTER GARDEN, FL 34787	59-1480970	501C3		45,940	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS1323 WEST 3RD STREET DAYTON,OH 45402	26-1253235	501C3		8,997	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS INC1798 SOUTH WEST TEMPLE SALT LAKE CITY, UT 84115	74-2412898	501C3		5,288	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CLINIC2611 W CHICAGO AVENUE CHICAGO,IL 60622	36-3831793	501C3		50,986	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CLINIC103 BONNIE DRIVE BUTLER,PA 16002	20-4852135	501C3		16,209	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CLINIC OLE'1141 PEAR TREE LN STE 100 NAPA,CA 945586485	23-7221695	501C3		14,995	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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COMMUNITY HEALTH CLINICS928 N GLENWOOD TYLER,TX 75702	20-3663617	501C3		49,437	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CONNECTION9912 E 21ST STREET TULSA,OK 74129	04-3766364	501C3		16,502	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH DEVELOPMENT201 S EVANS UVALDE,TX 78801	74-2269739	501C3		17,023	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH IMPROVEMENT CENTER 2905 N MAIN STREET DECATUR,IL 62526	37-0961830	501C3		17,624	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH NET 1202 STATE STREET ERIE,PA 16501	25-1490791	501C3		20,733	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH OF SOUTH FLORIDA10300 SW 216TH STREET MIAMI,FL 33190	59-1372690	501C3		163,456	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH SERVICE AGENCY4500 WESLEY STREET GREENVILLE,TX 75401	75-1528614	501C3		127,766	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH SERVICES500 ALBANY AVENUE HARTFORD,CT 06120	06-0863942	501C3		10,256	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH SYSTEMS INC252 RURAL ACRES DRIVE BECKLEY, WV 25801	55-0490878	501C3		71,280	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH WORX1543 MCGINNIS STREET ALEXANDRIA,LA 71301	72-1444312	501C3		36,538	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY MEDICINE PHARMACY1131 SALUDA STREET ROCK HILL, SC 29730	57-0891008	501C3		13,765	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY OUTREACH CLINIC208 S WATER STREET SILVERTON,OR 97381	93-0281321	501C3		29,263	ESTIMATED WHO LESALE PRICE,	,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
COMMUNITY OUTREACH HEALTH CLINICW180 N8085 TOWN HALL ROAD MENOMONEE FALLS, WI 53051	39-1743056	501C3		7,498	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
COMMUNITY VOLUNTEERS IN MEDICINE300 B LAWRENCE DRIVE WEST CHESTER,PA 19380	23-2944553	501C3		7,498	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
COMMWELL HEALTHPO BOX 227 NEWTON GROVE, NC 283660227	58-1319204	501C3		49,843	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
COMPASSIONATE CARE CLINIC102 A AIRPORT ROAD MILLEDGEVILLE, GA 31061	74-3157081	501C3		44,052	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
COMPASSIONATE CARE OF SHELBY COUNTY124 NORTH OHIO AVENUE SIDNEY,OH 45365	20-8479583	501C3		32,667	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
CONWAY INTERFAITH CLINIC830 NORTH CREEK CONWAY,AR 72032	41-2058756	501C3		187,353	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
CORNELL SCOTT-HILL HEALTH400-428 COLUMBUS AVENUE NEW HAVEN,CT 06519	06-0870990	501C3		14,995	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
CORNERSTONE ASSISTANCE NETWORK 3500 NOBLE FORT WORTH,TX 76111	75-2417646	501C3		11,996	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
CORNERSTONE CARE7 GLASSWORKS ROAD GREENSBORO,PA 15338	25-1346194	501C3		13,930	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
CORNING AREA HEALTH CENTER INC1300 CREASON ROAD CORNING, AR 72422	71-0715998	501C3		285,296	ESTIMATED WHO LESA LE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
CORPUS CHRISTI METRO MINISTRIES1919 LEOPARD STREET CORPUS CHRISTI,TX 78408	74-2642761	501C3		6,792	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
COVENANT COMMUNITY CARE559 WEST GRAND BLVD DETROIT,MI 48216	38-3533998	501C3		176,800	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			

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COVENANT HOUSE600 SHREWSBURY STREET CHARLESTON, WV 25301	31-1015583	501C3		10,241	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COWLITZ FREE MEDICAL CLINIC1230 7TH AVE LONGVIEW, WA 98632	91-2016542	501C3		6,001	ESTIMATED WHO LESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CRISIS CONTROL MINISTRY200 E TENTH STREET WINSTON SALEM,NC 27101	23-7348168	501C3		7,524	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CRISIS MINISTRIES573 MEETING STREET CHARLESTON,SC 29403	57-0789483	501C3		134,316	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CROSS TIMBERS HEALTH CLINICS1100 REYNOSA DELEON,TX 76444	75-2113670	501C3		142,849	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CROSSINGS COMMUNITY CLINIC2208 W HEFNER ROAD STE B OKLAHOMA CITY,OK 73120	86-1115863	501C3		50,419	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CROSSROADS MEDICAL MISSION1032 MAR WALT DRIVE STE 240 FT WALTON BEACH,FL 32548	20-5518720	501C3		7,019	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CROSSROADS MEDICAL MISSION300 W VALLEY DRIVE BRISTOL,VA 24201	54-2038877	501C3		5,931	ESTIMATED WHO LESALE PRICE,	,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CURTIS V COOPER PRIMARY HEALTH106 E BROAD ST SAVANNAH, GA 314012917	58-1136296	501C3		27,205	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CW WILLIAMS HEALTH CENTER3333 WILKINSON BLVD CHARLOTTE, NC 28208	56-1262478	501C3		14,995	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
DADE COUNTY SHERIFF'S OFFICE75 CASE AVENUE TRENTON, GA 30752	58-6001772	GOVERNMENT ENTITY		28,498	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
DAMIAN FAMILY CARE CENTERS137-50 JAMAICA AVENUE JAMAICA,NY 11435	22-3433831	501C3		57,507	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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DAVID RAINES COMMUNITY HEALTH CENTERS1625 DAVID RAINES ROAD SHREVEPORT,LA 71107	58-2000630	501C3		67,114	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
DAVIDSON MEDICAL MINISTRIES CLINIC420 N SALISBURY STREET LEXINGTON,NC 27292	56-1746266	501C3		128,391	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
DECORAH COMMUNITY FREE CLINIC604 W BROADWAY STREET DECORAH,IA 52101	20-1081005	501C3		5,765	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
DELTA HEALTH CENTER 702 MARTIN LUTHER KING ROAD MOUND BAYOU, MS 387620900	64-0443928	501C3		34,856	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
DENVER HEALTH & HOSPITALITY AUTHORITY 301 WEST 6TH AVENUE DENVER,CO 80204	74-2480484	501C3		62,395	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
DIMOCK COMMUNITY HEALTH CENTER55 DIMOCK STREET ROXBURY,MA 02119	04-3487835	501C3		14,995	ESTIMATED WHO LESALE PRICE,	,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
DISPENSARY OF HOPE566 MAINSTREAM DRIVE NASHVILLE,TN 37228	58-1716804	501C3		106,295	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
DIVERSITY HEALTH CENTER213 NORTH MCDONALD STREET LUDOWICI,GA 31316	20-5746618	501C3		17,954	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
DOLORES COUNTY HEALTH495 WEST 4TH STREET DOVE CREEK,CO 81324	84-0674759	501C3		5,288	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
DOWNRIVER COMMUNITY SERVICES555 ST CLAIR RIVER DRIVE ALGONAC,MI 48001	38-2080825	501C3		215,006	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
DOWNTOWN CLINIC611 SOUTH SECOND STREET LARAMIE,WY 82070	83-0326354	501C3		5,288	ESTIMATED WHO LESA LE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
EAST BAY COMMUNITY ACTION PROGRAM19 BROADWAY NEWPORT,RI 02840	05-0310024	501C3		21,215	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990,Schedule I, Par	•	F. Communication of the Commun	I	<u> </u>			
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EAST GEORGIA HEALTHCARE CENTER316 NORTH MAIN STREET SWAINSBORO,GA 30401	58-2001607	501C3		8,175	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
EAST HARTFORD COMMUNITY HEALTHCARE 94 CONNECTICUT BLVD EAST HARTFORD,CT 06108	06-1416492	501C3		10,549	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
EAST TEXAS COMMUNITY HEALTH SERVICE1401 S UNIVERSITY DRIVE NACOGDOCHES,TX 75961	75-2184369	501C3		17,074	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
EAST VALLEY COMMUNITY HEALTH CENTER420 S GLENDORA AVENUE WEST COVINA, CA 91790	23-7068586	501C3		67,850	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
EASTERN SHORE RURAL HEALTH9434 HOSPITAL AVE NASSAWADOX,VA 23413	51-0196935	501C3		29,990	ESTIMATED WHO LESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
EAU CLAIRE1228 HARDEN STREET COLUMBIA,SC 29204	57-0965445	501C3		5,898	ESTIMATED WHO LESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
EISNER PEDIATRIC & FAMILY MEDICAL CENTER 1530 S OLIVE STREET LOS ANGELES, CA 90015	95-1690966	501C3		34,710	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
EL CENTRO DE CORAZON 5001 NAVIGATION BLVD HOUSTON,TX 77011	76-0442781	501C3		14,995	ESTIMATED WHO LESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
EL DORADO COUNTY4327 GOLDEN CENTER DRIVE PLACERVILLE,CA 95667	42-1533531	501C3		16,663	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
EL PROYECTO DEL BARRIO 8902 WOODMAN AVENUE ARLETA,CA 91331	95-2662606	501C3		44,978	ESTIMATED WHOLESALE PRICE,	,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ESCAMBIA COMMUNITY CLINICS INC2200 NORTH PALAFOX STREET PENSACOLA,FL 32501	59-3105246	501C3		23,339	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ESSENTIAL HEALTH CLINIC266 WEST MAIN STREET MS 68 HILLSBORO,OR 97123	38-3672046	501C3		15,863	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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organization or government		ıf applicable	grant	cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
ETOWAH BAPTIST CHARITY PHARMACY 18901 E ETOWAH ROAD NOBLE,OK 73068	73-1637078	501C3		44,475	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ETOWAH FREE COMMUNITY CLINIC423 SOUTH 3RD STREET GADSDEN,AL 35901	82-0562064	501C3		248,086	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
EUNICE COMMUNITY HEALTH CENTER450 MOOSA BLVD STE E EUNICE,LA 70535	72-0213992	501C3		226,814	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
EXCELTH INC1515 POYDRAS STREET STE 1070 NEW ORLEANS,LA 70112	72-1193464	501C3		388,733	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FAIRFAX MEDICAL FACILITIES INC212 NORTH MAIN STREET FAIRFAX,OK 746373023	83-0410970	501C3		49,608	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FAIRVIEW COMMUNITY HEALTH CENTER615 7TH AVE BOWLING GREEN,KY 42101	61-1386859	501C3		20,112	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FAITH COMMUNITY PHARMACY7033 BURLINGTON PIKE SUITE 4 FLORENCE,KY 41042	61-1378914	501C3		31,595	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FAMILY CARE HEALTH CENTER401 HOLLY HILLS AVENUE ST LOUIS,MO 63111	23-7076112	501C3		228,075	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FAMILY HEALTH - LA CLINICA400 S TOWNLINE ROAD WAUTOMA,WI 54982	39-1181480	501C3		14,516	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FAMILY HEALTH CARE OF NORTHWEST OHIO140 FOX ROAD VAN WERT,OH 45891	34-1977316	501C3		52,143	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FAMILY HEALTH CENTER OF CLARK1319 DUNCAN AVENUE JEFFERSONVILLE, IN 47130	35-1842342	501C3		66,660	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FAMILY HEALTH CENTERS 2256 HEITMAN STREET FORT MYERS,FL 33901	59-1741273	501C3		40,597	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990,Schedule I, Par	•	F. Communication of the Commun	I	<u> </u>			41.5
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FAMILY HEALTH CENTERS 1921 SPRING DRIVE LOUISVILLE,KY 40212	61-0716483	501C3		29,990	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FAMILY HEALTH CENTERS OF BALTIMORE631 CHERRY HILL ROAD BALTIMORE, MD 21225	52-1118424	501C3		14,995	ESTIMATED WHO LESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FAMILY HEALTH CLINIC OF CARROLL901 PRINCE WILLIAM ROAD SUITE A DELPHI,IN 46923	26-1553382	501C3		20,337	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FAMILY HEALTH PARTNERSHIP CLINIC 13707 WEST JACKSON STREET WOODSTOCK,IL 60098	36-4277029	501C3		36,672	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FAMILY HEALTHCARE NETWORK305 EAST CENTER AVE VISALIA, CA 93291	94-2525145	501C3		13,447	ESTIMATED WHO LESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FAMILY MEDICAL & DENTAL CENTERS1302 RIVER STREET PALATKA,FL 32177	59-1792958	501C3		16,143	ESTIMATED WHO LESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FAMILY SERVICE AGENCY OF SB123 W GUTIERREZ ST SANTA BARBARA, CA 93101	95-1644031	501C3		20,907	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FIRST BAPTIST MEDICALDENTAL1607 CHERRY STREET VICKSBURG, MS 39181	64-0334158	501C3		75,847	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FIRST CHOICE PRIMARY CARE770 WALNUT STREET MACON,GA 31201	20-4391090	501C3		88,197	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FIRST NATIONS COMMUNITY5608 ZUNI SE ALBUQUERQUE,NM 87108	85-0336893	501C3		22,493	ESTIMATED WHO LESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FLINT HILLS COMMUNITY CLINIC401 HOUSTON ST MANHATTAN, KS 66502	20-2306015	501C3		14,603	ESTIMATED WHO LESA LE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FLOATING DOCTORS 20964 WAVEVIEW DRIVE TOPANGA,CA 90290	30-0492985	OTHER		48,458	ESTIMATED WHOLESALE PRICE,	,	

Form 990,Schedule I, Par	t II, Grants an	d Other Assistanc	e to Government	s and Organizatio	ns in the United S	tates	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD FOR THE POOR6401 LYONS ROAD COCONUT CREEK,FL 33073	59-2174510	501C3		13,903,889	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	Γ
FOODBANK OF SOUTHERN CALIFORNIA1444 SAN FRANCISCO AVENUE LONG BEACH,CA 90813	95-3557056	501C3		43,112	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FORT BEND FAMILY HEALTH CENTER400 AUSTIN STREET RICHMOND,TX 77469	74-1951476	501C3		58,818	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	,
FOUNDATION OF HOSPICES IN SUB- SAHARA1731 KING STREET SUITE 300 ALEXANDRIA,VA 22314	16-1590512	501C3		54,087	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
FOUR CORNERS PRIMARY CARE CENTER5030 GEORGIA BELLE COURT NORCROSS,GA 30093	20-5870972	501C3		5,288	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FOX CITIES COMMUNITY CLINIC1814 NORTH APPLETON ROAD MENASHA, WI 54952	20-2090446	501C3		54,975	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FRANKLIN C FETTER FAMILY HEALTH CENTER51 NASSAU STREET CHARLESTON, SC 29403	57-0604703	501C3		250,594	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FRANKLIN PRIMARY HEALTH CENTER1303 DR MARTIN LUTHER KING JR AVE MOBILE, AL 36603	63-0695975	501C3		21,815	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	I INCOME
FREE CLINIC OF CULPEPER 610 LAUREL STREET CULPEPER,VA 22701	52-1366700	501C3		21,597	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FREE CLINIC OF SIMI VALLEY2060 TAPO STREET SIMI VALLEY,CA 93063	23-7108154	501C3		52,016	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FREE CLINIC OF SW WASHINGTON4100 PLOMONDON STREET VANCOUVER, WA 98661	91-1707542	501C3		60,964	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FREE CLINICS OF HENDERSON COUNTY841 CASE STREET HENDERSONVILLE, NC 28792	56-2212024	501C3		16,413	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	

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FREE CLINICS OF IOWA 3200 GRAND AVENUE DES MOINES,IA 50312	42-1428706	501C3		23,579	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FREE MEDICAL CLINIC OF DARLINGTON COUNTY203 GROVE STREET DARLINGTON,SC 29532	58-2445265	501C3		28,118	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FRIENDS OF FAMILY HEALTH CENTER501 S IDAHO STREET 190 LA HABRA,CA 90631	27-1316512	501C3		176,292	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FRIENDS OF PETIT GOAVE PO BOX 530612 MIAMI,FL 33153	83-0440836	501C3		57,716	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
G A CARMICHAEL1668 WEST PEACE STREET CANTON,MS 390460588	64-0580940	501C3		316,757	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GALVESTON COUNTY2000 TEXAS AVENUE SUITE 200 TEXAS CITY,TX 77590	76-0619014	501C3		68,713	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GASTON FAMILY HEALTH SERVICES991 W HUDSON BLVD GASTONIA,NC 28052	58-1958398	501C3		240,957	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GATEWAY COMMUNITY HEALTH CENTER1515 PAPPAS LAREDO,TX 78041	74-2553409	501C3		7,304	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GATEWAY HEALTH CLINIC 310 E CHARLES STREET MUNCIE,IN 47305	35-1327507	501C3		92,950	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GENERATIONS FAMILY HEALTH CENTER1315 MAIN STREET WILLIMANTIC,CT 06266	22-3158253	501C3		27,741	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GEORGIA FARMWORKER HEALTH PROGRAM920 SOUTH WEST STREET BAINBRIDGE,GA 39819	58-6000359	501C3		75,198	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GEORGIA HIGHLANDS MEDICAL SERVICES260 ELM STREET CUMMING, GA 30040	58-1338038	501C3		24,130	ESTIMATED WHO LESALE PRICE,	,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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GLENDALE COMMUNITY FREE HEALTH CLINIC134 N KENWOOD STREET GLENDALE,CA 91206	87-0732581	501C3		13,691	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GLIDE HEALTH SERVICES 330 ELLIS STREET SAN FRANCISCO, CA 94102	94-1156481	501C3		5,386	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GLOBAL BRIGADES INC (USA)1099 E CHAMPLAIN DR SUITE A176 FRESNO,CA 93720	37-1551109	501C3		196,277	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
GLOBAL HEALTH PARTNERS113 UNIVERSITY PLACE 8TH FLOOR NEW YORK, NY 10003	06-1691248	501C3		747,006	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
GLOBUS RELIEF1775 WEST 1500 SOUTH SALT LAKE CITY,UT 84104	84-1369453	501C3		75,853	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
GOOD FAITH CLINIC711 COOK DRIVE ATHENS,TN 37303	62-1624210	501C3		30,794	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GOOD NEIGHBOR COMMUNITY HEALTH CLINIC2282 EAST 32ND AVENURE COLUMBUS, NE 68601	13-4249732	501C3		5,808	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GOOD NEIGHBOR HEALTHCARE CENTER190 HEIGHTS BLVD HOUSTON,TX 77007	74-1746576	501C3		11,737	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GOOD NEWS CARE CENTER 7855 SW 104TH STREET STE 210 MIAMI,FL 33156	59-0914210	501C3		30,643	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GOOD NEWS CLINICS810 PINE STREET GAINESVILLE, GA 30501	58-2058853	501C3		36,039	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GOOD SAMARITAN 175 SAMARITAN DRIVE JASPER, GA 30143	58-2576315	501C3		38,503	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GOOD SAMARITAN CARE CLINIC501 WEST US HIGHWAY 60 MOUNTAINVIEW, MO 65548	56-2418664	501C3		19,347	ESTIMATED WHO LESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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GOOD SAMARITAN CLINIC 615 NORTH B STREET FORT SMITH,AR 72901	71-0863639	501C3		109,506	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
GOOD SAMARITAN CLINIC 418 GRAND PARK DRIVE SUITE 311 PARKERSBURG, WV 26105	55-0708491	501C3		10,579	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
GOOD SAMARITAN HEALTH CLINIC401 ARNOLD STREET NE SUITE A CULLMAN,AL 35055	20-0149215	501C3		22,700	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
GOOD SAMARITAN HEALTH CLINIC312 WEST NEW YORK AVENUE DELAND,FL 32720	30-0408193	501C3		13,998	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
GOOD SAMARITIAN HEALTH SERVICES1725 E 19TH STREET TULSA,OK 74104	73-1559561	501C3		39,718	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
GOOD SHEPHERD FREE MEDICAL CLINIC 307 NORTH BROAD STREET CLINTON, SC 29325	57-0996466	501C3		32,550	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
GRACE CLINIC3180 W CLEARWATER AVE SUITE A KENNEWICK, WA 99336	77-0592408	501C3		24,807	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
GRACE HILL NEIGHBORHOOD HEALTH 100 N TUCKER BLVD SUITE 1100 ST LOUIS, MO 63101	43-0817642	501C3		17,227	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
GRACE MEDICAL CLINIC 211 SOUTH 8TH STREET MAYFIELD,KY 42066	61-1351519	501C3		27,966	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
GRACE MEDICAL HOME51 PENNSYLVANIA STREET ORLANDO,FL 32806	26-1817966	501C3		41,680	PURCHASED PRICE , ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
GRACE OUTREACH TO HEALTH837 EAST WALNUT STREET GRAPEVINE,TX 76051	75-2195702	501C3		7,433	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
GRAND PRAIRIE CHARITABLE115 NORTH ADAMS STREET DEWITT,AR 72042	71-0851962	501C3		13,062	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			

Form 990,Schedule I, Par	<u>, </u>			1		I	(I-) D
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GRAND PRAIRIE WELLNESS CENTER1710 SMALL STREET GRAND PRAIRIE,TX 75050	75-2877107	501C3		111,682	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GRANT PARK CLINIC1340 BOULEVARD SE ATLANTA,GA 30315	58-1577640	501C3		21,336	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GREAT SALT PLAINS HEALTH CENTER405 S OKLAHOMA CHEROKEE,OK 73728	20-8787477	501C3		14,336	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GREAT SHAPE INC2602 HARRISON ST OAKLAND,CA 94612	94-3086515	501C3		5,028	ESTIMATED WHO LESALE PRICE,	EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
GREATER BADEN MEDICAL SERVICES7450 ALBERT ROAD 3RD FLOOR BRANDYWINE, MD 20613	52-0961414	501C3		172,886	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GREATER GREENWOOD UNITED MINISTRY1404 EDGEFIELD STREET GREENWOOD,SC 29646	57-1012393	501C3		13,763	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GREATER HICKORY COOPERATIVE31 1ST AVENUE SE HICKORY,NC 28602	56-0934855	501C3		13,808	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GREATER KILLEEN FREE CLINIC309 N SECOND STREET KILLEEN,TX 76541	74-2724725	501C3		5,165	ESTIMATED WHOLESALE PRICE,	,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GREATER LAWRENCE73 D WINTHROP AVENUE LAWRENCE,MA 018412884	04-2708824	501C3		7,491	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GREATER PRINCE WILLIAM 4379 RIDGEWOOD CENTER DRIVE WOODBRIDGE, VA 22192	83-0435138	501C3		58,588	ESTIMATED WHOLESALE PRICE,	,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GREATER TEXOMA HEALTH CLINIC900 N ARMSTRONG DENISON,TX 75020	81-0584983	501C3		95,692	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GREEN CENTRAL COMMUNITY CLINIC324 EAST 35TH STREET MINNEAPOLIS,MN 55408	23-7113799	501C3		14,995	ESTIMATED WHO LESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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organization or government	(5) 1111	if applicable	grant	cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
GREEN RIVER MEDICAL CENTER585 W MAIN GREEN RIVER,UT 84525	87-0409346	501C3		8,403	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GREENE COUNTY HEALTH CARE7 PROFESSIONAL DRIVE SNOW HILL, NC 28580	56-0992353	501C3		13,144	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GREENVILLE FREE MEDICAL CLINIC600 ARLINGTON AVENUE GREENVILLE, SC 29601	57-0855205	501C3		142,785	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GUADALUPE HEALTH CENTER955 W PRICE ROAD BROWNSVILLE,TX 78520	20-3463338	501C3		44,466	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GULF COAST HEALTH CENTER2548 MEMORIAL BLVD PORT ARTHUR,TX 77640	76-0289927	501C3		14,995	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GUYANA MEDICAL RELIEF INCP O BOX 451745 LOS ANGELES,CA 90045	95-4192121	501C3		4,684,269	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
H STREET CLINIC1329 NORTH H STREET SAN BERNARDINO,CA 92405	20-8191393	501C3		68,513	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HAITI MEDICAL MISSIONS OF MEMPHIS1779 KIRBY PARKWAY MEMPHIS,TN 38138	62-1822470	501C3		7,614	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
HAITIAN HEALTH AND 2320 NW 102ND PL MIAMI,FL 33172	65-0627901	501C3		103,278	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
HAMILTON HEALTH CENTER1821 FULTON STREET HARRISBURG,PA 17102	23-1858363	501C3		27,348	ESTIMATED WHOLESALE PRICE,	,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HANDS OF HOPE CLINIC 1010 HOSPITAL DRIVE BLDG B STOCKBRIDGE,GA 30281	42-1591970	501C3		27,367	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HANNIBAL FREE CLINIC 711 GRAND AVENUE HANNIBAL, MO 63401	14-1979983	501C3		7,872	ESTIMATED WHO LESALE PRICE,	,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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HARBOR COMMUNITY CLINIC593 W SIXTH STREET SAN PEDRO,CA 90731	23-7103245	501C3		84,882	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS				
HARDEMAN COUNTY629 NUCKOLLS ROAD BOLIVAR,TN 38008	58-1995646	501C3		11,927	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS				
HARM REDUCTION SERVICES4001 12TH AVE SACRAMENTO,CA 95817	68-0300656	501C3		15,583	ESTIMATED WHOLESALE PRICE,	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		59,290	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS				
HEALING ART MISSIONS PO BOX 645 GRANVILLE,OH 43023	31-1618706	501C3		43,806	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE				
HEALING HANDS FOR HAITIPO BOX 521800 SALT LAKE CITY, UT 841521800	04-3486458	501C3		7,140	PURCHASED PRICE ,	EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE				
HEALING HANDS MINISTRIES7475 SKILLMAN SUITE 103B DALLAS,TX 75231	65-1259379	501C3		96,410	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS				
HEALING THE CHILDREN 2625 COLBY AVE STE 3 EVERETT, WA 98201	91-1370218	501C3		7,532	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE				
HEALTH ACCESS WASHOE COUNTY1055 S WELLS AVENUE RENO,NV 89502	88-0293149	501C3		88,234	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS				
HEALTH ACCESS INCORPORATED489 WASHINGTON AVENUE CLARKSBURG, WV 26301	55-0715066	501C3		11,471	ESTIMATED WHO LESA LE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS				
HEALTH ALLIANCE FOR THE UNINSURED5929 N MAY AVENUE SUITE 511 OKLAHOMA CITY,OK 73112	26-1789292	501C3		31,807	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS				
HEALTH CARE ACCESS330 MAINE LAWRENCE,KS 66044	48-1062114	501C3		31,103	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS				

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HEALTH CARE FOR THE HOMELESS711 W CAPITOL DRIVE MILWAUKEE, WI 53212	39-1353282	501C3		165,209	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HEALTH CARE FOR THE HOMELESS421 FALLSWAY BALTIMORE, MD 21202	52-1576404	501C3		31,848	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HEALTH CARE NETWORK 904 STATE STREET RACINE, WI 53404	42-1299913	501C3		17,994	ESTIMATED WHO LESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HEALTH CENTER OF SOUTHEAST TEXAS401 E CROCKETT STREET SUITE A CLEVELAND,TX 77327	56-2508501	501C3		11,966	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HEALTH FRONTIERS44500 66TH AVENUE WAY KENYON,MN 55946	34-1694322	501C3		36,927	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE			
HEALTH HELP DBA WHITE HOUSE CLINICS1010 MAIN STREET SOUTH MCKEE,KY 40447	61-0843731	501C3		24,339	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HEALTH INTERVENTION SERVICES15 ANDRE SE GRAND RAPIDS,MI 49507	38-3273825	501C3		13,586	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HEALTH PARTNERS FREE CLINIC1300 NORTH COUNTY ROAD 25A TROY,OH 45373	31-1596731	501C3		23,731	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HEALTH PARTNERS INC 3070 CRAIN HIGHWAY 101 WALDORF, MD 20601	52-1767044	501C3		54,188	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HEALTH PARTNERS OF WESTERN OHIO441 EAST 8TH STREET LIMA,OH 45804	56-2330309	501C3		8,639	ESTIMATED WHOLESALE PRICE,	,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HEALTH PARTNERSHIP CLINIC OF7171 WEST 95TH STREET SUITE 100 OVERLAND PARK, KS 66212	48-1115529	501C3		35,778	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HEALTH REACH COMMUNITY CLINIC400 EAST STATESVILLE AVENUE MOORESVILLE,NC 28115	20-1020941	501C3		78,155	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			

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HEALTH SERVICES INC 1000 ADAMS AVENUE MONTGOMERY,AL 36104	63-0568762	501C3		22,378	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HEALTH WEST - LAVA CLINIC85 SOUTH 5TH WEST LAVA HOT SPRINGS, ID 83246	82-0324100	501C3		6,755	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HEALTHCARE CONNECTION INC1401 STEFFEN AVENUE CINCINNATI,OH 45215	31-0822524	501C3		11,947	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HEALTHCARE FOR THE HOMELESS2505 FANNIN STREET 2ND FLOOR HOUSTON,TX 77002	76-0647934	501C3		106,361	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HEALTHLINK PRIMARY CARE CLINIC2027 PULASKI HIGHWAY SUITE 206 HAVRE DE GRACE, MD 21078	26-2462359	OTHER		27,157	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HEALTHNET OF ROCK COUNTY INC23 W MILWAUKEE STREET JANESVILLE, WI 53548	39-1778804	501C3		12,935	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HEALTHPOINT FAMILY CARE601 WASHINGTON AVENUE SUITE 300 NEWPORT,KY 41071	61-0729915	501C3		81,475	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HEALTHREACH INC804 E PARK AVENUE SUITE 110 LIBERTYVILLE,IL 60048	36-3816410	501C3		12,629	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HEALTHSOURCE OF OHIO 5400 DUPONT CIRCLE SUITE A MILFORD,OH 45150	31-0884250	501C3		29,990	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HEART CITY HEALTH CENTER236 SIMPSON AVENUE ELKHART,IN 46635	35-1875364	501C3		30,339	ESTIMATED WHO LESA LE PRICE,	MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HEART OF TEXAS COMMUNITY HEALTH CENTER1600 PROVIDENCE DRIVE WACO,TX 76707	74-2867580	501C3		7,480	ESTIMATED WHO LESA LE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HEART TO HEART401 S CLAIRBORNE RD OLATHE, KS 66062	48-1108359	501C3		114,219	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE			

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organization or government	(D) LIN	if applicable	grant	cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
HEARTLAND COMMUNITY HEALTH CLINIC1701 W GARDEN STREET PEORIA,IL 61605	37-1270794	501C3		29,983	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HEARTLAND HEALTH OUTREACH1015 W LAWRENCE AVENUE CHICAGO,IL 60640	36-3775696	501C3		71,314	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HELPING HANDS CLINIC 810 HARPER AVENUE LENOIR,NC 28645	56-2076541	501C3		18,050	ESTIMATED WHO LESALE PRICE,	MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HENNEPIN COUNTY COMMUNITY525 PORTLAND AVE MINNEAPOLIS, MN 554151533	41-1422825	501C3		5,288	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HENRIETTA JOHNSON MEDICAL CENTER601 NEW CASTLE AVENUE WILMINGTON, DE 19801	20-1336340	501C3		19,802	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HENRY JAUSTIN HEALTH 321 NORTH WARRENT STREET TRENTON,NJ 08618	22-2682708	501C3		24,102	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HIGH PLAINS COMMUNITY HEALTH CENTER201 KENDALL DRIVE LAMAR,CO 81052	84-1244224	501C3		15,192	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HILLTOWN COMMUNITY HEALTH CENTERS58 OLD NORTH RD WORTHINGTON, MA 010989753	04-2161484	501C3		14,995	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HOMELESS HEALTH CARE CENTER717 EAST 11TH STREET CHATTANOOGA,TN 37403	62-6000636	501C3		6,862	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HOPE CLINIC7001 CORPORATE DRIVE STE 120 HOUSTON,TX 77036	31-1756818	501C3		169,612	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HOPE CLINIC411 E JEFFERSON STREET WAXAHACHIE,TX 75165	75-2813621	501C3		74,209	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HOPE CLINIC OF GARLAND TEXAS808 WEST AVE A GARLAND,TX 75040	75-2960314	501C3		7,476	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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HOPE FOR HAITI FOUNDATIONPO BOX 4794 CARY,NC 27519	56-2157424	501C3		89,642	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE			
HOPE FOUNDATION FOR WOMEN16401 NW 2ND AVE STE 202 MIAMI,FL 33169	65-0925102	501C3		313,884	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE			
HOPE WITHIN COMMUNITY HEALTH CENTER4748 E HARRISBURG PIKE ELIZABETHTOWN, PA 17022	16-1643004	501C3		9,964	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HOPE WORLDWIDE353 WEST LANCASTER AVENUE WAYNE, PA 19087	04-3129839	501C3		893,545	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE			
HOPKINS COUNTY COMMUNITY CLINIC638 N FRANKLIN STREET MADISONVILLE,KY 42431	06-1710391	501C3		120,791	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HORISONS UNLIMITED HEALTHCARE164 B STREET LIVINGSTON, CA 95334	72-1532350	501C3		291,336	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HORIZON HEALTH CARE INC208 SOUTH MAIN STREET HOWARD,SD 57321	46-0341255	501C3		37,500	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HORIZON HEALTH CENTER 714 BERGEN AVE 714 JERSEY CITY,NJ 073064802	22-1831695	501C3		18,445	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HOT SPRINGS HEALTH PROGRAM590 MEDICAL PARK DRIVE MARSHALL,NC 28753	56-0986537	501C3		13,607	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HOUSING AUTHORITY OF THE CITY808 LAGUNA STREET SANTA BARBARA, CA 93101	26-0417729	501C3		10,105	PURCHASED PRICE , ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HOUSTON COMMUNITY HEALTH CENTERS424 HAHLO HOUSTON,TX 77020	76-0622208	501C3		10,497	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
HOWARD BROWN HEALTH CENTER4025 NORTH SHERIDAN ROAD CHICAGO,IL 60613	36-2894128	501C3		19,270	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			

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organization or government	(D) EIN	if applicable	grant	cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
IBERIA COMPREHENSIVE 806 JEFFERSON TERRANCE NEW IBERIA, LA 70560	58-2164455	501C3		29,662	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
IDC FOUNDATION2767 QUAIL VALLEY RD SOLVANG,CA 93463	20-0457609	OTHER		118,944	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
INDIAN HEALTH CENTER 1333 MERIDIAN AVENUE SAN JOSE,CA 95125	94-2476242	501C3		8,997	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
INDIAN HEALTH COUNCIL PHARMACY50100 GOLSH ROAD VALLEY CENTER, CA 92082	95-2506788	501C3		12,667	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
INDIANA HEALTH CENTERS INC8003 CASTLEWAY DRIVE INDIANAPOLIS,IN 46250	31-1003977	501C3		92,974	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
INHEALTH COMMUNITY WELLNESS FREE CLINIC 109 EAST BLUFF STREET BOSCOBEL, WI 53805	33-1170597	501C3		125,196	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
INLAND BEHAVIORAL1963 NORTH E STREET SAN BERNARDINO,CA 92405	95-3246624	501C3		5,054	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
INNIS COMMUNITY HEALTH CENTER6450 LA HIGHWAY 1 INNIS,LA 70747	72-1505179	501C3		20,265	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
INTENSIVE HEART VENTURES735 STATE STREET SANTA BARBARA, CA 93101	77-0401233	501C3		177,476	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
INTERFAITH CLINIC514 WEST FAOULNER EL DORADO,AR 71730	71-0236863	501C3		34,117	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
INTERIOR COMMUNITY HEALTH CENTER1606 23RD AVENUE FAIRBANKS,AK 99701	92-0147354	501C3		13,883	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
INTERNATIONAL CHILD CARE3506 LOVERS LANE KALAMAZOO,MI 49001	35-6059274	501C3		73,531	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE

Form 990,Schedule I, Par	t II, Grants an	d Other Assistanc	e to Government	s and Organizatio	ons in the United S	tates	ı
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL HUMANITIES CENTERPO BOX 923 MALIBU,CA 90265	33-0767921	OTHER		8,885	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
INTERNATIONAL MEDICAL ALLIANCE107 JUDITH DR KNOXVILLE,TN 37920	31-1724114	501C3		382,260	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
ISABEL COMMUNITY CLINIC118 N MAIN STREET ISABEL,SD 57633	46-0348705	501C3		70,397	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ISLA VISTA YOUTH PROJECTS6842 PHELPS ROAD GOLETA,CA 93117	95-3007419	501C3		5,344	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ITHACA FREE CLINIC225 S FULTON STREET ITHACA,NY 14850	90-0192978	501C3		5,998	ESTIMATED WHO LESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
JP HAITIAN RELIEF ORGANIZATION149 S BARRINGTON AVENUE 364 LOS ANGELES, CA 90049	27-1703237	501C3		668,421	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
JACKSON-HINDS3502 WEST NORTHSIDE DRIVE JACKSON,MS 39213	64-0506107	501C3		18,330	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
JC LEWIS HEALTH CENTER OF UNION MISSION125 FAHM STREET SAVANNAH,GA 31401	58-0827524	501C3		249,124	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
JEANIE SCHMIDT FREE CLINIC13525 DULLES TECHNOLOGY DRIVE HERNDON,VA 20172	71-0877944	501C3		11,305	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
JEFFERSON COMMUNITY HEALTH4028 US HWY 90W AVONDALE,LA 70094	56-2439708	501C3		88,892	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
JEFFERSON COMPREHENSIVE HEALTH 225 COMMUNITY DRIVE FAYETTE, MS 39069	64-0667610	501C3		80,642	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
JESSIE TRICE COMMUNITY HEALTH700 S ROYAL POINCIANA BLVD STE 300 MIAMI,FL 331666667	59-1235617	501C3		38,576	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
JOHNSON CITY DOWNTOWN CLINIC207 E MYRTLE AVENUE JOHNSON CITY,TN 37601	62-6021046	501C3		11,019	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
JOHNSTOWN FREE MEDICAL CLINIC320 MAIN STREET 3D FL JOHNSTOWN,PA 15901	23-2922409	501C3		70,461	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
JONESBORO CHURCH HEALTH CENTER500 KITCHEN JONESBORO,AR 72401	71-0707863	501C3		64,049	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
JOY-SOUTHFIELD COMMUNITY HEALTH 18917 JOY ROAD DETROIT,MI 48228	38-3622930	501C3		7,968	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
KANSAS CITY FREE HEALTH CLINIC3515 BROADWAY KANSAS CITY, MO 64111	43-0967292	501C3		18,248	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
KATAHDIN VALLEY HEALTH CENTER30 HOULTON STREET PATTEN,ME 04765	23-7411014	501C3		12,207	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
KATY TRAIL COMMUNITY HEALTH CENTER821 WESTWOOD DRIVE SEDALIA, MO 65301	43-1879853	501C3		37,638	ESTIMATED WHO LESA LE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
KEVIN'S COMMUNITY CENTER153 SOUTH MAIN STREET NEWTOWN,CT 06470	61-1436909	501C3		25,359	ESTIMATED WHO LESA LE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
KHEIR COMMUNITY CLINIC3727 WEST SIXTH STREET SUITE 200 LOS ANGELES,CA 90020	95-4074660	501C3		30,186	ESTIMATED WHO LESA LE PRICE,	MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
KIDS COME FIRST 1501-A S BON VIEW AVENUE ONTARIO, CA 91761	33-0969025	501C3		17,202	ESTIMATED WHO LESA LE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
KOKUA KALIHI VALLEY 2239 N SCHOOL STREET HONOLULU,HI 96819	99-0149797	501C3		10,575	ESTIMATED WHO LESA LE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
KONBIT SANTEPO BOX 11281 PORTLAND,ME 04104	01-0540292	501C3		1,281,131	PURCHASED PRICE , ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE			

Form 990,Schedule I, Par	τ 11, Grants an	a Otner Assistanc	e to Government	s and Organizatio	ons in the United S	tates	Т
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA CASA FAMILY HEALTH CENTER1521 WEST 13TH CLOVIS,NM 88101	23-7429653	501C3		9,412	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
LA CLINICA CRISTIANA 380 WILSON LAKE SHORES MUSCLE SHOALS, AL 35661	20-1624284	501C3		53,241	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
LA CLINICA DE LA RAZA 1515 FRUITVALE AVENUE OAKLAND,CA 94601	94-1744108	501C3		17,988	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
LA ESPERANZA CLINIC 1610 S CHADBOURNE SAN ANGELO,TX 76903	74-2699762	501C3		80,474	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
LA FAMILIA MEDICAL CENTER1035 ALTO STREET SANTA FE,NM 87501	85-0220875	501C3		25,577	ESTIMATED WHO LESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
LA MAESTRA FAMILY CLINIC INC4060 FAIRMOUNT AVENUE SAN DIEGO,CA 92105	33-0473171	501C3		143,048	ESTIMATED WHO LESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
LACKEY FREE CLINIC1620 OLD WILLIAMSBURG ROAD YORKTOWN,VA 23690	54-1850915	501C3		19,774	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
LAFAYETTE COMMUNITY HEALTH1317 JEFFERSON STREET LAFAYETTE,LA 70501	72-1221982	501C3		76,303	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
LAGUNA BEACH COMMUNITY CLINIC362 THIRD STREET LAGUNA BEACH, CA 92651	95-2637633	501C3		100,961	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
LAKE AREA FREE CLINIC 856 ARMOUR ROAD OCONOMOWOC, WI 53066	39-2006388	501C3		10,876	ESTIMATED WHOLESALE PRICE,	,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
LAKE COUNTY FREE MEDICAL CLINIC54 S STATE STREET SUITE 302 PAINESVILLE,OH 44077	34-1081191	501C3		18,014	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
LAKE COUNTY HEALTH DEPARTMENT2400 BELVIDERE ROAD WAUKEGAN,IL 60085	36-3909396	501C3		42,300	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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LAKE COUNTY PRIMARY CARE215 S COURT STREET TIPTONVILLE,TN 38079	62-1026947	501C3		11,730	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
LAS ISLAS MEDICAL GROUP2400 SOUTH C STREET OXNARD,CA 93033	77-0285222	501C3		25,198	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
LAWTON COMMUNITY HEALTH CENTER3811 WEST GORE BLVD STE 6 LAWTON,OK 735056328	26-0187688	501C3		25,053	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
LEE COUNTY COOPERATIVE CLINIC530 WATKINS BLVD MARIANNA, AR 72360	71-0413798	501C3		18,507	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
LEGACY COMMUNITY HEALTH SERVICES215 WESTHEIMER ROAD HOUSTON,TX 77006	76-0009637	501C3		96,804	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
LEO POCHA CLINIC435 N LAST CHANCE GULCH HELENA,MT 59601	81-0304870	501C3		20,670	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
LIFELONG MEDICAL CARE 2344 SIXTH STREET BERKELEY,CA 94710	94-2502308	501C3		187,659	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
LINCOLN COMMUNITY HEALTH CENTER1301 FAYETTEVILLE STREET DURHAM,NC 27707	56-1031244	501C3		29,990	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
LISBON AND EAST LIVERPOOL7880 LINCOLE PLACE LISBON,OH 44432	34-6565185	501C3		27,971	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
LITTLE RIVER MEDICAL CENTER4303 LIVE OAK DRIVE LITTLE RIVER,SC 29566	57-0672117	501C3		20,962	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
LLOYD F MOSS FREE CLINIC1301 SAM PERRY BLVD FREDERICKSBURG, VA 22401	54-1677934	501C3		25,550	ESTIMATED WHO LESA LE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
LOLOMA FOUNDATION549 ALBION STREET SAN DIEGO,CA 92106	04-3702334	501C3		98,673	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	1	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE

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LONE STAR COMMUNITY HEALTH CENTER704 FM 2854 CONROE,TX 77301	30-0038860	501C3		32,679	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
LONG VALLEY HEALTH CENTER50 BRANSCOMB ROAD LAYTONVILLE, CA 95454	94-2536128	501C3		15,419	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
LORAIN COUNTY FREE CLINIC3323 PEARL AVENUE LORAIN,OH 44055	34-1506180	501C3		21,586	ESTIMATED WHOLESALE PRICE,	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		84,441	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
LOS BARRIOS UNIDOS COMMUNITY CLINIC809 SINGLETON BLVD DALLAS,TX 75212	75-1378664	501C3		35,877	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
LOUDOUN FREE CLINIC 224 B CORNWALL ST NW LEESBURG,VA 201762701	54-1921059	501C3		10,135	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
LOW COUNTRY HEALTH CARE SYSTEM333 REVOLUTIONARY TRAIL FAIRFAX,SC 29827	58-2366697	501C3		8,057	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
LOWELL COMMUNITY HEALTH CENTER586 MERRIMACK STREET LOWELL, MA 08051	12-1234567	501C3		30,863	ESTIMATED WHO LESA LE PRICE,	MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
LYON-MARTIN HEALTH SERVICES1748 MARKET STREET SAN FRANCISCO,CA 94102	94-2597707	501C3		77,289	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
MAMOU HEALTH RESOURCES300 SOUTH STREET MAMOU,LA 70554	72-0949444	501C3		113,749	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
MANATEE COUNTY RURAL HEALTH12271 US HIGHWAY 301 NORTH PARRISH,FL 34219	59-1773262	501C3		18,532	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
MANET COMMUNITY HEALTH CENTER110 WEST SQUANTUM STREET NORTH QUINCY, MA 02171	04-2646695	501C3		5,099	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			

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MANISTEE AREA COMMUNITY CLINIC385 THIRD STREET MANISTEE,MI 49660	26-1779673	501C3		17,013	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MANNA MEDICAL CLINIC 120 STREET A SUITE A PICAYUNE,MS 39466	20-1788094	501C3		105,298	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MANTACHIE RURAL HEALTH CARE5681 HWY 363 MANTACHIE,MS 38855	64-0646692	501C3		34,111	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MARIN COMMUNITY CLINIC300 PROFESSIONAL CENTER DRIVE NOVATO,CA 94947	94-2237120	501C3		84,430	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MARTHA'S VILLAGE83791 DATE AVENUE INDIO,CA 92201	33-0777892	501C3		32,704	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MARTIN LUTHER KING HEALTH CENTER827 MARGARET PLACE SUITE 201 SHREVEPORT,LA 71101	72-1079721	501C3		92,827	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MATAGORDA EPISCOPAL 101 AVENUE F NORTH BAY CITY,TX 77414	20-0537948	501C3		52,843	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MATTHEW 25 INC413 EAST JEFFERSON BLVD FORT WAYNE, IN 46802	35-1484951	501C3		29,903	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MEDLINK GEORGIA11 CHARLIE MORRIS ROAD COLBERT, GA 30628	58-1394645	501C3		10,678	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MEDPLEX CLINICS (SHELBY CNTY HEALTHCARE)877 JEFFERSON AVENUE MEMPHIS,TN 38103	62-1113169	501C3		38,008	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MEMPHIS HEALTH CENTER 360 EH CRUMP BLV D MEMPHIS,TN 38126	62-0818892	501C3		6,068	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MEND MEDICAL CLINIC 10641 N SAN FERNANDO RD PACOIMA,CA 91331	23-7306337	501C3		15,386	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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organization or government	(5)	if applicable	grant	cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
MENDOCINO COAST CLINICS205 SOUTH STREET FORT BRAGG,CA 95437	68-0262003	501C3		5,288	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MENDOCINO COMMUNITY HEALTH CLINIC INC333 LAWS AVENUE UKIAH,CA 95482	68-0259045	501C3		7,216	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MERCE MEDICAL CENTER 1831 N FAYETTEVILLE STREET ASHEBORO,NC 27203	56-1799394	501C3		28,150	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MERCI CLINIC1315 TATUM DRIVE NEW BERN,NC 28560	56-2034052	501C3		9,026	ESTIMATED WHO LESA LE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MERCY HEALTH CENTER 767 OGLETHORPE AVENUE ATHENS,GA 30606	58-2603523	501C3		49,310	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MERCY MEDICAL CLINIC 802 WASHINGTON STREET SHELBYVILLE,KY 40065	61-1211189	501C3		43,871	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
METRO FAMILY PRACTICE 901 B WEST STREET PITTSBURGH,PA 15221	25-1844246	501C3		66,874	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
METROCREST FAMILY MEDICAL CLINICONE MEDICAL PARKWAY STE149 FARMERS BRANCH,TX 75234	75-2616002	501C3		289,459	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
METROWEST FREE MEDICAL PROGRAM105 HUDSON ROAD SUDBURY,MA 01776	04-3822273	501C3		23,602	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MIAMI BEACH COMMUNITY HEALTH CENTER710 ALTON ROAD MIAMI BEACH,FL 33139	59-1829984	501C3		39,089	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MID DELTA HEALTH SYSTEMS401 MIDLAND STREET CLARENDON,AR 72029	71-0638760	501C3		55,696	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MIDDLETOWN COMM HEALTH CENTER10 BENTON AVENUE MIDDLETOWN,NY 10940	14-1588402	501C3		16,488	ESTIMATED WHO LESA LE PRICE,	PHARMACEUTICALS, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990,Schedule I, Par			I				
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MIDLAND COMMUNITY 2500 DELANO AVENUE MIDLAND,TX 79701	83-0358685	501C3		462,967	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MISSION ARLINGTON MEDICAL CLINIC210 W SOUTH STREET ARLINGTON,TX 76010	75-2354962	501C3		767,940	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MISSION CITY COMMUNITY NETWORK INC15206 PARTHENIA STREET NORTH HILLS,CA 91343	95-4226189	501C3		5,740	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MISSION DOCTORS ASSOCIATION3435 WILSHIRE BLVD SUITE 1940 LOS ANGELES,CA 90010	95-6110132	501C3		5,305	ESTIMATED WHOLESALE PRICE,	EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
MISSION EAST DALLAS 2914 OATES DRIVE DALLAS,TX 75228	72-2935803	501C3		14,995	ESTIMATED WHO LESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MISSION FORT WORTH 4401 VERMONT AVENUE FORT WORTH,TX 76115	75-2720337	501C3		51,067	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MISSION NEIGHBORHOOD HEALTH CENTER240 SHOTWELL ROAD SAN FRANCISCO,CA 94110	94-2284365	501C3		14,404	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MISSION OF MERCY ADMINISTRATION22 S MARKET STREET SUITE 6D FREDERICK, MD 21701	86-0704883	501C3		53,460	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MISSIONARIES OF THE POORPO BOX 29893 ATLANTA, GA 30359	59-2824556	501C3		51,488	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
MISSOURI HIGHLANDS HEALTH CARE110 SOUTH SECOND STREET ELLINGTON,MO 63638	43-1068291	501C3		15,154	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MOBILE COUNTY HEALTH 251 N BAYOU STREET MOBILE,AL 36652	63-6001641	GOVERNMENT ENTITY		59,355	PURCHASED PRICE , ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MOBILE MEDICAL OFFICE 1522 THIRD STREET EUREKA,CA 95501	68-0393522	501C3		49,251	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990,Schedule I, Par	t II, Grants an	d Otner Assistanc	e to Government	s and Organization	ons in the United S	tates	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONMOUTH FAMILY HEALTH CENTER270 BROADWAY LONG BRANCH,NJ 07740	20-0547132	501C3		9,656	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MOREHOUSE COMMUNITY MEDICAL CENTERS518 DURHAM STREET BASTROP,LA 71220	82-0579411	501C3		27,701	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MORTON COMPREHENSIVE HEALTH 1334 N LANSING AVE TULSA,OK 741065907	73-1177858	501C3		44,409	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MOSCTHA USA1660 HILLHURST AVE LOS ANGELES,CA 90027	27-1292581	501C3		96,822	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
MOSES LAKE COMMUNITY HEALTH CENTER605 COOLIDGE DRIVE MOSES LAKE, WA 98837	91-1537371	501C3		62,391	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MOTHER HEALTH INTERNATIONAL8004 TREVOR PLACE VIENNA, VA 22182	27-3165657	501C3		24,869	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
MOUNTAIN FAMILY COMMUNITY HEALTH CENTER1905 BLAKE AVENUE SUITE 101 GLENWOOD SPRINGS,CO 81601	84-0742145	501C3		58,775	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MOUNTAIN HEALTH & COMMUNITY SERVICE 31115 HIGHWAY 94 CAMPO,CA 91906	33-0164420	501C3		24,866	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MOUNTAIN PARK HEALTH CENTER2702 NORTH 3RD STREET SUITE 4020 PHOENIX,AZ 85004	86-0498020	501C3		7,489	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
M-POWER MINISTRIES 4022 FOURTH AVENUE S BIRMINGHAM,AL 35222	31-1639601	501C3		157,494	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MULTIPRACTICE CLINIC 281 WEST 4TH STREET INDEPENDENCE, LA 70443	30-0069627	501C3		183,350	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MUSLIM COMMUNITY CENTER7600 GLENVIEW DRIVE RICHLAND HILLS,TX 78180	75-2580088	501C3		15,157	ESTIMATED WHO LESALE PRICE,	,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
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NEW COMMUNITY CLINIC 622 BODART STREET GREEN BAY, WI 54301	39-1200636	501C3		50,885	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
NATHANIEL MISSION616 DEROODE STREET LEXINGTON, KY 40508	30-0303716	501C3		5,998	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
NATIVE AMERICAN HEALTH CENTER1151 HARBOR BAY PARKWAY SUITE 203 ALAMEDA,CA 94501	23-7135928	501C3		21,043	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
NATURE COAST300 S MAIN STREET BROOKSVILLE,FL 34601	51-0512308	501C3		32,098	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
NEIGHBORHOOD HEALTHCARE425 N DATE STREET SUITE 203 ESCONDIDO,CA 92025	95-2796316	501C3		20,298	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
NETZER- BRADY INTERNATIONALPO BOX 882 LOS OLIVOS, CA 93441	95-1831116	OTHER		34,789	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE			
NEW COVENANT BAPTIST CHURCH2233 12TH STREET LAKE CHARLES,LA 70601	47-0942513	501C3		5,864	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
NEW HEIGHTS CLINIC8000 NE 58TH AVENUE VANCOUVER, WA 98665	91-2009672	501C3		38,881	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
NEW HOPE CLINIC201 WEST BOILING SPRING ROAD SOUTHPORT, NC 28461	31-1614379	501C3		13,202	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
NEW HOPE MINISTRIES INT'L INC12901 NW MIAMI CT MIAMI,FL 33168	65-0841094	501C3		320,391	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE			
NEW HORIZON FAMILY HEALTH SERVICES130 MALLARD STREET GREENVILLE, SC 29601	57-0932597	501C3		32,824	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
NEWARK COMMUNITY HEALTH CENTERS101 LODLOW STREET NEWARK,NJ 07114	22-2747589	501C3		97,129	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			

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NEWHOPE CLINIC41 S COURT STREET OWINGSVILLE,KY 40360	61-1363437	501C3		6,733	ESTIMATED WHO LESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
NODAWAY VALLEY FREE CLINIC823 SOUTH 17TH STREET CLARINDA,IA 51632	35-2165957	501C3		6,929	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
NOMAD FOUNDATION307 E OJAI AVE STE 103 OJAI,CA 93023	20-8170046	501C3		7,313	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE			
NORTH COUNTY HEALTH SERVICES150 VALPREDA ROAD SAN MARCOS,CA 92069	95-2847102	501C3		138,955	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
NORTH DALLAS SHARED MINISTRIES2875 MERRELL ROAD DALLAS,TX 75229	75-1908563	501C3		10,689	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
NORTH EAST MEDICAL SERVICES1520 STOCKTON STREET SAN FRANCISCO, CA 94133	94-1722562	501C3		87,408	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
NORTHEAST MISSISSIPPI HEALTHCARE INC12 EAST BRUNSWICK AVE BYHALIA, MS 38611	64-0620763	501C3		147,860	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
NORTHEAST MISSOURI HEALTH COUNCIL1416 CROWN DRIVE KIRKSVILLE, MO 63501	43-1606173	501C3		31,564	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
NORTHEAST VALLEY HEALTH CORPORATION 1172 NORTH MACLAY AVE SAN FERNANDO, CA 91340	23-7120632	501C3		69,103	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
NORTHERN NECK FREE HEALTH CLINIC51 WILLIAM B GRAHAM COURT KILMARNOCK, VA 22482	54-1679279	501C3		15,776	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
NORTHERN OSWEGO COUNTY HEALTH61 DELANO STREET PULASKI,NY 13142	16-1022661	501C3		47,395	ESTIMATED WHO LESA LE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
NORTHWEST ARKANSAS FREE HEALTH CENTER10 SOUTH COLLEGE AVENUE FAYETTEVILLE, AR 72701	59-1691790	501C3		9,359	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			

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NORTHWEST HEALTH SERVICES2303 VILLAGE DRIVE ST JOSEPH,MO 64506	43-1323669	501C3		208,242	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
NORTHWEST LOUISIANA INTERFAITH PHARMACY 909 OLIVE SHREVEPORT,LA 71104	72-1479289	501C3		32,967	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
NOURISH AMERICAPO BOX 567 OJAI,CA 93024	77-0524339	501C3		22,943	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
NOVA SCRIPTS CENTRAL 6400 ARLINGTON BLVD SUITE 120 FALLS CHURCH, VA 22042	65-1275162	501C3		14,995	ESTIMATED WHO LESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
NUESTRA CLINICA DEL VALLE801 W FIRST STREET SAN JUAN,TX 78589	74-1721807	501C3		6,981	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
OAKHURST MEDICAL CENTER770 VILLAGE SQUARE DR STONE MOUNTAIN, GA 30083	58-1413957	501C3		5,464	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
OASIS HEALTH CENTER66 BARIBEAU DRIVE STE 9/10 BRUNSWICK,ME 04011	01-0497587	501C3		7,498	ESTIMATED WHO LESA LE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
OASIS OF HOPE CENTER 522 LEONARD STREET NW GRAND RAPIDS,MI 49504	20-2781312	501C3		15,733	ESTIMATED WHO LESA LE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
OCEAN HEALTH INITIATIVES500 RIVER AVENUE SUITE 200 LAKEWOOD, NJ 08701	06-1691342	501C3		12,790	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
OCRM HEALTH CARE SERVICESONE HOPE DRIVE TUSTIN,CA 92782	33-0906866	501C3		22,726	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
ONE HEART WORLD-WIDE 1818 PACHECO STREET SAN FRANCISCO, CA 94116	20-0443243	501C3		21,146	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE			
ONEWORLD COMMUNITY HEALTH CENTER4920 SOUTH 30TH STREET STE 103 OMAHA,NE 68107	47-0548990	501C3		5,998	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			

Form 990,Schedule I, Par	t 11, Grants an	d Otner Assistant	e to Government	s and Organizatio	ons in the United S	tates	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONSLOW COMMUNITY OUTREACH600 COURT STREET JACKSONVILLE, NC 28540	56-1705813	501C3		28,336	PURCHASED PRICE , ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
OPEN BIBLE MEDICAL CLINIC824 SOUTH UNION BLVD COLORADO SPRINGS,CO 80910	84-1345520	501C3		5,858	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	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		167,838	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
OPEN DOOR FAMILY MEDICAL CENTERS165 MAIN STREET OSSINING,NY 10562	13-2813103	501C3		29,990	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
OPEN DOOR HEALTH CENTER1350 SW FOURTH STREET HOMESTEAD,FL 33030	83-0375996	501C3		29,357	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
OPEN DOOR HEALTH SERVICES3715 S MADISON ST MUNCIE,IN 47302	35-2018494	501C3		124,851	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
OPEN DOOR URBAN MINISTRIES1390 CAPITAL BLVD RALEIGH,NC 27603	58-1422700	501C3		53,561	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
OPERATIONS NEHEMIAH MISSIONSPO BOX 536 LANESBOROUGH, MA 01237	22-3270284	501C3		154,095	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
OPTIMUS HEALTH CARE 982 E MAIN STREET BRIDGEPORT,CT 06608	06-0972166	501C3		20,200	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ORANGE COUNTY FREE CLINIC13296-A JAMES MADISON HIGHWAY ORANGE,VA 22960	25-1922019	501C3		7,353	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
OUR LADY OF GUADALUPE 227 N NOPAL ST SANTA BARBARA, CA 93103	95-2158892	501C3		5,134	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
OUTPATIENT MEDICAL CENTER1640 BREAZEALE SPRINGS STREET NATCHITO CHES, LA 71457	72-0828785	501C3		6,071	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990,Schedule I, Par	•		I	1		I	41.5
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUTREACH HEALTH SERVICES130 N HIGH STREET SHUBUTA,MS 39360	64-0736857	501C3		145,168	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
OWENSBORO MEDICAL HEALTHY SYSTEM811 E PARISH AVE OWENSBORO,KY 42303	61-1286361	501C3		134,722	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
OZANAM CHARITABLE PHARMACY571 DAUPHIN STREET MOBILE,AL 36602	72-1386236	501C3		49,411	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
PALMETTO HEALTH COUNCIL547 PONCE DE LEON AVENUE SUITE 200 ATLANTA, GA 30308	58-1307597	501C3		75,014	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
PANCARE OF FLORIDA INC 431 OAK AVENUE PANAMA CITY,FL 32401	91-2189932	501C3		384,407	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
PARISH NURSING2323 DE LA VINA STREET SUITE 104 SANTA BARBARA, CA 93102	95-1644629	501C3		5,286	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
PARK DUVALLE COMMUNITY HEALTH CENTER3015 WILSON AVENUE LOUISVILLE,KY 40211	61-0666209	501C3		128,267	ESTIMATED WHOLESALE PRICE,	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	25-1842308	501C3		101,154	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
PARTNERS FOR HEALING 109 W BLACKWELL STREET TULLAHOMA,TN 37388	62-1834800	501C3		35,149	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
PARTNERS IN HEALTH888 COMMONWEALTH AVENUE 3RD FLOOR BOSTON,MA 02215	04-3567502	501C3		1,436,692	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
PARTNERS INTERNATIONAL1117 E WESTVIEW CT SPOKANE, WA 99218	94-1393427	501C3		200,001	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
PARTNERSHIP HEALTH CENTER323 W ALDER MISSOULA, MT 59802	36-3843543	501C3		28,306	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
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PASADENA HEALTH CENTER908 SOUTHMORE AVE SUITE 100 PASADENA,TX 77502	20-0462905	501C3		15,950	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
PATRONATO BENFICO ORIENTAL2600 SW THIRD AVENUE SUITE 600 MIAMI,FL 33129	52-1273588	501C3		29,550	PURCHASED PRICE , ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE			
PCC COMMUNITY WELLNESS CENTER14 WEST LAKE STREET OAK PARK,IL 60302	36-3828320	501C3		21,939	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
PEDIPLACE502 S OLD ORCHARD STE 126 LEWISVILLE,TX 75067	75-2512752	501C3		20,219	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
PENINSULA COMMUNITY 230 E MARYDALE AVENUE SUITE 3 SOLDOTNA,AK 996697648	92-0177803	501C3		8,199	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
PENINSULA COMMUNITY HEALTH SERVICES616 SIXTH STREET BREMERTON, WA 98337	94-3079770	501C3		9,417	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
PEOPLES COMMUNITY HEALTH CLINIC905 FRANKLIN STREET WATERLOO,IA 50703	42-1058629	501C3		34,504	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
PEOPLE'S HEALTH CENTER1021 NORTH 27TH STREET LINCOLN,NE 68503	41-2056863	501C3		5,445	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
PERSON FAMILY MEDICAL CENTER702 NORTH MAIN STREET ROXBORO,NC 27573	58-1387324	501C3		69,679	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
PERUVIAN AMERICAN MEDICAL SOCIETY6488 TAMERLANE DR BLOOMFIELD,MI 48322	51-0168976	501C3		667,911	PURCHASED PRICE , ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,				
PETALUMA HEALTH CENTER1179 NORTH MCDOWELL BLVD PETALUMA,CA 94954	68-0437840	501C3		146,442	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
PHILADELPHIA DEPARTMENT OF PUBLIC 500 S BROAD ST PHILADELPHIA, PA 191461613	23-6003047	GOVERNMENT ENTITY		25,766	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			

Form 990,Schedule I, Par	t 11, Grants an				The United S	I	<u> </u>
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PHILADELPHIA HEALTH MANAGEMENT CORP260 S BROAD ST PHILADELPHIA, PA 191025021	23-7221025	501C3		16,208	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
PHILOS HEALTH126 2ND AVE APT 5 SAN FRANCISCO,CA 94118	20-1267910	501C3		223,763	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
PHOENIX CHILDREN'S HOSPITAL1919 E THOMAS ROAD PHOENIX,AZ 85016	74-2421549	501C3		9,694	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
PIEDMONT HEALTH SERVICES299 LLOYD STREET CARRBORO,NC 27510	56-0952737	501C3		179,448	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
PLAINS MEDICAL CENTER 820 FIRST STREET LIMON,CO 80828	84-1125934	501C3		42,283	ESTIMATED WHO LESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
PLANO CHILDREN'S MEDICAL CLINIC1407 14TH STREET PLANO,TX 75074	75-2391166	501C3		7,129	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
POTTER'S VESSEL MINISTRIES1300 AUSTIN AVENUE WACO,TX 76701	01-0573158	501C3		11,996	ESTIMATED WHO LESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
PREMIER COMMUNITY HEALTHCARE37912 CHURCH AVENUE DADE CITY,FL 33525	59-1964612	501C3		96,181	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
PRESBYTERIAN MEDICAL CARE MISSION1857 PINE STREET SUITE 100 ABILENE,TX 79601	75-1910600	501C3		10,497	ESTIMATED WHO LESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
PRESTON-TAYLOR725 N PIKE STREET GRAFTON, WV 26354	55-0665614	501C3		62,902	ESTIMATED WHOLESALE PRICE,	,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
PRIMARY CARE AND HOPE CLINIC1453A HOPE WAY MURFREESBORO,TN 37129	62-1482091	501C3		87,539	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
PRIMARY HEALTH CARE CENTER OF DADE13570 N MAIN STREET TRENTON, GA 30752	58-1410404	501C3		32,304	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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PROHEALTH RURAL HEALTH SERVICES INC 1325 WEST MAIN STREET FRANKLIN,TN 37064	62-1779945	501C3		323,433	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
PROJECT MEDISHARE3200 NW 119TH STREET MIAMI,FL 331672900	65-0965848	501C3		621,627	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE			
PROTEUS MIGRANT HEALTH3850 MERLE HAY ROAD STE 500 DES MOINES,IA 50310	42-1186501	501C3		23,741	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
PROVIDENCE COMMUNITY HEALTH CENTERS375 ALLENS AVENUE PROVIDENCE, RI 29050	05-0368134	501C3		27,190	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
PUEBLO COMMUNITY HEALTH CENTER310 COLORADO AVENUE PUEBLO,CO 81004	84-0921521	501C3		27,950	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
RAMBO MEMORIAL HEALTH CENTER711 MAIN STREET ZANESVILLE,OH 43701	20-8814374	501C3		20,869	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
RAPHA CLINIC OF WEST GEORGIA253 HIGHWAY 78 TEMPLE, GA 30179	27-1188932	501C3		17,244	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
RAPHAEL COMMUNITY FREE CLINIC1807 WATER STREET KERRVILLE,TX 78028	74-2819628	501C3		40,632	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL 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		36,039	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
RAPIDES PRIMARY HEALTH CARE CENTER 1217 WILLOW GLEN RIVER ROAD ALEXANDRIA, LA 71302	72-1252422	501C3		23,360	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
RAVENSWOOD FAMILY HEALTH1798 BAY ROAD SUITE A EAST PALO ALTO, CA 943031611	94-3372130	501C3		7,498	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
REACH OUT WORLDWIDE 700 S FLOWER ST BURBANK,CA 91502	27-3237943	501C3		18,582	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE			

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REDWOOD COAST MEDICAL SERVICES46900 OCEAN DRIVE GUALALA,CA 95445	94-2395606	501C3		50,085	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
REDWOODS RURAL HEALTH CENTER101 WEST COAST ROAD REDWAY,CA 95560	94-2337367	501C3		13,374	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
REGENCE HEALTH NETWORK200 S TYLER AMARILLO,TX 79101	75-1414940	501C3		33,317	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
REGENESIS HEALTH CARE 1220 JOHN B WHITE BLVD SPARTANBURG,SC 29306	57-1084051	501C3		134,104	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
RENEWAL 4 HAITI18625 EAST DORADO DRIVE AURORA,CO 80015	27-1899385	501C3		111,365	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
RITTER CENTER16 RITTER STREET SAN RAFAEL,CA 94901	94-2675517	501C3		9,680	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
RIVERTON COMMUNITY HEALTH CENTER511 NORTH 12TH STREET E SUITE B RIVERTON, WY 82501	86-1176653	501C3		205,282	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
RIVERVIEW HEALTH SERVICES722 REYNOLDS AVENUE KANSAS CITY, KS 66101	48-1072716	501C3		74,164	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	
RKM PRIMARY CARE11990 JACKSON STREET CLINTON,LA 70722	72-1443732	501C3		24,864	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ROANOKE CHOWAN113 HERTFORD COUNTY HIGH ROAD AHOSKIE,NC 27910	42-1638714	501C3		32,867	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ROBESON HEALTH CARE CORPORATION1211 S WALNUT STREET FAIRMONT, NC 28340	58-1622664	501C3		10,129	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ROSA CLARK FREE MEDICAL CLINIC210 SOUTH OAK STREET SENECA,SC 29678	58-6076010	501C3		10,575	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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ROTACARE BAY AREA INC PO BOX 18430 SAN JOSE,CA 951588430	77-0328723	501C3		67,642	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
RURAL MEDICAL SERVICE INC613 WEST BROADWAY NEWPORT,TN 37821	62-1102683	501C3		205,210	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
RUSK COUNTY COMMUNITY1115 US HWY 259 S HENDERSON,TX 75654	43-2016287	501C3		267,830	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
RUTHERFORD COMMUNITY HEALTH CENTER187 WEST MAIN STREET SPINDALE,NC 28160	56-2478341	501C3		259,533	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
RUTLAND FREE CLINIC145 STATE STREET RUTLAND,VT 57010	83-0427544	501C3		18,205	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
RXPARTNERS1901 HIGHWAY 14 LAKE CHARLES,LA 70601	02-0675336	501C3		38,312	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
SABAN FREE CLINIC8405 BEVERLY BLVD LOS ANGELES, CA 90048	95-2539105	501C3		111,647	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
SACRAMENTO NATIVE AMERICAN2020 J STREET SACRAMENTO,CA 95814	20-4287737	501C3		29,008	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
SADLER HEALTH CENTER 100 NORTH HANOVER STREET CARLISLE,PA 17013	54-2082673	501C3		14,995	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
SAFER ALTERNATIVES 8015 FREEPORT BLVD SACRAMENTO,CA 95832	94-3390723	501C3		100,642	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
SAINT JOSEPH'S MERCY CARE SERVICES424 DECATUR STREET NE ATLANTA,GA 30312	58-1752700	501C3		14,995	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
SAINT VINCENTS SANTA BARBARA4200 CALLE REAL SANTA BARBARA, CA 93110	95-1643367	501C3		6,577	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			

Form 990,Schedule I, Par	t II, Grants an	d Other Assistance	e to Government	s and Organizatio	ons in the United S	tates	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALUD FAMILY HEALTH CENTERS203 SOUTH ROLLIE AVE FORT LUPTON,CO 23060	84-0613540	501C3		32,941	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SALUD PARA LA GENTE INC195 AVIATION WAY SUITE 200 WATSONVILLE,CA 95076	94-2705747	501C3		5,014	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SALVADORAN AMERICAN HUMANITARIAN2050 CORAL WAY SUITE 600 MIAMI,FL 33145	59-2339140	501C3		1,689,483	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
SALVATION ARMY - SANTA BARBARA423 CHAPALA STREET SANTA BARBARA, CA 93101	94-1156347	501C3		6,111	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SAMARITAN HOMELESS CLINIC921 SOUTH EDWIN C MOSES BLVD DAYTON,OH 45417	13-1053698	501C3		15,942	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SAMUEL DIXON FAMILY HEALTH CENTER30257 SAN MARTINEZ ROAD CASTAIC, CA 91384	95-4278726	501C3		143,248	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SAN FRANCISCO 1550 BRYANT STREET STE 450 SAN FRANCISCO, CA 94103	94-2897258	501C3		6,652	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SAN FRANCISCO FREE CLINIC4900 CALIFORNIA STREET SAN FRANCISCO, CA 94118	94-3186248	501C3		31,465	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SAN JOSE FOOTHILL FAMILY COMMUNITY2680 SOUTH WHITE RD SUITE 170 SAN JOSE,CA 95148	77-0440944	501C3		33,070	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SANTA BARBARA COUNTY EXECUTIVE105 EAST ANAPAMU STREET SUITE 3 SANTA BARBARA, CA 93103	95-6002833	GOVERNMENT ENTITY		86,993	PURCHASED PRICE , ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SANTA BARBARA NEIGHBORHOOD CLINICS 915 N MILPAS STREET SANTA BARBARA, CA 93103	77-0496382	501C3		60,269	PURCHASED PRICE , ESTIMATED WHOLESALE PRICE,	,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SANTA BARBARA STREET MEDICINE300 N SAN ANTONIO RD SANTA BARBARA, CA 93110	33-1210731	501C3		7,475	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990,Schedule I, Par	t II, Grants an	d Other Assistanc	e to Government	s and Organizatio	ons in the United S	tates	Γ
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SAVUSAVU COMMUNITY FOUNDATION10682 DOROTHY CIRCLE VILLA PARK, CA 928616350	20-1038213	501C3		1,885,281	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
SB COUNTY OFFICE OF EDUCATION4400 CATHEDRAL OAKS ROAD SANTA BARBARA, CA 93160	95-6000940	GOVERNMENT ENTITY		12,770	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SCOTLAND COMMUNITY HEALTH CLINIC1405-B WEST BLVD LAURINBURG,NC 28352	20-2841940	501C3		18,606	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SEA MAR COMMUNITY HEALTH CENTER1040 SOUTH HENDERSON STREET SEATTLE, WA 98108	91-1020139	501C3		45,026	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SEE INTERNATIONAL6950 HOLLISTER AVE SUITE 250 GOLETA, CA 93117	31-1682275	OTHER		99,076	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
SEMO HEALTH NETWORK 311 MAIN STREET NEW MADRID,MO 63869	43-1253101	501C3		530,981	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SHACKELFORD COUNTY 725 PATE STREET ALBANY,TX 76430	75-2541970	501C3		88,214	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SHALOM FREE CLINIC 1190 E FIRST AVENUE CHICO,CA 95926	71-1023304	501C3		12,840	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SHARE OUR SELVES FREE MEDICAL1550 SUPERIOR AVENUE COSTA MESA,CA 92627	95-3222316	501C3		9,403	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SHARED CARE FREE CLINIC300 NORTH OSAGE INDEPENDENCE, MO 64050	43-1585126	501C3		41,842	ESTIMATED WHO LESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SHASTA COMMUNITY HEALTH CENTER1035 PLACER STREET REDDING, CA 96001	68-0165855	501C3		31,642	ESTIMATED WHO LESA LE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SHAWNEE COUNTY HEALTH AGENCY1615 SW 8TH AVENUE TOPEKA, KS 66606	48-6028759	501C3		25,031	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990,Schedule I, Pai	rt II, Grants ar	nd Other Assistanc	e to Government	s and Organizatio	ons in the United S	tates	T
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SHEPHERDS HOPE INC 4851 S APOPKA VINELAND ROAD ORLANDO,FL 32819	59-3420727	501C3		26,991	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SHEPHERDS CARE MEDICAL CLINIC304 PONY ROAD ZEBULON,NC 27597	26-2757593	501C3		17,379	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SHEPHERDS HOPEONE CHILDRENS WAY SLOT 512-12 LITTLE ROCK,AR 72202	20-8811505	501C3		17,889	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SHOSHONE COMMUNITY HEALTH CLINIC114 W RIVERSIDE AVENUE KELLOGG,ID 83837	82-0498125	501C3		9,057	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SIERRA FAMILY MEDICAL CLINIC15301 TYLER FOOTE ROAD NEVADA CITY,CA 95959	68-0320801	501C3		56,319	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SIOUXLAND COMMUNITY HEALTH CENTER1021 NEBRASKA STREET SIOUX CITY,IA 51105	42-1374894	501C3		6,017	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SMITH MEDICAL CLINIC 116 BASKERVILL DRIVE PAWLEYS ISLAND,SC 29585	57-0786699	501C3		33,608	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SNAKE RIVER COMMUNITY CLINIC215 TENTH STREET LEWISTON,ID 83501	31-1726460	501C3		57,976	ESTIMATED WHOLESALE PRICE,	,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SOUTH BAY FAMILY HEALTHCARE CENTER 23430 HAWTHORNE BLVD STE 210 TORRANCE,CA 90505	23-7049937	501C3		58,071	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SOUTH CENTRAL FAMILY HEALTH CENTER1111 E VERNON AVE LOS ANGELES,CA 90011	95-3877793	501C3		98,427	ESTIMATED WHOLESALE PRICE,	,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SOUTH CENTRAL PRIMARY CARE CENTER708 S GRANT ST SUITE 8 FITZGERALD, GA 31750	58-2019024	501C3		64,219	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SOUTH COUNTY COMMUNITY CLINIC101 PINE MANOR DRIVE CONROE,TX 77385	75-2634623	501C3		11,996	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990,Schedule I, Par	t 11, Grants an	u Otner Assistanc	e to Government	s and Organizatio	ous in the United S	lates	
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SOUTH OF MARKET HEALTH CENTER229 7TH STREET SAN FRANCISCO,CA 94103	23-7304921	501C3		14,367	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SOUTH PLAINS RURAL HEALTH1000FM 300 LEVELLAND,TX 79336	75-2123252	501C3		97,199	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SOUTHEAST MISSISSIPPI RURAL5488 US HWY 49 HATTIESBURG,MS 39401	64-0625076	501C3		206,647	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SOUTHERN ILLINOIS HEALTHCARE2041 GOOSE LAKE ROAD SAUGET,IL 62206	37-1158318	501C3		15,416	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		144,417	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SOUTHWEST VIRGINIA 319 FIFTH AVENUE SALTVILLE, VA 243700729	54-2046110	501C3		505,647	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SQUIRREL HILL DENTAL CENTER4516 BROWNS HILL ROAD PITTSBURGH,PA 15217	20-1163755	501C3		11,485	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ST PETERSBURG FREE CLINIC863 THIRD AVENUE N ST PETERSBURG, FL 33701	23-7208280	501C3		17,600	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ST VINCENT DE PAUL CHARITABLE PHARMACY 1125 BANK ST CINCINNATI,OH 45214	30-0272954	501C3		85,527	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ST ANTHONY FREE MEDICAL CLINIC150 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	94-1513140	501C3		51,440	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ST BONIFACE HAITI FOUNDATION400 N MAIN STREET RANDOLPH, MA 02368	04-3067595	501C3		328,569	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
ST CHARLES COMMUNITY HEALTH CENTER843 MILLING AVENUE LULING,LA 70070	47-0852944	501C3		54,789	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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ST CHARLES HEALTH COUNCIL602 WEST MORGAN AVENUE SUITE 3 PENNINGTON GAP, VA 24277	23-7319768	501C3		14,995	ESTIMATED WHO LESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ST GABRIEL EASTSIDE 5760 MONTICELLO STREET ST GABRIEL, LA 70776	72-1241592	501C3		193,291	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ST JAMES-SANTEE FAMILY HEALTH CENTER1189 TIBWIN ROAD MCCLELLANVILLE,SC 29458	57-0722653	501C3		6,733	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ST JOHN'S WELL CHILD AND FAMILY CENTER5701 S HOOVER STREET LOS ANGELES, CA 90037	95-4067758	501C3		309,072	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ST JOSEPH HOSPITAL OF 1100 W STEWART DRIVE ORANGE, CA 92868	95-1643359	501C3		55,082	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ST JOSEPH SOCIAL WELFARE BOARD904 S 10TH SUITE A ST JOSEPH,MO 64503	80-0308973	501C3		119,842	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ST JOSEPH'SCANDLER HEALTH11705 MERCY BLVD SAVANNAH, GA 31419	58-2288758	501C3		221,322	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ST LUKE'S CLINIC132 SEYMOUR AVENUE JACKSON,MI 49202	32-0038675	501C3		13,883	ESTIMATED WHO LESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ST LUKE'S FREE MEDICAL CLINIC162 N DEAN STREET SPARTANBURG,SC 29302	57-0943232	501C3		54,342	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ST MARTIN'S HEALTHCARE SERVICES1359 SOUTH RANDOLPH STREET GARRETT,IN 46738	20-8609620	501C3		17,154	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ST MARY'S HEALTH CLINICS1884 RANDOLPH AVENUE ST PAUL, MN 55105	41-1760632	501C3		8,997	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ST PAUL'S NEIGHBORHOOD FREE CLINIC1608 WALNUT STREET ERIE,PA 16502	25-1711428	501C3		14,995	ESTIMATED WHO LESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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ST THOMAS CLINIC600 PAUL HAND BOULEVARD FRANKLIN,IN 46131	35-1449379	501C3		17,909	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
ST THOMAS COMMUNITY HEALTH CENTER1020 ST ANDREW STREET NEW ORLEANS, LA 70130	14-1958494	501C3		15,065	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
ST VINCENT COMMUNITY CLINIC2 ST VINCENT CIRCLE LITTLE ROCK, AR 72205	71-0502872	501C3		27,655	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
ST VINCENT DE PAUL CLINIC420 W WATKINS PHOENIX,AZ 85003	86-0096789	501C3		31,239	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
ST VINCENT DE PAUL VILLAGE1501 IMPERIAL AVENUE SAN DIEGO,CA 92101	33-0492302	501C3		43,440	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
ST VINCENT DEPAUL COMMUNITY502 GRAMMONT STREET MONROE, LA 71201	90-0014479	501C3		12,167	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
ST VINCENTS HOUSE CLINIC2817 POST OFFICE STREET GALVESTON,TX 77550	74-1384864	501C3		64,046	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
STAYWELL HEALTH CENTER80 PHOENIX AVENUE WATERBURY, CT 067021516	22-3160873	501C3		32,172	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
STERLING AREA HEALTH CENTER725 E STATE ST STERLING, MI 486599548	38-2205859	501C3		62,293	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
SU CLINICA FAMILIAR 1706 TREASURE HILLS BLVD HARLINGEN,TX 78550	74-2357970	501C3		33,024	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
SUFFOLK COUNTY DEPARTMENT225 RABRO DRIVE HAUPPAUGE,NY 11788	11-6000464	GOVERNMENT ENTITY		15,863	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
SULZBACHER HEALTH CENTER611 EAST ADAMS STREET JACKSONVILLE,FL 32202	59-3229898	501C3		186,092	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			

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SUMTER FAMILY HEALTH CENTER1278 N LAFAYETTE DRIVE SUMTER,SC 29150	57-1095992	501C3		62,980	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
SUN LIFE FAMILY HEALTH CENTER865 N ARIZOLA ROAD CASA GRANDE,AZ 85222	86-0296211	501C3		16,216	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
SUNRISE MONFORT FAMILY CLINIC2930 11TH AVENUE EVANS,CO 80620	84-0613289	501C3		208,981	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
SUNSET COMMUNITY HEALTH CENTER2060 W 24TH STREET YUMA,AZ 85364	86-0893305	501C3		15,504	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
SUNSHINE COMMUNITY HEALTH CENTER34300 TALKEETNA SPUR ROAD TALKEETNA,AK 99676	92-0117838	501C3		49,284	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
SWOPE HEALTH SERVICES CENTRAL3801 BLUE PARKWAY KANSAS CITY, MO 64130	43-0957840	501C3		23,887	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
TAMPA FAMILY HEALTH CENTER1502 EAST FOWLER TAMPA,FL 33682	59-2420282	501C3		18,531	PURCHASED PRICE , ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
TARZANA TREATMENT CENTER8330 RESEDA BLVD NORTHRIDGE,CA 91324	94-2219349	501C3		67,508	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
TECHE ACTION CLINIC 1115 WEBER STREET FRANKLIN, LA 70538	72-6073441	501C3		36,761	PURCHASED PRICE , ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
THE ADVENT CHRISTIAN CHURCH INC11211 SW 102ND AVENUE MIAMI,FL 33176	59-2376716	501C3		65,069	PURCHASED PRICE , ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE			
THE ATHENS NURSES CLINIC496 REESE STREET ATHENS, GA 30601	58-2490925	501C3		294,707	ESTIMATED WHO LESA LE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
THE BURNED CHILDREN CARE FOUNDATION9130 SUNSET DRIVE MIAMI,FL 33173	03-0427321	501C3		51,583	PURCHASED PRICE , ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE			

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THE CHILDREN'S CLINIC 2790 ATLANTIC AVENUE LONG BEACH,CA 90806	95-1643332	501C3		42,783	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
THE CHRISTIAN HEALTH CENTER501 WEST MAIN PMB 233 HEBER SPRINGS, AR 72543	71-0852792	501C3		18,678	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
THE CLINIC INC3834 S WESTERN AVENUE LOS ANGELES,CA 90062	23-7351622	501C3		98,508	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
THE COMMUNITY FREE CLINIC528 A LAKE CONCORD ROAD CONCORD,NC 28025	58-2131301	501C3		6,563	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
THE COPE CENTER INC 3686 US HWY 331 SOUTH DEFUNIAK SPRINGS, FL 32435	59-1469145	501C3		41,614	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
THE DR ALBERT B CLEAGE SR MEMORIAL700 SEWARD DETROIT,MI 48202	11-3754940	501C3		59,820	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
THE EFFORT COMMUNITY HEALTH CENTER1820 J STREET SACRAMENTO,CA 95811	94-1713704	501C3		241,143	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
THE FREE CLINIC AND PHARMACY144 DUCKWORTH AVENUE BREVARD,NC 28712	43-1980011	501C3		5,417	ESTIMATED WHOLESALE PRICE,	,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
THE GOOD SAMARITAN MEDICAL CLINIC520 COLLEGE STREET COLUMBUS,MS 39701	64-0926626	501C3		6,437	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
THE GRANT FOUNDATION PO BOX 81046 PITTSBURGH,PA 15217	25-1017587	501C3		1,347,881	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
THE GREAT PHYSICIAN'S PHARMACYCLINIC124 WEST EVERGREEN DURANT,OK 74701	73-0768828	501C3		21,344	ESTIMATED WHO LESA LE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
THE HALEY CENTER122 WEST CENTRAL AVENUE WINTER HAVEN, FL 33880	59-0766974	501C3		20,421	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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THE HEALING HANDS FOUNDATION7 SCOTTS MANOR COURT FREELAND, MD 21053	26-0559103	OTHER		47,950	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
THE HOPE PROJECT157 WALL STREET TENAHA,TX 75974	32-0086739	501C3		37,643	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
THE KITCHEN CLINIC1630 N JEFFERSON AVENUE SPRINGFIELD,MO 65803	43-1384531	501C3		42,961	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
THE NEIGHBORHOOD CHRISTIAN CLINIC1929 W FILLMORE PHOENIX,AZ 85009	86-0839580	501C3		40,658	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	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		10,347	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
THE ORDER OF ST JOHN 1875 K ST NW STE 603 DISTRICT OF COLUMBIA, DC 200061251	13-6161455	501C3		206,052	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
THE PRIMARY HEALTH NETWORK100 SHENANGO AVE SHARON, PA 161461503	25-1381800	501C3		29,990	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
THE SAMARITAN CENTER 200 NW THIRD AVENUE VISALIA, CA 93291	90-0367099	501C3		18,032	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
THE WAY FREE MEDICAL CLINIC INC479 HOUSTON STREET GREEN COVE SPRINGS,FL 32043	76-0828154	501C3		5,998	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
THE WORLD FAMILY11 JONES WAY LARKSPUR, CA 94939	32-0084828	501C3		8,403	ESTIMATED WHOLESALE PRICE,	EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
THIRD STREET FAMILY HEALTH SERVICES600 WEST THIRD STREET MANSFIELD,OH 44906	34-1753919	501C3		31,862	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
THOMAS E LANGLEY MEDICAL CENTER1425 SOUTH US 301 SUMTERVILLE, FL 33585	59-1664577	501C3		71,921	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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THUNDERMIST HEALTH CENTER450 CLINTON STREET 1ST FL WOONSOCKET,RI 02895	05-0355097	501C3		6,205	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
TOMAGWA HEALTHCARE MINISTRIES455 SCHOOL STREET SUITE 30 TOMBALL,TX 77375	76-0280324	501C3		11,286	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
TO WNHALL II MEDICAL CLINIC155 NORTH WATER KENT,OH 44240	34-1091439	501C3		9,766	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
TRAVERSE HEALTH CLINIC3155 LOGAN VALLEY ROAD TRAVERSE CITY, MI 49684	30-0224028	501C3		28,433	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
TREASURE COAST COMMUNITY HEALTH 12196 COUNTY ROAD 512 FELLSMERE,FL 32948	59-3219191	501C3		17,954	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		124,902	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
TRI-CITY HEALTH CENTER 39500 LIBERTY STREET FREMONT,CA 94538	23-7255435	501C3		6,854	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
TRI-COUNTY MEDICAL CENTER INC316 S MAIN ST EVERGREEN, AL 364013313	63-1056564	501C3		1,156,781	PURCHASED PRICE , ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
TRINITY CLINIC OF CALVIN312 CANADIAN CALVIN,OK 74531	62-0535346	501C3		14,551	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
TRINITY FREE CLINIC1615 6TH AVENUE TACOMA, WA 98405	94-3119474	501C3		7,118	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
TRI-TOWN COMMUNITY ACTION AGENCY1126 HARTFORD AVENUE JOHNSTON, RI 02919	05-0309695	501C3		5,998	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
TROUP CARES CLINIC 301 MEDICAL DR SUITE 501 LAGRANGE, GA 30210	20-8176300	501C3		17,819	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			

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UBI CARITAS4450 HIGHLAND AVENUE BEAUMONT,TX 77705	76-0558225	501C3		86,132	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
UCI FAMILY HEALTH CENTER800 N MAIN STREET SANTA ANA,CA 92701	95-2226406	501C3		7,002	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
UMMA COMMUNITY CLINIC711 WEST FLORENCE AVENUE LOS ANGELES,CA 90044	95-4666712	501C3		99,271	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
UMPQUA COMMUNITY HEALTH CENTER150 KENNETH FORD DRIVE ROSEBURG,OR 97470	93-1070304	501C3		92,880	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
UNITED ARMENIAN FUND 111 NORTH JACKSON STREET GLENDALE,CA 91206	95-4247860	501C3		1,126,714	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE			
UNITED HEALTH CENTERS 650 ZEDIKER AVENUE PARLIER, CA 93648	94-1732538	501C3		13,275	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
UNITED NEIGHBORHOOD HEALTH SERVICES617 S EIGHTH STREET NASHVILLE,TN 37206	62-1032792	501C3		31,726	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
UNITED STATES CONFERENCE OF3211 4TH STREET NE WASHINGTON, DC 20017	53-0196617	OTHER		248,754	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE			
UPHAM'S CORNER HEALTH CENTER415 COLUMBIA ROAD DORCHESTER, MA 02125	04-3344542	501C3		159,642	ESTIMATED WHO LESA LE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
UPPER VALLEY COMMUNITY HEALTH SERVICES20 NORTH 3RD EAST SAINT ANTHONY, ID 83445	82-0527562	501C3		244,305	ESTIMATED WHO LESA LE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
VALLEY AIDS COUNCIL 418 E TYLER AVENUE STE A HARLINGEN,TX 78550	74-2512591	501C3		5,591	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
VALLEY COMMUNITY CLINIC6801 COLDWATER CYN AVENUE NORTH HOLLYWOOD, CA 91605	23-7050082	501C3		155,142	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			

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VALLEY FAMILY HEALTH CARE1441 NE 10TH AVENUE PAYETTE,ID 83661	82-0371383	501C3		20,200	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
VALLEY HEALTH TEAM INC 21890 COLORADO AVENUE SAN JOAQUIN,CA 93660	94-2217261	501C3		11,196	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
VALLEY WIDE HEALTH SYSTEMS1710 1ST STREET ALAMOSA,CO 81101	84-0706945	501C3		11,327	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
VENICE FAMILY CLINIC 604 ROSE AVENUE VENICE, CA 90291	95-2769432	501C3		716,348	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
VENTURA COUNTY2240 GONZALES RD OXNARD, CA 93035	95-6000944	GOVERNMENT ENTITY		27,375	PURCHASED PRICE ,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
VIOLA STARTZMAN FREE CLINIC1874 CLEVELAND ROAD WOOSTER,OH 44691	34-1758151	501C3		22,168	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
VISITATION HOSPITAL FOUNDATIONPO BOX 210270 NASHVILLE,TN 37221	62-1774851	501C3		274,856	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE			
VNCOC ASIAN HEALTH CENTER9862 CHAPMAN AVENUE SUITE B GARDEN GROVE,CA 92841	95-3403526	501C3		45,044	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
VOLUNTEERS IN MEDICINE41 EAST DUVAL STREET JACKSONVILLE,FL 32202	75-3002172	501C3		40,073	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
VOLUNTEERS IN MEDICINE15 NORTHRIDGE DRIVE HILTON HEAD, SC 29926	57-0959206	501C3		29,990	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
VOLUNTEERS IN MEDICINE2140 NORTH 4TH STREET ST CHARLES, MO 63301	43-1791543	501C3		11,018	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			
VOLUNTEERS IN MEDICINE CLINIC2260 MARCOLA ROAD SPRINGFIELD,OR 97477	93-1276816	501C3		108,794	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS			

(a) Name and address of	(b) EIN	(c) IRC Code section	(d) A mount of cash	(e) A mount of non-	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(=) ===	ıf applicable	grant	cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
VOLUNTEERS IN MEDICINE CLINIC417 SE BALBOA AVENUE STUART,FL 34994	65-1115793	501C3		38,123	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE OF BARTHOLOMEW836 JACKSON STREET COLUMBUS,IN 47201	35-1907774	501C3		8,386	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE OF MONROE 811 WEST 2ND STREET BLOOMINGTON,IN 47403	20-4383915	501C3		43,267	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
WAIMANALO HEALTH CENTER41-1347 KALANIANAOLE HIGHWAY WAIMANALO,HI 96795	99-0273205	501C3		5,288	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
WALDEN HOUSEHAIGHT ASHBURY FREE CLINIC 1735 MISSION STREET SAN FRANCISCO,CA 94103	94-1710103	501C3		19,153	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
WATCH MOBILE MEDICAL UNIT2700 WAYNE MEMORIAL DRIVE GOLDSBORO,NC 27533	58-1881912	501C3		14,995	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
WATERMAN COMMUNITY CLINIC2300 KURT STREET EUSTIS,FL 32726	59-3140669	501C3		14,963	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
WATTS HEALTHCARE CORPORATION10300 COMPTON AVENUE LOS ANGELES,CA 90002	75-3046480	501C3		7,496	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
WELLNESS POINTE1107 E MARSHALL AVENUE LONGVIEW,TX 75601	75-2723993	501C3		137,140	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
WEST CUSTER COUNTY HOSPITAL DISTRICT704 EDWARDS AVE WESTCLIFFE,CO 81252	84-1090521	501C3		6,968	ESTIMATED WHOLESALE PRICE,	,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
WEST PLAINS CHRISTIAN CLINIC1115 ALASKA ST SUITE 212 WEST PLAINS,MO 65775	27-1307333	501C3		53,528	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
WEST SIDE COMMUNITY HEALTH SERVICES153 CESAR CHAVEZ STREET ST PAUL, MN 55107	23-7156236	501C3		29,990	ESTIMATED WHO LESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 RIGHT1520 WASHINGTON STREET E CHARLESTON, WV 25311	31-1066881	501C3		88,396	ESTIMATED WHO LESA LE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
WESTERN SIERRA MEDICAL CLINIC209 NEVADA STREET DOWNIEVILLE,CA 95936	94-2279011	501C3		29,611	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
WESTERN TIDEWATER FREE CLINIC2019 MEADE PARKWAY SUFFOLK, VA 23434	26-3302837	501C3		25,866	ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
WESTMINSTER FREE CLINIC2103 MONTROSE AVENUE STE E MONTROSE,CA 91020	77-0563241	501C3		6,309	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
WESTMONT COLLEGE955 LA PAZ ROAD SANTA BARBARA, CA 93108	95-1684793	501C3		15,732	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
WESTSIDE FAMILY HEALTH CENTER1711 OCEAN PARK BLVD SANTA MONICA,CA 90405	95-2931931	501C3		125,851	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
WHATLEY HEALTH SERVICES INC2731 M L KING JR BLVD TUSCALOOSA,AL 35401	63-0727781	501C3		375,060	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
WHEELING HEALTH RIGHT 61-29TH STREET WHEELING,WV 26003	31-1149085	501C3		16,683	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
WHITMAN WALKER CLINIC 1701 14TH STREET NW WASHINGTON DC,DC 20009	52-1122122	501C3		5,998	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
WILL BRIDGE SANTA BARBARA1215 E MONTECITO STREET SANTA BARBARA, CA 93103	57-1194195	501C3		6,236	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
WILMINGTON COMMUNITY CLINIC1009 N AVALON BLVD WILMINGTON,CA 90744	95-3137803	501C3		36,340	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
WIRT COUNTY1301 ELIZABETH PIKE ELIZABETH,WV 26143	31-0942184	501C3		15,514	ESTIMATED WHOLESALE PRICE,	,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S HEALTH CONNECTIONS404 NORTH MAGNOLIA PALESTINE,TX 75801	20-0776090	501C3		226,493	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHE	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
WORLD CARES CENTER520 8TH AVENUE NEW YORK CITY, NY 10018	41-2024802	501C3		127,314	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
WORLD HELP INC1148 CORPORATE PARK DRIVE FOREST,VA 24551	54-1615454	501C3		3,277,527	PURCHASED PRICE , ESTIMATED WHO LESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF INDIGENT PEOPLE WORLDWIDE
YAKIMA NEIGHBORHOOD HEALTH SERVICES12 SOUTH 8TH STREET YAKIMA,WA 98901	91-0928817	501C3		58,619	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
YOUNGSTOWN COMMUNITY HEALTH CENTER726 WICK AVENUE YOUNGSTOWN,OH 44505	34-1609341	501C3		30,129	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ZUFALL HEALTH CENTER 17 SOUTH WARREN STREET DOVER,NJ 07801	22-3125397	501C3		15,083	ESTIMATED WHO LESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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DLN: 93493353006711

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

DIR	ECT RELIEF INTERNATIONAL 95-1831116			
Pa	rt I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		No
Ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations			

section 53 4958-6(c)?

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

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and		(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) BHUPI SINGH	(I) (II)	249,666 0	0	0	12,250 0	12,582 0		236,910 0
(2) THOMAS E TIGHE	(I)	294,097 0	0 0	0	0 0	15,261 0		272,418 0
(3) KERRI MURRAY	(I) (II)	140,769 0	0	0	5,583 0	3,907 0		0
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Schedule J (Form 990) 2010 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

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Transactions with Interested Persons

Schedule L (Form 990 or 990-EZ)

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
DIRECT RELIEF INTERNATIONAL

Employer identification number
95-1831116

1 (a) Name of disqu	ا مارات مط									(c) C	orrect
1 (a) Name of disqu	Jaillieu	person			(b) Desc	ription	of trans	action		Yes	No
Complete if the organiz	ation a	nswere			Part IV, line 26	, or For	m 990-E	EZ, Part \ (f)		a	
	(b) L			m 990, al	Part IV, line 26 (d)Balance due	, or Form (e) I	[n		ved d or	a (g)Writ	
Complete if the organiz	(b) L	oan to om the	d "Yes" on For (c)Origin	m 990, al		(e) :	[n	(f) Approby boar	ved d or	(g) Writ	
Complete if the organiz	(b) L or fro	oan to om the zation?	d "Yes" on For (c)Origin	m 990, al		(e) i defau	In It?	(f) Appro by boai commit	ved d or tee?	(g) Writ	ent?
Complete if the organiz	(b) L or fro	oan to om the zation?	d "Yes" on For (c)Origin	m 990, al		(e) i defau	In It?	(f) Appro by boai commit	ved d or tee?	(g) Writ	ent?
Complete if the organiz	(b) L or fro	oan to om the zation?	d "Yes" on For (c)Origin	m 990, al		(e) i defau	In It?	(f) Appro by boai commit	ved d or tee?	(g) Writ	ent?
Complete if the organiz	(b) L or fro	oan to om the zation?	d "Yes" on For (c)Origin	m 990, al		(e) i defau	In It?	(f) Appro by boai commit	ved d or tee?	(g) Writ	ent?
Complete if the organiz	(b) L or fro	oan to om the zation?	(c)O rigin principal am	al ount		(e) i defau	In It?	(f) Appro by boai commit	ved d or tee?	(g) Writ	ent?
Complete if the organize of the organize of the contract of th	(b) L or fro	oan to om the zation?	(c)Origin principal am	al ount	(d)Balance due	(e) i defau	In It?	(f) Appro by boai commit	ved d or tee?	(g) Writ	ent?
Complete if the organize Complete if the organ	(b) L or fro organi To	oan to om the zation? From	(c)Origin principal am	al lount	(d)Balance due	(e) idefau	No	(f) Appro by boai commit	ved d or tee?	(g) Writ	ent?
Complete If the organize Name of Interested person and purpose	(b) L or fro organi To ce Be	oan to om the zation? From Enefitted and answered and and answered a	(c)Origin principal am ing Interes wered "Yes" b)Relationship	al lount steed Poon For between	(d)Balance due ersons. m 990, Part IV	(e) idefaul Yes	No No 27.	(f) A ppro by boar commit Yes	ved rd or tee? No	(g) Writ	No No
Complete if the organize Name of interested person and purpose tal	(b) L or fro organi To ce Be	oan to om the zation? From Enefitted and answered and and answered a	(c)Origin principal am ing Interes wered "Yes" b)Relationship	al lount steed Poon For between	(d)Balance due ersons. m 990, Part IV	(e) idefaul Yes	No No 27.	(f) A ppro by boar commit Yes	ved rd or tee? No	(g)Writ	No No
Complete if the organize Name of interested person and purpose al	(b) L or fro organi To ce Be	oan to om the zation? From Enefitted and answered and and answered a	(c)Origin principal am ing Interes wered "Yes" b)Relationship	al lount steed Poon For between	(d)Balance due ersons. m 990, Part IV	(e) idefaul Yes	No No 27.	(f) A ppro by boar commit Yes	ved rd or tee? No	(g)Writ	No No

Part IV	Business	Transactions	Involvina	Interested	Persons

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

Complete if the organization	ii alisweleu Tes Uli	FULLI 990, Part IV, III	ie zoa, zob, ui zoc.		
(a) Name of Interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization' revenues?	
	organization			Yes	No
(1) MIKE GILES	BOARD MEMBER	·	FUNDS HELD AT FINANCIAL INSTITUTION WHERE HE IS ALSO A BOARD MEMBER ACCOUNTS WERE ESTABLISHED BEFORE HE WAS ON DIRECT RELIEF INTERNATIONAL'S BOARD		No
(2) GEORGE SHORT	BOARD MEMBER	,	USED LAW FIRM WHERE HE IS A SHAREHOLDER THIS FIRM ALSO PROVIDES DIRECT RELIEF INTERNATIONAL WITH PRO BONO SERVICES WHICH AMOUNTED TO \$55,000		No

Part V Supplemental Information

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

Ident if ier Ret urn Reference Explanat io

Schedule L (Form 990 or 990-EZ) 2010

SCHEDULE M

NonCash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

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

Open to Public Inspection

	e of the organization CT RELIEF INTERNATIONAL				Employer identificat	ion nu	mber	
					95-1831116			
Pa	TT 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	(d Method of determining of amounts		ontribu	tion
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
good	is							
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	Х	31	272,031	. FMV			
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies	Х	128	388,231,814	FMV			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	O ther ► ()							
26	O ther ►()							
27	O ther ►()							
28	O ther ► ()							
29	Number of Forms 8283 received for which the organization comple				29			0
							Yes	No
30a	During the year, did the organizat	ion receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three years	from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the entire	e holding p	eriod?			30a		No
b	If "Yes," describe the arrangeme	nt ın Part I	I					
31	Does the organization have a gift	acceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	<u> </u>
32a	Does the organization hire or use contributions?	third parti		to solicit, process, or sell	non-cash	32a		No
b	If "Yes," describe in Part II							
	If the organization did not report	revenijes i	n column (c) for a type of n	roperty for which column (a	a) is checked			l

describe in Part II

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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OMB No 1545-0047

2010

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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 to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization DIRECT RELIEF INTERNATIONAL

Employer identification number

95-1831116

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		DIRECT RELIEF INTERNATIONAL'S CHIEF FINANCIAL OFFICER DISTRIBUTES A COPY OF THE FINAL VERSION OF THE 990 TO ALL CURRENT BOARD MEMBERS REQUESTING THEY REVIEW THE 990 PRIOR TO FILING THE BOARD MEMBERS ARE GIVEN AN OPPORTUNITY AND ASKED TO REVIEW, RAISE ISSUES AND REQUEST CLARIFICATIONS, IF ANY ONCE THIS PROCESS IS COMPLETE AND BOARD APPROVAL IS OBTAINED, THE 990 IS FILED DOCUMENTATION OF THE DISTRIBUTION TO THE BOARD AND THE RESPONSES AND QUESTIONS, IF ANY, ARE MAINTAINED BY THE CHIEF FINANCIAL OFFICER

ldentifier Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	WITHIN THIRTY (30) DAYS OF THE BEGINNING OF EACH FISCAL YEAR ALL DIRECTORS, OFFICERS AND BOARD COMMITTEE MEMBERS MUST COMPLETE A DISCLOSURE FORM REGARDING POSSIBLE CONFLICTS OF INTEREST DISCLOSURE IS ALSO REQUIRED OF A DIRECTOR, OFFICER, EMPLOYEE AND BOARD COMMITTEE MEMBER AT ANY TIME WHEN THE INTEREST OF SUCH PERSON (OR MEMBER OF HIS OR HER FAMILY) COULD AFFECT THE ACTIVITIES, PROPERTY, EMPLOYEES, OR SERVICES OF DIRECT RELIEF, OR INVOLVES ANY POTENTIAL CONFLICT OF INTEREST AS MORE SPECIFICALLY DEFINED IN DIRECT RELIEF'S CONFLICT OF INTEREST POLICY WHEN A DIRECTOR, OFFICER, BOARD COMMITTEE MEMBER OR EMPLOYEE HAS A CONFLICT OF INTEREST OR POTENTIAL CONFLICT OF INTEREST IN A PROPOSED TRANSACTION, THAT INDIVIDUAL SHALL RECUSE HIMSELF OR HERSELF (I E, LEAVE THE ROOM), AND SHALL NOT PARTICIPATE IN THE DELIBERATION ON THE MERITS OF THE PROPOSAL OR THE VOTE IN ALL CASES, THE EXISTENCE AND NATURE OF THE RELATIONSHIP OR THE CONFLICT OF INTEREST DISCLOSED, THE INTERESTED DIRECTOR'S RECUSAL, AND THE VOTE OF THE OTHER DIRECTORS IS REFLECTED IN THE MINUTES OF THE MEETING OF THE BOARD OR APPLICABLE BOARD COMMITTEE

Identifier Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OVERSES 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 JULY 2011

Identifier	Return Reference	Explanation
	SECTION C, LINE 19	DIRECT RELIEF MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, COMPENSATION POLICY, DONATION POLICY, AND ITS FINANCIAL STATEMENTS AND FORM 990S (BOTH GOING BACK TO FY 2000) AVAILABLE TO THE PUBLIC ON ITS PUBLIC WEBSITE

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -85,173 TRANSFER FROM DIRECT RELIEF FOUNDATION FEIN 20-5983698 2,784,600 CHANGE IN RECEIV ABLES - DIRECT RELIEF FOUNDATION FEIN 20-5983698 135,317 TOTAL TO FORM 990, PART XI, LINE 5 2,834,744

ldentifier	Return Reference	Explanation
	FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION'S MISSION	BY PROVIDING ESSENTIAL MATERIAL RESOURCES - MEDICINES, SUPPLIES AND EQUIPMENT, DIRECT RELIEF INTERNATIONAL STRENGTHENS THE HEALTH EFFORTS OF OUR OVER 350 INTERNATIONAL PARTNERS IN 73 COUNTRIES AND OVER 1,000 NONPROFIT CLINICS AND COMMUNITY HEALTH CENTERS IN THE UNITED STATES ALL THE PROGRAMS ARE PROVIDED IN A NON-DISCRIMINATORY MANNER, WITHOUT REGARD TO POLITICAL AFFILIATION, RELIGIOUS BELIEF, OR ETHNIC IDENTITY DIRECT RELIEF PLACES A HIGH PRIORITY ON IMPROVING THE HEALTH OF WOMEN AND CHILDREN BY WORKING WITH PROGRAMS EMPHASIZING MATERNAL AND CHILD HEALTH DIRECT RELIEF ALSO FOCUSES ON PROVIDING ASSISTANCE FOR PRIMARY CARE HEALTH CLINICS, COMBATING HIV/AIDS HEALTH CARE PROVIDER TRAINING THROUGH STRENGTHENING THE HEALTH INFRASTRUCTURE AND CAPACITY OF HEALTH PARTNERS WORLDWIDE, FURNISHING ASSISTANCE FOR SPECIAL HEALTH AND TRAINING INITIATIVES, AND RESPONDING TO DISASTERS

ldentifier	Return Reference	Explanation
	FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	

Identifier	Return Reference	Explanation				
	FORM 990, PART VII, SECTION A, LINE 1(A) SCHEDULE J- 2 PART 1 AND PART II	THE COMPENSATION REPORTED HERE IS FOR THE CALENDAR YEAR 2010 IN LINE WITH THE FORM 990 REQUIREMENTS OF REPORTING COMPENSATION PAID OR EARNED FOR THE CALENDAR YEAR ENDING WITH OR WITHIN THE ORGANIZATION'S TAX YEAR STAFF COMPENSATION IS GOVERNED BY ORGANIZATIONAL POLICY AND IS AVAILABLE FOR REFERENCE ON OUR WEBSITE AT (HTTP //WWW DIRECTRELIEF ORG/OURFINANCES/TRANSPARENCY AND ACCOUNTABILITY / COMPENSATIONPHILOSOPHY ASPX) EXECUTIVE STAFF (CEO, COO/CFO) COMPENSATION IS DETERMINED SOLELY BY THE BOARD OF DIRECTORS COMPENSATION PAID TO THE CEO, COO/CFO, AND OTHER STAFF ENGAGED IN FUNDRAISING OR GENERAL MANAGEMENT FUNCTIONS WAS PAID ENTIRELY FROM THE DIRECT RELIEF FOUNDATION, WHICH TRANSFERRED FUNDS TO DIRECT RELIEF INTERNATIONAL				

Identifier	Return Reference	Explanation
	SCHEDULE R, PART V, LINE 2A (2)	FUNDING PROVIDED BY DIRECT RELIEF FOUNDATION TO PAY FOR ALL OF DIRECT RELIEF INTERNATIONAL'S FUNDRAISING, MANAGEMENT AND GENERAL EXPENSES WHICH INCLUDES THE FULL COMPENSATION OF THE CEO, COO/CFO, FUNDRAISING AND ADMINISTRATIVE PERSONNEL AND CERTAIN CAPITAL EXPENDITURES

Identifier	Return Reference	Explanation
	SCHEDULE R, PART V, LINE 2A (1)	100% OF BEQUESTS, IRREVOCABLE TRUSTS, INSURANCE POLICIES, ANNUITIES, ETC, ARE TRANSFERRED TO THE DIRECT RELIEF FOUNDATION, UNLESS OTHERWISE SPECIFIED BY THE DONOR ADDITIONALLY AT THE END OF EACH FISCAL YEAR DIRECT RELIEF INTERNATIONAL MAY TRANSFER ANY SURPLUS THAT MAY RESULT FROM OPERATIONS OF THAT FISCAL YEAR

Identifier	Return Reference	Explanation				
	FORM 990, PAGE 10, PART IX, LINE 24A	THE \$20,241,858 INVENTORY ADJUSTMENT WAS DUE TO THE REQUIRED DESTRUCTION OF EXPIRED DONATED PRODUCT				

ldentifier	Return Reference	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, WI				

Identifier	Return Reference	Explanation		
		DUE TO SOFTWARE LIMITATIONS, THE FOLLOWING TOTALS HAVE NOT BEEN CLEARLY DISPLAYED ON SCHEDULE A, PART II SECTION A PUBLIC SUPPORT LINE 1 - \$1,142,242,800 LINE 4 - \$1,142,242,800 SECTION B TOTAL SUPPORT LINE 7 - \$1,142,242,800 LINE 11 - \$1,142,363,518		

Identifier	Return Reference	Explanation
	SCHEDULE B, PART II, COLUMN (D)	THE NON-CASH PROPERTY LISTED ON SCHEDULE B REFLECTS PRODUCT DONATIONS RECEIVED THROUGHOUT OUR FISCAL YEAR THE SOFTWARE USED TO PREPARE THIS RETURN DOES NOT ALLOW FOR A DATE RANGE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493353006711

2010

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization
DIRECT RELIEF INTERNATIONAL

Employer identification number

95-1831116

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

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (a) (b) (c) (d)	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
or more related tax-exempt organizations during the tax year.) (a) (b) (b) (c) Legal domicile (state or foreign country) (f) Direct controlling entity (g) Section 512(b)(Countrolled organization) (h) Direct controlling entity (h)								
or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Public charity status (if section 501(c)(3)) Public charity status (if section 501(c)(3)) Yes No Type I N/A No GOLETA, CA 93117								
or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Public charity status (if section 501(c)(3)) Public charity status (if section 501(c)(3)) Yes No Type I N/A No GOLETA, CA 93117								
or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Primary activity (c) Legal domicile (state or foreign country) (f) Exempt Code section Exempt Code section (if) Direct controlling entity (f) Direct controlling entity Yes No (1) DIRECT RELIEF FOUNDATION 27 SOUTH LA PATERA LANE GOLETA, CA 93117 CA 501(C)(3) TYPE I N/A No No								
or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Primary activity (c) Legal domicile (state or foreign country) (f) Exempt Code section Exempt Code section (if) Direct controlling entity (f) Direct controlling entity Yes No (1) DIRECT RELIEF FOUNDATION 27 SOUTH LA PATERA LANE GOLETA, CA 93117 CA 501(C)(3) TYPE I N/A No No								
or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Primary activity (c) Legal domicile (state or foreign country) (f) Exempt Code section Exempt Code section (if) Direct controlling entity (f) Direct controlling entity Yes No (1) DIRECT RELIEF FOUNDATION 27 SOUTH LA PATERA LANE GOLETA, CA 93117 CA 501(C)(3) TYPE I N/A No No								
TO OPERATE SOLELY AND EXCLUSIVELY FOR THE BENEFIT OF DIRECT RELIEF GOLETA, CA 93117 Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Public criarity status (if section 501(c)(3)) Public criarity status (if section 501(c)(3)) Yes No TO OPERATE SOLELY AND EXCLUSIVELY FOR THE BENEFIT OF DIRECT RELIEF INTL CA 501(C)(3) TYPE I N/A No	Part II Identification of Related Tax-Exempt Or or more related tax-exempt organizations du	rganizations (Complete ring the tax year.)	if the organization	answered "Yes" (on Form 990, Part	IV, line 34 becau		
(1) DIRECT RELIEF FOUNDATION TO OPERATE SOLELY AND EXCLUSIVELY FOR THE BENEFIT OF DIRECT RELIEF INTL CA 501(C)(3) TYPE I N/A NO	(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direct controlling	conti	rolled
TO OPERATE SOLELY AND EXCLUSIVELY FOR THE BENEFIT OF DIRECT RELIEF GOLETA, CA 93117 TO OPERATE SOLELY AND EXCLUSIVELY FOR THE BENEFIT OF DIRECT RELIEF INTL CA 501(C)(3) TYPE I N/A NO	AAN DID FOT DELIVE FOLINGATION						Yes	No
GOLETA, CA 93117		EXCLUSIVELY FOR THE	CA	501(C)(3)	TYPE I	N/A		No
								IVO
							-	
							_	
						 		

(a) ame, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		(h) Disproprtionate allocations?		(i) Code V— amount in bo Schedule (Form 10	x 20 of K-1	(j) General or managing partner?		(k) Percentage ownership
								Yes	No			Yes	No	
				ble as a Corpora zations treated as a						nswered "Y	'es" on	Form	990,	Part IV,
(a) Name, address, and EIN of related organization Prir			(b) Primary activity	(c) Legal domicile (state or foreign country)	Direct cor	(d) Direct controlling entity (e) Type of er (C corp, S or trust		ntity Share of total income corp,		(f) f total income	(g) Share of end-of-year assets			(h) Percentage ownership
				1	1		1		1					

hedul	e R (Form 990) 2010		Рa	ge S
Part	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
No	ote. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N
1 Durn	ng the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a R	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N
b G	ıft, grant, or capıtal contribution to other organization(s)	1b	Yes	
c G	ıft, grant, or capıtal contribution from other organization(s)	1c	Yes	
d L	oans or loan guarantees to or for other organization(s)	1d		N
e L	oans or loan guarantees by other organization(s)	1e		N
f S	ale of assets to other organization(s)	1f		N ₁
g P	urchase of assets from other organization(s)	1g		N
h E	xchange of assets	1h		N
i Le	ase of facilities, equipment, or other assets to other organization(s)	1i		N
j Le	ease of facilities, equipment, or other assets from other organization(s)	1j		N
k P	erformance of services or membership or fundraising solicitations for other organization(s)	1k		N
I Pe	erformance of services or membership or fundraising solicitations by other organization(s)	11		N
m S	harıng of facılıtıes, equipment, mailing lists, or other assets	1m	Yes	
n S	haring of paid employees	1n	Yes	
o R	eımbursement paıd to other organization for expenses	10		N
p R	eımbursement paıd by other organization for expenses	1р	Yes	
			'	
q 0	ther transfer of cash or property to other organization(s)	1q		N
r O	ther transfer of cash or property from other organization(s)	1r		N

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) DIRECT RELIEF FOUNDATION - SEE SCHEDULE O	С	2,957,173	
(2) DIRECT RELIEF FOUNDATION - SEE SCHEDULE O	В	184,712	
(3) DIRECT RELIEF FOUNDATION	Р	12,140	
(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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) eneral or anaging partner?	
			Yes	No		Yes	No		Yes	N	
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Part VII Supplemental Information

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

Identifier I Return Reference I	er Return Reference Explanation
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Schedule R (Form 990) 2010