

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

L Year of formation 1948	M State of legal domicile CA
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For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code) (Expenses \$ 829,490,496 including grants of \$ 742,559,801) (Revenue \$ 0)
See Additional Data	

4b	(Code) (Expenses \$ 106,935,138 including grants of \$ 93,751,238) (Revenue \$ 0)
See Additional Data	

4c	(Code) (Expenses \$ 292,275,668 including grants of \$ 240,274,259) (Revenue \$ 0)
See Additional Data	

(Code) (Expenses \$ 6,721,828 including grants of \$ 6,721,828) (Revenue \$ 0)
DIRECT RELIEF HAS AN INTERNAL POLICY TO TRANSFER ALL BOARD-DESIGNATED UNRESTRICTED BEQUESTS AND GIFTS TO THE BOARD RESTRICTED INVESTMENT FUND (BRIF) HELD BY DIRECT RELIEF FOUNDATION THE PURPOSE OF THE BRIF IS TO PROVIDE A RESERVE FOR FUTURE OPERATIONS

4d	Other program services (Describe in Schedule O)
(Expenses \$ 6,721,828 including grants of \$ 6,721,828) (Revenue \$ 0)	

4e	Total program service expenses ▶ 1,235,423,130
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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	No
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	No
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 for which 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? If "Yes," complete Schedule D, Part II	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	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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 and XII	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 and XII 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
14a 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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? If "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? If "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	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	41
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	93
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes
b	If "Yes," enter the name of the foreign country ►SF, MX See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	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
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	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	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section 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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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.		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: CA, AL, AK, AR, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 DIRECT RELIEF BHUPI SINGH EVP COO & CFO 6100 WALLACE BECKNELL ROAD GOLETA, CA 93117 (805) 964-4767

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	1,671,659	0	189,712

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 19

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SUNGARD AVAILABILITY SERVICES 91233 COLLECTION CENTER DRIVE CHICAGO, IL 60693	SAP PROGRAM APPLICATIONS	269,553
CROWE LLP PO BOX 51660 LOS ANGELES, CA 90051	REPLENISHMENT PROGRAM AUDITS	174,595
ALLEY INTERACTIVE 228 PARK AVE S 85467 NEW YORK, NY 10003	WEBSITE REDESIGN	156,851

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 3

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☒

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a	104,157			
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c				
	d Related organizations	1d	9,653,506			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,221,306,740			
	g Noncash contributions included in lines 1a-1f \$		1,132,330,261			
	h Total. Add lines 1a-1f		1,231,064,403			
Program Service Revenue	2a _____	Business Code				
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		494,911		5,060
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real (ii) Personal				
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other	953,900 6,700,000			
b Less cost or other basis and sales expenses			953,784 2,975,941			
c Gain or (loss)			116 3,724,059			
d Net gain or (loss)			3,724,175			3,724,175
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
b Less direct expenses		b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19		a				
b Less direct expenses		b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		a				
b Less cost of goods sold		b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See Instructions			1,235,283,489	0	5,060	4,214,026

Part IX Statement of Functional Expenses

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	261,828,960	261,828,960		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	927,522	927,522		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	820,550,644	820,550,644		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	852,395	25,387	588,865	238,143
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.	6,632,500	4,116,657	1,567,740	948,103
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	282,636	177,311	64,705	40,620
9 Other employee benefits.	843,803	511,830	212,951	119,022
10 Payroll taxes.	486,371	272,483	133,725	80,163
11 Fees for services (non-employees):				
a Management.				
b Legal.	218,401	1,931	216,470	
c Accounting.	74,427	9,204	62,705	2,518
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,817,548	945,069	739,083	133,396
12 Advertising and promotion.	314,333	1,000	86,534	226,799
13 Office expenses.	114,623	66,677	27,482	20,464
14 Information technology.	317,898	203,767	12,279	101,852
15 Royalties.				
16 Occupancy.	814,551	761,901	31,988	20,662
17 Travel.	707,679	525,688	148,579	33,412
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	195,501	113,492	41,905	40,104
20 Interest.	313,003	276,831	22,373	13,799
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	764,523	677,535	55,938	31,050
23 Insurance.	97,260	65,486	28,436	3,338
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a INVENTORY ADJ-SEE SCH O	137,670,054	137,670,054		
b FREIGHT/TRANSPORTATION	4,004,985	4,004,985		
c SUPPLIES	805,617	683,839	83,001	38,777
d BANK CHARGES	536,513	1,050	535,450	13
e All other expenses	1,335,485	1,003,827	227,736	103,922
25 Total functional expenses. Add lines 1 through 24e.	1,242,507,232	1,235,423,130	4,887,945	2,196,157
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,277,326	1	5,904,628
	2	Savings and temporary cash investments		1,223,096	2	34,064,608
	3	Pledges and grants receivable, net		2,002,714	3	3,479,867
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		34,732	7	16,123
	8	Inventories for sale or use		241,328,023	8	178,180,066
	9	Prepaid expenses and deferred charges		405,362	9	903,868
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	45,084,714		
	b	Less: accumulated depreciation	10b	6,060,485		
				22,599,540	10c	39,024,229
	11	Investments—publicly traded securities		6,234,034	11	6,440,841
	12	Investments—other securities. See Part IV, line 11			12	9,900,000
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		2,118,575	15	5,291,167	
16	Total assets. Add lines 1 through 15 (must equal line 34)		277,223,402	16	283,205,397	
Liabilities	17	Accounts payable and accrued expenses		2,177,801	17	5,984,932
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		7,207,842	23	13,400,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		1,268,921	25	4,096,679
	26	Total liabilities. Add lines 17 through 25		10,654,564	26	23,481,611
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		256,465,246	27	211,683,121
	28	Temporarily restricted net assets		10,103,592	28	48,040,665
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		266,568,838	33	259,723,786
34	Total liabilities and net assets/fund balances		277,223,402	34	283,205,397	

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

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

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 95-1831116
Name: DIRECT RELIEF

Form 990 (2017)

Form 990, Part III, Line 4a:

COMMUNITY HEALTH PROGRAM - DIRECT RELIEF, THROUGH ITS COMMUNITY HEALTH INITIATIVES, EQUIPS HEALTH PROFESSIONALS IN LOW-RESOURCE SETTINGS WITH THE MEDICAL RESOURCES THEY NEED TO DIAGNOSE, TREAT, AND CARE FOR THEIR PATIENTS - REGARDLESS OF ABILITY TO PAY IN THE FISCAL YEAR 2018, DIRECT RELIEF PROVIDED MATERIAL AND FINANCIAL SUPPORT TO MORE THAN 1,300 COMMUNITY HEALTH PROVIDERS IN 70 COUNTRIES THIS INCLUDES THE U S , WHERE DIRECT RELIEF OPERATES THE NATION'S LARGEST CHARITABLE MEDICINE PROGRAM FOR COMMUNITY HEALTH CENTERS AND NONPROFIT CLINICS IN ALL 50 STATES AS A RESULT OF DIRECT RELIEF'S SUPPORT, ORGANIZATIONS AND HEALTH PROVIDERS CAN FOCUS THEIR TIME AND RESOURCES ON EXPANDING AND IMPROVING THEIR SERVICES INSTEAD OF PROCURING MEDICINE AND SUPPLIES

Form 990, Part III, Line 4b:

DISEASE PREVENTION AND TREATMENT - TO ALLEVIATE THE DISEASE BURDEN IN RESOURCE-CONSTRAINED COMMUNITIES AROUND THE WORLD, DIRECT RELIEF SUPPORTS A GLOBAL NETWORK OF LOCALLY-RUN HEALTH FACILITIES WITH THE MEDICINES, MEDICAL SUPPLIES, AND FUNDING IN THE FISCAL YEAR 2018, DIRECT RELIEF PROVIDED HEALTHCARE PARTNERS IN 42 COUNTRIES WITH 8.6 MILLION COURSES OF MEDICATION TO TREAT CONDITIONS THAT INCLUDE CANCER, DIABETES, HIV/AIDS, AND RARE DISEASES. DIRECT RELIEF ALSO SUPPORTS PROGRAMS TO ADVANCE BREAST CANCER AWARENESS AND EARLY DETECTION, HIV PREVENTION AND TESTING AND CERVICAL CANCER SCREENING, AS WELL AS COMPREHENSIVE DIABETES PREVENTION AND TREATMENT PROGRAMS THAT INCLUDE ASSISTANCE FOR CHILDREN WITH TYPE 1 DIABETES.

Form 990, Part III, Line 4c:

DISASTER RESPONSE - DIRECT RELIEF, THROUGH ITS DISASTER RESPONSE PROGRAMS, ADDRESSES THE NEEDS OF VULNERABLE COMMUNITIES BEFORE DISASTERS STRIKE BY PRE-POSITIONING EMERGENCY MEDICAL MATERIALS WITH HEALTHCARE FACILITIES IN AREAS AT RISK FROM NATURAL DISASTERS WHEN DISASTERS OCCUR, DIRECT RELIEF LEVERAGES ITS NETWORK OF HEALTHCARE PROVIDERS TO ASSESS IMMEDIATE NEEDS, UNDERSTAND THE SITUATION, AND RESPOND QUICKLY AND PRECISELY DIRECT RELIEF'S EFFORTS ARE ALWAYS IN RESPONSE TO SPECIFIC REQUESTS FROM LOCAL PARTNERS AND IN ACCORDANCE WITH NATIONAL AND INTERNATIONAL RESPONDERS TO AVOID DUPLICATION OF EFFORTS AND PREVENT LOGISTICAL BOTTLENECKS, AND ENSURE THE MOST EFFICIENT USE OF RESOURCES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANGEL ISCOVICH MD CHAIR	10 00 1 00	X		X				0	0	0
MARK SCHWARTZ VICE CHAIR	5 00 1 00	X		X				0	0	0
LINDA GLUCK TREASURER/COMMITTEE CHAIR	5 00 1 00	X		X				0	0	0
JAMES SELBERT SECRETARY/COMMITTEE CHAIR	5 00	X		X				0	0	0
PAMELA GANN ASSISTANT SECRETARY	5 00	X		X				0	0	0
PATRICIA AOYAMA COMMITTEE CHAIR	5 00	X						0	0	0
DAVID GIBBS PHD COMMITTEE CHAIR	5 00	X						0	0	0
SIRI MARSHALL COMMITTEE CHAIR	5 00	X						0	0	0
MICHAEL KELLY COMMITTEE CHAIR	5 00	X						0	0	0
BITSY BECTON BACON DIRECTOR	2 00 1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANTE DI LORETO DIRECTOR	2 00	X						0	0	0
STEVE WEINTRAUB DIRECTOR	2 00	X						0	0	0
DAVID BROWN DIRECTOR	1 00 2 00	X						0	0	0
PATRICK FITZGERALD DIRECTOR	2 00	X						0	0	0
CHARLES FENZI MD DIRECTOR	2 00	X						0	0	0
MARK LINEHAN DIRECTOR	2 00	X						0	0	0
THOMAS WEISENBURGER MD DIRECTOR	2 00	X						0	0	0
BYRON SCOTT MD DIRECTOR	2 00	X						0	0	0
JEFFREY BRANCH DIRECTOR	2 00	X						0	0	0
JANE OLSON DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVE AINSLEY DIRECTOR	2 00	X						0	0	0
STEVEN AMERIKANER DIRECTOR	2 00	X						0	0	0
ELIZABETH GREEN RN DIRECTOR	2 00	X						0	0	0
JAMIE RUFFING PHD DIRECTOR	2 00	X						0	0	0
THOMAS STURGESS DIRECTOR	2 00	X						0	0	0
THOMAS E TIGHE PRESIDENT & CEO	40 00 5 00			X				416,309	0	50,049
BHUPI SINGH EVP, COO & CFO	40 00 5 00			X				342,956	0	27,475
DAWN LONG DIRECTOR, IT & QUALITY	40 00					X		212,126	0	17,617
DONALD ROANE DIRECTOR, STRATEGIC INITIA	40 00					X		188,526	0	33,774
ANDREW SCHROEDER DIRECTOR, RESEARCH & ANALY	40 00					X		179,623	0	23,396

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HEATHER BENNETT DIRECTOR, PARTNERSHIPS & PHILANTHROPY	40 00					X		166,383	0	15,139
JUDY PARTCH DIRECTOR, ADMINISTRATION	40 00					X		165,736	0	22,262

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
DIRECT RELIEF

Employer identification number
95-1831116

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

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

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	449,601,155	888,544,226	772,063,768	1,114,134,242	1,231,064,403	4,455,407,794
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	449,601,155	888,544,226	772,063,768	1,114,134,242	1,231,064,403	4,455,407,794
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,638,990,742
6	Public support. Subtract line 5 from line 4						1,816,417,052

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	449,601,155	888,544,226	772,063,768	1,114,134,242	1,231,064,403	4,455,407,794
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,682	19,017	18,743	63,167	489,967	605,576
9	Net income from unrelated business activities, whether or not the business is regularly carried on				82,424	5,060	87,484
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						4,456,100,854
12	Gross receipts from related activities, etc. (see instructions)					12	667,660
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14 40.760 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15 39.470 %
16a	33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>	
b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>	

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 95-1831116
Name: DIRECT RELIEF

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
DIRECT RELIEF

Employer identification number
95-1831116

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ►

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

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

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

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment

100 000 %

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,705,985		8,705,985
b Buildings		25,691,845	107,050	25,584,795
c Leasehold improvements				
d Equipment		2,043,291	1,608,059	435,232
e Other		8,643,593	4,345,376	4,298,217
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				39,024,229

Part VII

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

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

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

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

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

Part X

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 95-1831116
Name: DIRECT RELIEF

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	BOARD DESIGNATED ENDOWMENT DIRECT RELIEF FOUNDATION MAINTAINS CUSTODY OF THE BOARD RESTRICTED INVESTMENT FUND (BRIF), WHICH IS A BOARD DESIGNATED ENDOWMENT DIRECT RELIEF FOUNDATION WAS FORMED AS A SUPPORTING ORGANIZATION OF DIRECT RELIEF THE FOUNDATION IS ORGANIZED TO OPERATE SOLELY AND EXCLUSIVELY TO SUPPORT, BENEFIT, OR CARRY OUT THE PURPOSES OF DIRECT RELIEF THE PURPOSE OF THE BRIF IS TO PROVIDE A RESERVE FOR CURRENT AND FUTURE OPERATIONS OF DIRECT RELIEF THE BRIF ALSO PROVIDES FUNDING TO PAY FOR ALL OF DIRECT RELIEF'S FUNDRAISING EXPENSES AND SOME MANAGEMENT AND GENERAL EXPENSES FOR THE YEAR ENDED JUNE 30, 2018, THE DIRECT RELIEF FOUNDATION TRUSTEES APPROVED FOR THE BRIF TO PROVIDE FUNDS COVERING ALL OF DIRECT RELIEF'S FUNDRAISING EXPENSES AS WELL AS 100% OF THE COMPENSATION OF THE CEO

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION IS EXEMPT FROM TAXES ON INCOME UNDER INTERNAL REVENUE CODE SECTION 501(C) (3) AND CALIFORNIA REVENUE AND TAXATION CODE 23701D THEREFORE, NO AMOUNTS FOR INCOME TAXES ARE REFLECTED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS THE ORGANIZATION HAD INCONSEQUENTIAL UNRELATED BUSINESS INCOME TAX DURING THE YEAR ENDED JUNE 30, 2018 AND 2017 AND NO TAX PROVISION HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS THE ORGANIZATION, UNDER THE PROVISIONS OF ASC 740, INCOME TAXES, HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL AS OF JUNE 30, 2018 AND 2017

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	DONATED SOFTWARE

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	UNRELATED BUSINESS TAXABLE INCOME

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	DONATED SOFTWARE

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
DIRECT RELIEF

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.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

95-1831116

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	1	1			1,830,897
b Total from continuation sheets to Part I					818,363,974
c Totals (add lines 3a and 3b)	3	9			820,194,871

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)								Schedule F (Form 990) 2017	
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

272

3 Enter total number of other organizations or entities ▶

87

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☒ Yes ☐ No

Part V Supplemental Information

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

Return Reference	Explanation
PART I, LINE 2	EXCEPT IN CERTAIN EMERGENCY RESPONSE SITUATIONS WHERE THE TIMELINESS OF OUR RESPONSE IS PARAMOUNT, GRANT RECIPIENTS SIGN MEMORANDUMS OF UNDERSTANDING OUTLINING THE RESPONSIBILITIES OF DIRECT RELIEF AND THE GRANTEE REPORTING BY THE GRANTEE VARIES BASED ON THE SIZE, SCOPE, AND TYPE OF PROGRAM, RANGING FROM MONTHLY, QUARTERLY, OR ANNUAL REPORTING, WITH A FINAL REPORT DUE UPON COMPLETION OF THE PROJECT DIRECT RELIEF ALSO HAS THE RIGHT TO AND DOES MAKE SITE VISITS TO GRANTEES TO ENSURE COMPLIANCE WITH THE PROJECT PROPOSAL, THIS IS ESPECIALLY THE CASE WHEN IT COMES TO THE MONITORING OF OUR SUPPORT OF GRANTEES IN EMERGENCY RESPONSE SITUATIONS

Additional Data

Software ID:
Software Version:
EIN: 95-1831116
Name: DIRECT RELIEF

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN			GRANT MAKING		103,025
EAST ASIA AND THE PACIFIC			GRANT MAKING		256,758

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE			GRANT MAKING		4,600
MIDDLE EAST AND NORTH AFRICA			GRANT MAKING		221,497

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA			GRANT MAKING		86,900
SOUTH ASIA			GRANT MAKING		849,115

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA			GRANT MAKING		276,111
SUB-SAHARAN AFRICA	1	1	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN AFRICA	32,891

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	1	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN SOUTH AMERICA	20,000
CENTRAL AMERICA AND THE CARIBBEAN		2	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN HAITI	74,329

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	1	2	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN MEXICO	46,322
SOUTH ASIA	0	1	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN INDIA	15,227

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE		1	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN THE BALKANS	50,952
EAST ASIA AND THE PACIFIC	1	1	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN THE ASEAN REGION	88,785

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN			GRANT MAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	125,479,724
EAST ASIA AND THE PACIFIC			GRANT MAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	30,709,509

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE			GRANT MAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	52,450,574
MIDDLE EAST AND NORTH AFRICA			GRANT MAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	46,535,735

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA			GRANT MAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	2,524,765
RUSSIA AND THE NEWLY INDEPENDENT STATES			GRANT MAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	7,204,987

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA			GRANT MAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	39,729,528
SOUTH ASIA			GRANT MAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	56,096,443

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA			GRANT MAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	456,195,100
NORTH AMERICA			GRANT MAKING		1,141,994

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	TYPHOON HAIYAN RELIEF & RECOVERY	156,900	WIRE			
		MIDDLE EAST AND NORTH AFRICA	SYRIA REFUGEE CRISIS RELIEF & RECOVERY	120,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	EBOLA OUTBREAK RELIEF & RECOVERY	95,889	WIRE			
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	94,557	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING PATIENT SUPPORT	94,010	WIRE			
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	87,200	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	81,306	WIRE			
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	77,500	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	75,000	WIRE			
		SOUTH AMERICA	DISASTER RELIEF & RECOVERY	75,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	ROHINGYA REFUGEE CRISIS RELIEF & RECOVERY	62,000	WIRE			
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	60,334	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	STRENGTHENING HEALTHCARE SYSTEMS	50,392	WIRE			
		EAST ASIA AND THE PACIFIC	MATERNAL & CHILD HEALTH EDUCATION	39,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	STRENGTHENING HEALTHCARE SYSTEMS	36,000	WIRE			
		SUB-SAHARAN AFRICA	MENTAL HEALTH PROGRAM	35,667	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	MATERNAL & CHILD HEALTH EDUCATION	35,000	WIRE			
		MIDDLE EAST AND NORTH AFRICA	SYRIA REFUGEE CRISIS RELIEF & RECOVERY	34,993	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CERVICAL CANCER PROGRAM	30,000	WIRE			
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	30,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	ONGOING PATIENT SUPPORT	30,000	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	HURRICANE IRMA RELIEF & RECOVERY	28,425	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	27,000	WIRE			
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	26,230	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	TYPHOON HAIYAN RELIEF & RECOVERY	25,000	WIRE			
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	25,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	ONGOING PATIENT SUPPORT	24,200	WIRE			
		SOUTH ASIA	MATERNAL & CHILD HEALTH EDUCATION	23,333	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	TYPHOON HAIYAN RELIEF & RECOVERY	23,250	WIRE			
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	22,700	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	YEMEN CHOLERA OUTBREAK RELIEF & RECOVERY	16,112	WIRE			
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	14,450	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	VASELINE HEALING MISSIONS PROGRAM	12,608	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	HURRICANE MATTHEW RELIEF & RECOVERY	12,500	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	HURRICANE MATTHEW RELIEF & RECOVERY	11,600	WIRE			
		SOUTH ASIA	PAKISTAN EARTHQUAKE RELIEF & RECOVERY	10,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	CERVICAL CANCER PROGRAM	6,900	WIRE			
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	6,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING HEALTHCARE SYSTEMS	5,500	WIRE			
		NORTH AMERICA	SUPPORT OF RELATED PARTY ORGANIZATION IN MEXICO	1,141,994	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SUPPORT OF RELATED PARTY ORGANIZATION IN SOUTH AFRICA	49,892	WIRE			
		SUB-SAHARAN AFRICA				154,893,333	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				87,443,396	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA				73,021,728	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				23,917,503	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA				23,079,216	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				22,161,263	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				18,308,853	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC				17,353,080	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				16,591,781	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA				15,950,350	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA				15,723,358	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)				14,426,455	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)				12,420,475	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				11,674,193	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA				9,938,327	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)				9,330,252	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)				8,745,043	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				8,572,797	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SOUTH AMERICA				8,426,565	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA				8,330,000	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA				7,541,975	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA				7,462,231	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				7,443,021	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				7,233,221	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA				7,201,846	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA				7,093,729	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA				6,641,198	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				6,538,643	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				6,494,179	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				6,491,994	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA				5,743,138	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				5,568,732	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA				4,847,010	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				4,674,401	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		RUSSIA AND NEIGHBORING STATES				4,427,512	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA				4,241,842	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				4,165,950	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				3,911,390	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA				3,775,355	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA				3,354,804	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA				3,294,822	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				3,199,497	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC				3,197,000	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA				3,050,435	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				2,993,181	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				2,920,476	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA				2,855,813	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA				2,764,414	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				2,550,000	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				2,542,603	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC				2,433,910	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA				2,302,423	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				2,298,502	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)				2,286,810	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		MIDDLE EAST AND NORTH AFRICA				2,032,841	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				2,009,260	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA				1,819,930	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				1,803,593	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA				1,755,324	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				1,734,107	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				1,662,538	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA				1,602,301	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		MIDDLE EAST AND NORTH AFRICA				1,594,665	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)				1,591,762	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				1,558,369	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC				1,506,595	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				1,482,454	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				1,437,934	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA				1,434,677	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				1,416,989	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				1,388,325	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA				1,373,254	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC				1,370,895	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				1,368,446	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				1,320,085	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA				1,258,751	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA				1,250,000	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA				1,250,000	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA				1,250,000	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				1,236,882	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				1,206,755	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				1,206,517	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				1,199,025	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA				1,186,811	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA				1,130,360	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC				1,112,545	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				1,110,143	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA				1,107,800	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA				1,097,053	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				1,084,757	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)				1,083,967	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				1,069,606	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				1,069,432	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				1,068,256	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA				986,436	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA				983,854	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA				961,936	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC				928,740	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				917,977	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES				914,328	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)				869,424	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA				805,378	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				802,670	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA				787,644	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA				754,147	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA				740,154	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA				735,434	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA				731,830	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA				716,800	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				714,237	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA				703,091	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				701,322	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA				652,253	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				638,622	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				637,713	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				632,601	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA				608,242	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				605,165	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		MIDDLE EAST AND NORTH AFRICA				603,658	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				598,354	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC				514,306	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				500,528	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SOUTH ASIA				489,189	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA				489,189	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)				482,754	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				477,590	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		RUSSIA AND NEIGHBORING STATES				475,813	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
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		SUB-SAHARAN AFRICA				472,462	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA				463,999	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)				445,967	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		RUSSIA AND NEIGHBORING STATES				410,662	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				406,718	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				400,845	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				400,349	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA				386,621	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		SUB-SAHARAN AFRICA				386,192	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC				381,874	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA				375,709	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				370,966	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA				368,157	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA				361,928	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				360,657	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA				345,441	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
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		EAST ASIA AND THE PACIFIC				341,250	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				340,017	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				337,278	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				336,156	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA				330,724	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		NORTH AMERICA				329,235	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA				326,126	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				323,645	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA				323,498	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA				316,992	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA				304,317	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA				297,432	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

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		SUB-SAHARAN AFRICA				291,541	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)				290,579	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				287,120	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA				286,416	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				285,537	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA				250,712	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA				250,614	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				247,999	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				244,477	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				236,522	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC				226,282	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				220,530	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA				220,103	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA				216,766	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				215,476	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		RUSSIA AND NEIGHBORING STATES				214,039	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				213,722	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				206,033	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC				203,587	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				199,545	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)				194,234	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA				186,628	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				185,391	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		RUSSIA AND NEIGHBORING STATES				185,240	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				185,017	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA				180,345	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES				176,120	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC				172,060	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC				170,067	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		RUSSIA AND NEIGHBORING STATES				169,845	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				169,547	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC				164,689	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA				164,214	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA				163,977	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				162,787	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA				162,702	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC				157,716	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				152,082	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA				151,225	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		RUSSIA AND NEIGHBORING STATES				151,081	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				148,307	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SOUTH AMERICA				146,255	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)				143,418	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		EAST ASIA AND THE PACIFIC				140,387	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA				139,760	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA				131,332	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				125,894	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				120,805	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				115,019	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA				112,745	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				111,881	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				110,632	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				110,629	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SOUTH ASIA				110,065	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				108,519	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				108,286	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				108,228	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA				107,406	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)				104,832	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC				104,116	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				102,807	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA				102,807	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				97,889	EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA				91,384	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				91,123	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				90,719	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA				90,609	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA				87,847	MEDICAL SUPPLIES	PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				87,162	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				86,049	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				79,801	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA				78,378	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA				77,869	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				73,474	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				72,306	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				70,281	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA				69,421	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				69,031	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				67,248	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC				67,092	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				66,881	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC				65,457	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA				64,406	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				64,085	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA				62,733	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA				60,840	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				56,248	MEDICAL SUPPLIES	PURCHASED PRICE
		MIDDLE EAST AND NORTH AFRICA				55,296	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA				55,188	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA				54,785	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				52,450	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				52,383	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				51,404	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA				51,040	MEDICAL SUPPLIES	PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				45,936	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA				45,601	MEDICAL SUPPLIES	PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				43,695	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA				42,473	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				42,267	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SOUTH ASIA				39,582	MEDICAL SUPPLIES	PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC				36,715	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				36,591	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA				35,802	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA				34,269	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)				34,252	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				33,934	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				30,624	MEDICAL SUPPLIES	PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				29,464	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES				28,985	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC				28,915	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				26,332	MEDICAL SUPPLIES	PURCHASED PRICE
		RUSSIA AND NEIGHBORING STATES				25,000	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				24,557	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				24,024	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				23,005	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				22,772	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA				22,385	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA				22,232	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				21,975	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA				21,528	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				21,435	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC				18,650	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				18,012	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				17,736	EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				17,466	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		RUSSIA AND NEIGHBORING STATES				17,148	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				16,782	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SOUTH AMERICA				16,101	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA				15,720	EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA				13,736	MEDICAL SUPPLIES	PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				12,892	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				12,854	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				12,805	EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN AFRICA				12,768	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				11,858	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				11,607	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA				11,552	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		NORTH AMERICA				11,108	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA				10,541	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				10,281	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				10,145	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				9,789	EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA				9,185	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA				9,138	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				8,941	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				8,869	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				8,864	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN				8,157	EQUIPMENT	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA				8,157	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SOUTH AMERICA				7,816	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				7,802	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA				7,688	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA				7,587	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC				7,227	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN				6,853	EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN AFRICA				6,821	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC				6,355	MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN AFRICA				6,173	MEDICAL SUPPLIES	PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				5,731	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		MIDDLE EAST AND NORTH AFRICA				5,518	EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA				5,415	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		NORTH AMERICA				5,139	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

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As Filed Data -

DLN: 93493036008599

Schedule I
(Form 990)

OMB No 1545-0047

2017

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
DIRECT RELIEF

Employer identification number
95-1831116

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2

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

851
- 3

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

4

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SUPPORT TO VICTIMS OF THE MONTECITO MUDSLIDE AND THEIR FAMILIES TO COVER COSTS OF MEDICAL BILLS, FUNERAL EXPENSES, PSYCHOLOGICAL COUNSELING, AND SUSTAINING THE LIVES OF SURVIVORS AND THEIR FAMILIES	129	927,522	0		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	EXCEPT IN CERTAIN EMERGENCY RESPONSE SITUATIONS WHERE THE TIMELINESS OF OUR RESPONSE IS PARAMOUNT, GRANT RECIPIENTS SIGN MEMORANDUMS OF UNDERSTANDING OUTLINING THE RESPONSIBILITIES OF DIRECT RELIEF AND THE GRANTEE REPORTING BY THE GRANTEE VARIES BASED ON THE SIZE, SCOPE, AND TYPE OF PROGRAM, RANGING FROM MONTHLY, QUARTERLY, OR ANNUAL REPORTING, WITH A FINAL REPORT DUE UPON COMPLETION OF THE PROJECT DIRECT RELIEF ALSO HAS THE RIGHT TO AND DOES MAKE SITE VISITS TO GRANTEES TO ENSURE COMPLIANCE WITH THE PROJECT PROPOSAL, THIS IS ESPECIALLY THE CASE WHEN IT COMES TO THE MONITORING OF OUR SUPPORT OF GRANTEES IN EMERGENCY RESPONSE SITUATIONS

Additional Data

Software ID:
Software Version:
EIN: 95-1831116
Name: DIRECT RELIEF

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAFC 1800 DIAGONAL ROAD STE 600 ALEXANDRIA, VA 22314	56-2273242	501(C)(3)	1,966,647				HURRICANE RELIEF AND RECOVERY SUPPORT
SANTA ROSA COMM HEALTH CENTER 3569 ROUND BARN CIRCLE SANTA ROSA, CA 95403	68-0365296	501(C)(3)	550,000				WILDFIRE RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PASADENA HEALTH CENTER INC 908 SOUTHMORE STE 100 PASADENA, TX 77573	20-0462905	501(C)(3)	502,095				HURRICANE RELIEF AND RECOVERY SUPPORT
IM SULZBACHER CTR FOR THE HOMELESS 611 EAST ADAMS ST JACKSONVILLE, FL 32202	59-3229898	501(C)(3)	493,514				HURRICANE RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRING BRANCH COMM HEALTH CTR 800 W SAM HOUSTON PKWY HOUSTON, TX 77042	30-0198705	501(C)(3)	479,995				HURRICANE RELIEF AND RECOVERY SUPPORT
COMMUNITY HEALTH CTRS OF PINELLAS 1344 22ND ST SOUTH ST PETERSBURG, FL 33712	59-2097521	501(C)(3)	465,758				HURRICANE RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOCES PMB 290 JUAN C BORBON ST35 STE 67 GUAYNABO, PR 00969	66-0798610	501(C)(3)	411,692				HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
NO FLORIDA MEDICAL CENTERS INC 2804 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308	59-1915144	501(C)(3)	403,262				HURRICANE RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHCARE NETWORK OF SW FLORIDA 1454 MADISON AVE W IMMOKALEE, FL 34142	59-1741277	501(C)(3)	394,923				HURRICANE RELIEF AND RECOVERY SUPPORT
BORINQUEN MED CTRS OF MIAMI-DADE 3601 FEDERAL HIGHWAY MIAMI, FL 331373795	59-1417397	501(C)(3)	384,260				HURRICANE RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GULF COAST HEALTH CENTER INC 2548 MEMORIAL BLVD PORT ARTHUR, TX 77640	76-0289927	501(C)(3)	383,205				HURRICANE RELIEF AND RECOVERY SUPPORT
FORT BEND FAMILY HEALTH CTR INC 400 AUSTIN STREET RICHMOND, TX 77469	74-1951476	501(C)(3)	399,944				HURRICANE RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL FLORIDA HEALTH CARE INC 47 5TH STREET NW WINTER HAVEN, FL 33805	59-1404594	501(C)(3)	335,928				HURRICANE RELIEF AND RECOVERY SUPPORT
TRIANGLE AREA NETWORK INC 1495 NORTH 7TH STREET BEAUMONT, TX 77702	76-0226835	501(C)(3)	294,661				HURRICANE RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR PUERTO RICO 1500 CALLE ANTONSANTI STE K SAN JUAN, PR 009123150	66-0776227	501(C)(3)	270,000				HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
BEE BUSY WELLNESS CENTER 8785 WEST BELLFORT STREET HOUSTON, TX 770312403	27-0653014	501(C)(3)	256,564				HURRICANE RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS 1800 DIAGONAL RD 600 ALEXANDRIA, VA 22314	56-2273242	501(C)(3)	250,000				HURRICANE HARVEY RELIEF AND RECOVERY SUPPORT
FLORIDA COMMUNITY HEALTH CTRS INC 5827 CORPORATE WAY WEST PALM BEACH, FL 33407	59-1671640	501(C)(3)	227,850				HURRICANE RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY HEALTH CENTERS OF SW FL PO BOX 1357 FORT MYERS, FL 33901	59-1741273	501(C)(3)	225,000				INNOVATIONS IN CARE AWARD, HURRICANE IRMA RELIEF AND RECOVERY SUPPORT
BROWARD COMMFAMILY HEALTH CTRS 6015 WASHINGTON STREET HOLLYWOOD, FL 33021	59-3489664	501(C)(3)	207,962				HURRICANE RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TX ASSOC OF COMM HEALTH CTRS INC 5900 SOUTHWEST PARKWAY BLDG 3 AUSTIN, TX 78735	74-2308695	501(C)(3)	206,000				HURRICANE HARVEY RELIEF AND RECOVERY SUPPORT
CHEROKEE HEALTH SYSTEMS 2018 WESTERN AVE KNOXVILLE, TN 37921	62-0637925	501(C)(3)	200,000				HELPING BUILD HEALTHY COMMUNITIES INNOVATIONS IN CARE AWARDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COASTAL FAMILY HEALTH CENTER INC 1046 DIVISION STREET BILOXI, MS 39530	64-0592416	501(C)(3)	200,000				HELPING BUILD HEALTHY COMMUNITIES INNOVATIONS IN CARE AWARDS
COMMUNITY UNIVERSITY HEALTHCARE CTR 2001 BLOOMINGTON AVE SOUTH MINNEAPOLIS, MN 55404	41-6007513	501(C)(3)	200,000				HELPING BUILD HEALTHY COMMUNITIES INNOVATIONS IN CARE AWARDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HEALTH 2711 FOSTER AVENUE NASHVILLE, TN 37210	62-1032792	501(C)(3)	200,000				HELPING BUILD HEALTHY COMMUNITIES INNOVATIONS IN CARE AWARDS
FUNDACION INFANTIL RONALD MCDONALD 250 CONVENTO STREET SAN JUAN, PR 00912	66-0468226	501(C)(3)	187,900				HURRICANE MARIA RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SBCC FOUNDATION 721 CLIFF DRIVE SANTA BARBARA, CA 93109	95-3234551	501(C)(3)	175,000				WILDFIRE RELIEF AND RECOVERY SUPPORT
COMM HEALTH CTRS - SO CENTRAL TEXAS PO BOX 1890 GONZALES, TX 78629	74-1548089	501(C)(3)	144,600				HURRICANE RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANATEE CTY RURAL HEALTH SERVICES 700 8TH AVENUE WEST PALMETTO, FL 34219	59-1773262	501(C)(3)	139,577				HURRICANE RELIEF AND RECOVERY SUPPORT
EL CENTRO DE CORAZON PO BOX 230209 HOUSTON, TX 77011	76-0442781	501(C)(3)	129,368				HURRICANE RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMISTAD COMM HEALTH CENTER INC 1533 SOUTH BROWNLEE BLVD CORPUS CHRISTI, TX 78412	20-3008507	501(C)(3)	105,913				HURRICANE RELIEF AND RECOVERY SUPPORT
UNDOCUFUND FIRE RELIEF PO BOX 1100 SEBASTOPOL, CA 95473	20-2559651	501(C)(3)	100,000				WILDFIRE RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VENTURA CO COMMUNITY FOUNDATION 4001 MISSION OAKS BLVD STE A CAMARILLO, CA 93012	77-0165029	501(C)(3)	100,000				WILDFIRE RELIEF AND RECOVERY SUPPORT
FOUNDATION FOR SB HIGH SCHOOL 700 E ANAPAMU STREET SANTA BARBARA, CA 93103	26-0312564	501(C)(3)	100,000				WILDFIRE RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEPHEN F AUSTIN COMM HEALTH CTR 1111 W ADOUE STREET ALVIN, TX 77511	41-2273820	501(C)(3)	95,613				HURRICANE RELIEF AND RECOVERY SUPPORT
VECINO HEALTH CENTERS 424 HAHLO HOUSTON, TX 77020	76-0622208	501(C)(3)	90,359				HURRICANE RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MATAGORAD EPISCOPAL HEALTH 101 AVENUE F NORTH BAY CITY, TX 77414	20-0537948	501(C)(3)	83,600				HURRICANE RELIEF AND RECOVERY SUPPORT
BREVARD HEALTH ALLIANCE INC 2120 SARNO RD STE 4 MELBOURNE, FL 32935	90-0068515	501(C)(3)	81,213				HURRICANE RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL FLORIDA FAMILY HEALTH CTR 4930 EAST LAKE MARY BLVD SANFORD, FL 32771	59-1741286	501(C)(3)	78,000				HURRICANE RELIEF AND RECOVERY SUPPORT
AVENAL COMMUNITY HEALTH CENTER 1000 SKYLINE BLVD AVENAL, CA 93204	77-0425496	501(C)(3)	75,000				WILDFIRE RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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COASTAL HEALTHWELLNESS - GALVESTON PO BOX 939 LA MARQUE, TX 77591	74-1665318	501(C)(3)	65,208				HURRICANE RELIEF AND RECOVERY SUPPORT
FREDERIKSTED HEALTH CARE INC 516 STRAND STREET FREDERIKSTED, VI 00840	66-0586667	501(C)(3)	61,605				HURRICANE RELIEF AND RECOVERY SUPPORT

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HOPE CLINIC 7001 CORPORATE SUITE 120 HOUSTON, TX 77036	31-1756818	501(C)(3)	58,884				HURRICANE RELIEF AND RECOVERY SUPPORT
GREATER GOODS OJAI 145 W EL ROBLAR OJAI, CA 93023	81-4553170	501(C)(3)	55,000				WILDFIRE RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BOND COMMUNITY HEALTH CTR INC 1720 SOUTH GADSDEN STREET TALLAHASSEE, FL 32301	59-2426414	501(C)(3)	54,303				HURRICANE RELIEF AND RECOVERY SUPPORT
ASOCIACION DE SALUD PRIMARIA DE PUERTO RICO INC EDIFICIO ALIANZA 400 RIO PIEDRAS, PR 00927	66-0419912	501(C)(3)	50,000				HURRICANE MARIA RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONSEJO RENAL DE PUERTO RICO PO BOX 10542 SAN JUAN, PR 00922	66-0408212	501(C)(3)	50,000				HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
HEALTH OPPORTUNITIES-PEOPLE OF E TEXAS 325 TENAHA STREET CENTER, TX 75974	32-0086739	501(C)(3)	42,697				HURRICANE RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SANTA BARBARA CHANNELKEEPER 714 BOND AVENUE SANTA BARBARA, CA 93103	91-2151460	501(C)(3)	35,000				WILDFIRE RELIEF AND RECOVERY SUPPORT
AGAPE CHC INC 120 KING STREET JACKSONVILLE, FL 32204	16-1660966	501(C)(3)	30,000				HURRICANE RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LOUISIANA PRIMARY CARE ASSOCIATION 503 COLONIAL DRIVE BATON ROUGE, LA 70806	72-1040949	501(C)(3)	26,000				LOUISIANA FLOODING RELIEF AND RECOVERY SUPPORT
SO CENTRAL HOUSTON ACTION COUNCIL 8610 MARTIN LUTHER KING JR BLVD HOUSTON, TX 77033	76-0444982	501(C)(3)	25,000				HURRICANE HARVEY RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGACY COMM HEALTH SERVICES INC 1415 CALIFORNIA STREET HOUSTON, TX 77006	76-0009637	501(C)(3)	25,000				HURRICANE HARVEY RELIEF AND RECOVERY SUPPORT
HEALTHCARE FOR HOMELESS - HOUSTON 1934 CAROLINE STREET HOUSTON, TX 77002	76-0647934	501(C)(3)	25,000				HURRICANE HARVEY RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH CTR OF SOUTHEAST TEXAS 307 N WILLIAM BARNETT CLEVELAND, TX 77327	56-2508501	501(C)(3)	25,000				HURRICANE HARVEY RELIEF AND RECOVERY SUPPORT
CLINICA SIERRA VISTA 1430 TRUXTUN AVE 400 BAKERSFIELD, CA 93301	95-2707101	501(C)(3)	25,000				HURRICANE HARVEY RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CAMUY HEALTH SERVICES INC AVE MUNOZ RIVERA 63 CAMUY, PR 00627	66-0428652	501(C)(3)	25,000				HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
CENTRO DE SALUD FAMILIAR PO BOX 450 ARROYO, PR 00714	66-0496484	501(C)(3)	25,000				HURRICANE MARIA RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO DE SERV PRIMARIOS DE SALUD 3 CALLE ANTONIO ALCAZAR FLORIDA, PR 00650	66-0428922	501(C)(3)	25,000				HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
CENTRO DE SERVICIOS PRIMARIOS 99 GUILLERMO RIEFKOHL STREET PATILLAS, PR 00723	66-0430826	501(C)(3)	25,000				HURRICANE MARIA RELIEF AND RECOVERY SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH FDN OF PR INC MARGINAL SANTA CRUZ C 17 BAYAMON, PR 00961	66-0749601	501(C)(3)	25,000				HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
CONCILIO DE SALUD INTEGRAL DE LOIZA CARRETERA 187 INTERSECCION 188 LOIZA, PR 00772	66-0314649	501(C)(3)	25,000				HURRICANE MARIA RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COSSMA INC PO BOX 1330 CIDRA, PR 007391330	66-0434923	501(C)(3)	25,000				HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
HEALTHPROMED FOUNDATION AVE BORINQUEN 2020 BO OBRERO SANTURCE, PR 00915	66-0437924	501(C)(3)	25,000				HURRICANE MARIA RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIGRANT HEALTH CTR WESTERN REGION PO BOX 518 MAYAGUEZ, PR 00680	66-0427801	501(C)(3)	25,000				HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
MOROVIS COMMUNITY HEALTH CENTER PO BOX 518 MOROVIS, PR 00687	66-0480948	501(C)(3)	25,000				HURRICANE MARIA RELIEF AND RECOVERY SUPPORT

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NEOMED CENTER INC PO BOX 1277 GURABO, PR 00778	66-0485440	501(C)(3)	25,000				HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
PROFAMILIAS 117 PADRE LAS CASAS ST SAN JUAN, PR 00919	23-7034732	501(C)(3)	25,000				HURRICANE MARIA RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDCENTRO CONSEJO DE SALUD DE PR 1034 HOSTOS AVENUE PONCE, PR 007161115	66-0292961	501(C)(3)	25,000				HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
ATLANTIC MEDICAL CENTER PO BOX 2042 BARCELONETA, PR 00617	66-0426667	501(C)(3)	25,000				HURRICANE MARIA RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COSTA SALUD COMM HEALTH CTR PO BOX 638 RINCON, PR 00677	66-0428488	501(C)(3)	25,000				HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
CENTRO DE SALUD DE LARES INC PO BOX 379 LARES, PR 00669	66-0426506	501(C)(3)	25,000				HURRICANE MARIA RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST COUNTY HEALTH CENTERS 14045 MILL STREET GUERNEVILLE, CA 95446	23-7310613	501(C)(3)	25,000				WILDFIRE RELIEF AND RECOVERY SUPPORT
LANGLEY HEALTH SERVICES 1425 S US 301 SUMTERVILLE, FL 33585	59-1664577	501(C)(3)	23,192				HURRICANE RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMILLUS HEALTH CENTER 336 NW 5TH STREET MIAMI, FL 33128	65-0063921	501(C)(3)	22,500				HURRICANE RELIEF AND RECOVERY SUPPORT
TEJAS HEALTH CARE PO BOX 1251 LA GRANGE, TX 78945	75-3260266	501(C)(3)	22,000				HURRICANE HARVEY RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SB COUNTY SEARCH & RESCUE INC 66 S SAN ANTONIO ROAD SANTA BARBARA, CA 93110	95-6193608	501(C)(3)	19,885				WILDFIRE RELIEF AND RECOVERY SUPPORT
HOUSTON AREA COMMUNITY SERVICES INC 2150 WEST 18TH SUITE 300 HOUSTON, TX 77008	76-0549240	501(C)(3)	18,000				HURRICANE HARVEY RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PRYMED MEDICAL CARE INC PO BOX 1427 CIALES, PR 00638	66-0428120	501(C)(3)	15,000				HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
CARE BEYOND DIAGNOSIS 2233 BEE HIVE DRIVE COLUMBIA, TN 38401	38-4040391	501(C)(3)	15,000				SHIRE LSD PROGRAM GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GENESIS COMMUNITY HEALTH INC 2623 S SEACREST BLVD BOYNTON BEACH, FL 33435	80-0374741	501(C)(3)	12,275				HURRICANE RELIEF AND RECOVERY SUPPORT
LONE STAR FAMILY HEALTH CENTER 605 S CONROE MEDICAL DRIVE CONROE, TX 77304	30-0038860	501(C)(3)	12,000				HURRICANE HARVEY RELIEF AND RECOVERY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SANTA BARBARA NEIGHBORHOOD CLINICS 915 N MILPAS STREET SANTA BARBARA, CA 93103	77-0496382	501(C)(3)	5,635				WILDFIRE RELIEF AND RECOVERY SUPPORT
WILDLAND RESIDENTS ASSOCIATION PO BOX 1289 GOLETA, CA 93116	95-3737837	501(C)(3)	5,400				AWARE AND PREPARE PROGRAM GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PUERTO RICO DEPARTMENT OF HEALTH BO MONACILLOS SAN JUAN, PR 009210619	66-0437470	GOVERNMENT ENTITY		30,942,334	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WELVISTA 121 GREYSTONE BLVD COLUMBIA, SC 29210	56-2034627	501(C)(3)		30,742,995	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASOCIACION DE HOSPITALES DE PUERTO RICO 70 SANTA CRUZ BAYAMON, PR 00959	66-0274483	501(C)(6)		16,307,556	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NC MEDASSIST 4428 TAGGART CREEK ROAD SUITE 101 CHARLOTTE, NC 28208	56-2018957	501(C)(3)		13,798,266	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOCES COALICION DE VACUNACION DE PUERTO RICO PBM 290 JUAN C BORBON STREET 37 GUAYNABO, PR 00969	66-0798610	501(C)(3)		5,507,313	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GULF COAST HEALTH CENTER 2548 MEMORIAL BLVD PORT ARTHUR, TX 77640	76-0289927	501(C)(3)		4,759,706	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH OF EAST TENNESSEE INC 130 INDEPENDENCE LN LAFOLLETTE, TN 37766	58-1470587	501(C)(3)		3,226,154	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS INC MARY MAHONEY MEMORIAL HEALTH CENTER 12716 NE 36TH STREET SPENCER, OK 73084	73-0930123	501(C)(3)		2,525,415	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGAPE CLINIC 4104 JUNIUS STREET DALLAS, TX 75246	14-1847977	501(C)(3)		2,328,998	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ASOCIACION DE SALUD PRIMARIA DE PUERTO RICO INC EDIFICIO ALIANZA 400 RO PIEDRAS, PR 00927	66-0419912	501(C)(3)		2,226,612	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COSSMA INC-CIDRA 600 AVE EL JBARO CARR 172 KM13 CIDRA, PR 007391330	66-0434923	501(C)(3)		2,218,464	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH AND EMERGENCY SERVICES 13245 KESSLER ROAD CAIRO, IL 62914	37-1100482	501(C)(3)		2,140,603	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH JEFFERSON COUNTY CLINIC PHARMACY 1295 PEARL STREET BEAUMONT, TX 77701	74-6000291	GOVERNMENT ENTITY		2,130,138	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PANCARE OF FLORIDA INC CHC BAY COUNTY 1612 FRANKFORD AVENUE PANAMA CITY, FL 32401	91-2189932	501(C)(3)		2,011,336	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEMO HEALTH NETWORK SOUTHEAST MISSOURI HEALTH NETWORK 311 MAIN STREET NEW MADRID, MO 63869	43-1253101	501(C)(3)		1,928,415	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SULZBACHER HEALTH CENTER 611 EAST ADAMS STREET JACKSONVILLE, FL 32202	59-3229898	501(C)(3)		1,894,254	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPPER VALLEY COMMUNITY HEALTH SERVI 20 NORTH 3RD EAST SAINT ANTHONY, ID 83445	82-0527562	501(C)(3)		1,877,432	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNC HEALTH CARE 4400 EMPEROR BLVD DURHAM, NC 27703	56-1118388	GOVERNMENT ENTITY		1,764,585	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUR RIVERS HEALTH CARE 932 WEST IDAHO AVENUE ONTARIO, OR 97914	93-1304536	501(C)(3)		1,723,630	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
NORTH TEXAS AREA COMMUNITY HEALTH CENTERS INC 2100 NORTH MAIN STREET FORT WORTH, TX 76164	54-2117989	501(C)(3)		1,686,120	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT DE PAUL CHARITABLE PHARMACY 1125 BANK ST CINCINNATI, OH 45214	30-0272954	501(C)(3)		1,634,594	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
REAL MEDICINE FOUNDATION VEGA ALTA COMMUNITY HEALTH CARRETERA 2 KM 319 VEGA ALTA, PR 00646	20-2897266	501(C)(3)		1,576,225	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHPROMED FOUNDATION AVE BORINQUEN 2020 SANTURCE, PR 00915	66-0437924	501(C)(3)		1,531,615	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
RURAL MEDICAL SERVICE INC NEWPORT 207 MURRAY DRIVE NEWPORT, TN 37821	62-1102683	501(C)(3)		1,372,790	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORPORACION SANOS APARTADO 1025 CAGUAS, PR 00726	66-0671421	501(C)(3)		1,349,586	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CAMILLUS HEALTH CONCERN INC 336 NW 5TH STREET MIAMI, FL 33128	65-0063921	501(C)(3)		1,347,223	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUMAN MEDICAL CENTERS 2301 HOLMES STREET KANSAS CITY, MO 64108	44-0661018	501(C)(3)		1,334,749	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GASTON FAMILY HEALTH SERVICES INC 991 W HUDSON BLVD GASTONIA, NC 28052	58-1958398	501(C)(3)		1,311,489	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN JOSE CLINIC 2615 FANNIN HOUSTON, TX 77002	53-0196617	501(C)(3)		1,281,172	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ST THOMAS EAST END MEDICAL CENTER CORPORATION (STEEMCC) 4605 TUTU PARK MALL ST THOMAS, VI 008021736	66-0585077	OTHER		1,278,160	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEED MY SHEEP FREE CHILDREN'S CLINI 613 S 3RD STREET TEMPLE, TX 76504	46-3436384	501(C)(3)		1,251,614	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GOOD SAMARITAN HEALTH CLINIC OF PASCO 5334 ASPEN STREET NEW PORT RICHEY, FL 34652	59-3072334	501(C)(3)		1,163,472	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA BARBARA NEIGHBORHOOD CLINICS EASTSIDE NEIGHBORHOOD CLINIC 915 N MILPAS STREET SANTA BARBARA, CA 93103	77-0496382	501(C)(3)		1,112,361	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TOMAGWA HEALTHCARE MINISTRIES 455 SCHOOL STREET SUITE 30 TOMBALL, TX 77375	76-0280324	501(C)(3)		1,089,753	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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ST VINCENT DE PAUL COMMUNITY HEALTH CARE INC 21297 OLEAN BLVD UNIT B PORT CHARLOTTE, FL 33952	65-0958642	501(C)(3)		1,077,264	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MIAMI BEACH COMMUNITY HEALTH CENTER 710 ALTON ROAD MIAMI BEACH, FL 33139	59-1829984	501(C)(3)		1,071,260	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGIN ISLANDS DEPARTMENT OF HEALTH 1303 HOSPITAL GROUND SUITE 10 ST THOMAS, VI 00802	66-0772827	GOVERNMENT ENTITY		1,049,787	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GOOD NEWS CARE CENTER 7855 SW 104TH STREET MIAMI, FL 33156	59-0914210	501(C)(3)		992,949	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALUD INTEGRAL EN LA MONTANA CSI EN NARANJITO CARR 164 KM 02 NARANJITO, PR 00719	66-0329532	501(C)(3)		975,740	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS INC 99 CALLE GUILLERMO RIEFKOHLE STREET PATILLAS, PR 00723	66-0430826	501(C)(3)		845,286	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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COMMUNITY HEALTH AWARENESS AND GENERAL SUPPORT OF OKLAHOMA INC 1515 N CLASSEN BLVD OKLAHOMA CITY, OK 73106	82-0601092	501(C)(3)		840,681	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRIST CLINIC 25722 KINGSLAND BLVD SUITE 101 KATY, TX 77494	35-2179708	501(C)(3)		836,560	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SOUTHWEST BOULEVARD FAMILY HEALTH CARE 300 SOUTHWEST BLVD KANSAS CITY, KS 66103	48-1067752	501(C)(3)		830,535	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MISSION CITY COMMUNITY NETWORK INC 15206 PARTHENIA STREET NORTH HILLS, CA 91343	95-4226189	501(C)(3)		803,910	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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PROHEALTH RURAL HEALTH SERVICES IN 1325 WEST MAIN STREET FRANKLIN, TN 37064	62-1779945	501(C)(3)		786,635	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MED CENTRO CONSEJO DE SALUD DE PUERTO RICO IN 1034 HOSTOS AVENUE PONCE, PR 00716	66-0292961	501(C)(3)		754,934	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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NORTHSHORE HEALTH CENTERS 3564 SCOTTSDALE STREET PORTAGE, IN 46368	35-2028588	501(C)(3)		724,707	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BAPTIST COMMUNITY HEALTH SERVICES 4960 ST CLAUDE AVENUE NEW ORLEANS, LA 70117	45-3792193	501(C)(3)		715,738	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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ST JOSEPH'S CANDLER HEALTH SYSTEMS INC 11705 MERCY BLVD SAVANNAH, GA 31419	58-2288758	501(C)(3)		713,428	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HORIZONS HEALTH COASTAL HORIZONS CENTER INC 613 SHIPYARD BLVD WILMINGTON, NC 28412	56-0950370	501(C)(3)		705,603	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SOUTHEAST COMMUNITY HEALTH SYSTEMS 6351 MAIN STREET ZACHARY, LA 70791	72-1212880	501(C)(3)		695,053	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COVE HOUSE FREE CLINIC 108 EAST HALSTEAD STREET COPPERAS COVE, TX 76522	74-2764062	501(C)(3)		685,894	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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EUNICE COMMUNITY HEALTH CENTER 450 MOOSA BLVD STE E EUNICE, LA 70535	27-0213992	501(C)(3)		683,117	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JEFFERSON COMPREHENSIVE HEALTH CENTER 405 MAIN STREET FAYETTE, MS 39069	64-0667610	501(C)(3)		673,030	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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PASADENA HEALTH CENTER 908 SOUTHMORE AVE SUITE 100 PASADENA, TX 77502	20-0462905	501(C)(3)		665,041	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITYHEALTH 2611 W CHICAGO AVENUE CHICAGO, IL 60622	36-3831793	501(C)(3)		659,742	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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AMISTAD COMMUNITY HEALTH CENTER 1533 SOUTH BROWNLEE AVENUE CORPUS CHRISTI, TX 78404	20-3008507	501(C)(3)		657,869	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE HALEY CENTER 122 WEST CENTRAL AVENUE WINTER HAVEN, FL 33880	59-0766974	501(C)(3)		657,217	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CLAIBORNE COUNTY FAMILY HEALTH CENTER 2045 HIGHWAY 61 NORTH PORT GIBSON, MS 39150	64-0651149	501(C)(3)		637,977	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS OF SOUTH CENTRAL TEXAS 229 ST GEORGE GONZALES, TX 78629	74-1548089	501(C)(3)		635,184	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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WEST VIRGINIA HEALTH RIGHT 1520 EAST WASHINGTON STREET CHARLESTON, WV 25311	31-1066881	501(C)(3)		628,320	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FUNDACION MANOS JUNTAS 1330 N CLASSEN BLVD SUITE 105 OKLAHOMA CITY, OK 73106	73-1523135	501(C)(3)		626,366	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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NEOMED CENTER INC CARR 941 SALIDA BO JAGUAS GURABO, PR 00778	66-0485440	501(C)(3)		618,379	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SANTA CLARA COUNTY BETTER HEALTH PHARMACY 725 E SANTA CLARA STREET 202 SAN JOSE, CA 95112	94-6400533	GOVERNMENT ENTITY		617,977	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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SANTA BARBARA COUNTY EXECUTIVE OFFICE 105 EAST ANAPAMU STREET SUITE 3 SANTA BARBARA, CA 93103	95-6002833	GOVERNMENT ENTITY		597,000	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FREE CLINICS OF HENDERSON COUNTY 841 CASE STREET HENDERSONVILLE, NC 28792	56-2212024	501(C)(3)		590,775	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)		580,479	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CENTRO INTEGRADOS DE SERVICIOS DE S CARRETERA 111 KM 332 LARES, PR 00669	66-0426506	501(C)(3)		580,180	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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THE FREE MEDICAL CLINIC 1875 HARDEN STREET COLUMBIA, SC 29204	57-0779279	501(C)(3)		579,319	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREENVILLE FREE MEDICAL CLINIC 600 ARLINGTON AVENUE GREENVILLE, SC 29601	57-0855205	501(C)(3)		568,181	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CLINICA BANTIOX - INICIATIVA COMUNITARIA HEADSTART PABLITO ORTIZ TOA BAJA, PR 00949	66-0483960	501(C)(3)		558,690	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
NOVA SCRIPTS CENTRAL INC PHARMACY 6400 ARLINGTON BLVD 120 FALLS CHURCH, VA 22042	65-1275162	501(C)(3)		556,457	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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GREATER HICKORY COOPERATIVE CHRISTIAN MINISTRY COMMUNITY HEALTH CENTER 31 1ST AVENUE SE HICKORY, NC 28602	56-0934855	501(C)(3)		552,890	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ST JOSEPH SOCIAL WELFARE BOARD 904 S 10TH SUITE A ST JOSEPH, MO 64503	80-0308973	501(C)(3)		536,863	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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FINGER LAKES MIGRANT HEALTH CARE PROJECT INC 14 MAIDEN LANE PENN YAN, NY 14527	16-1581104	501(C)(3)		516,780	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SCHNEIDER REGIONAL MEDICAL CENTER 9048 SUGAR ESTATE ST THOMAS, VI 00802	66-0873579	GOVERNMENT ENTITY		515,726	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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HEALTH WEST - LAVA CLINIC 85 SOUTH 5TH WEST LAVA HOT SPRINGS, ID 83246	82-0324100	501(C)(3)		513,438	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
PALMETTO HEALTH COUNCIL INC 643 MAIN STREET PALMETTO, GA 30268	58-1307597	501(C)(3)		509,624	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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MISSION OF MERCY ADMINISTRATION MDPA CLINICS 22 S MARKET STREET SUITE 6D FREDERICK, MD 21701	86-0704883	501(C)(3)		502,833	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
THE PEOPLE'S CITY MISSION FREE MEDICAL CLINIC 401 N 2ND STREET LINCOLN, NE 68508	26-3819766	501(C)(3)		498,795	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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MARTIN LUTHER KING HEALTH CENTER 865 OLIVE STREET SHREVEPORT, LA 71104	72-1079721	501(C)(3)		492,989	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HORIZON HEALTH CARE INC ADMINISTRATION 109 NORTH MAIN STREET HOWARD, SD 57349	46-0341255	501(C)(3)		479,386	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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GRACE MEDICAL HOME 51 PENNSYLVANIA STREET ORLANDO, FL 32806	26-1817966	501(C)(3)		469,581	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FREE CLINIC OF MERIDIAN INC 4707 POPLAR SPRINGS DRIVE MERIDIAN, MS 39305	45-5309446	501(C)(3)		457,261	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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BROWARD COMMUNITY & FAMILY HEALTH CENTER 5010 HOLLYWOOD BLVD SUITE 100-B HOLLYWOOD, FL 33021	59-3489664	501(C)(3)		456,481	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAPE FEAR CLINIC INC 1605 DOCTORS CIRCLE WILMINGTON, NC 28401	56-1984630	501(C)(3)		450,161	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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PARTNERSHIP HEALTH CENTER 520 GRIFFIN AVENUE VALDOSTA, GA 31601	58-2405825	501(C)(3)		445,604	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
JOHNSON CITY COMMUNITY HEALTH CENTE EAST TENNESSEE STATE UNIVERSITY 2151 CENTURY LANE JOHNSON CITY, TN 37604	62-6021046	501(C)(3)		438,126	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAVID RAINES COMMUNITY HEALTH CENTE SHREVEPORT PHARMACY 1625 DAVID RAINES ROAD SHREVEPORT, LA 71107	58-2000630	501(C)(3)		434,044	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DALLAS INTER-TRIBAL CENTER 1261 RECORD CROSSING ROAD DALLAS, TX 75235	23-7156945	501(C)(3)		427,397	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH SERVICES INC RIVER REGIONAL HEALTH CENTER 1845 CHERRY STREET MONTGOMERY, AL 36106	63-0568762	501(C)(3)		426,063	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GUADALUPE CLINIC 940 S ST FRANCIS WICHITA, KS 67211	20-1285208	501(C)(3)		421,213	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAPHA CLINIC OF WEST GEORGIA 253 HIGHWAY 78 TEMPLE, GA 30179	27-1188932	501(C)(3)		420,767	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE MEDICAL CLINIC 150 BEACH DRIVE DESTIN, FL 32541	26-3811078	501(C)(3)		420,383	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE ROAD N NAPLES, FL 34102	59-3546884	501(C)(3)		406,814	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST VINCENT DE PAUL CLINIC 420 W WATKINS PHOENIX, AZ 85003	86-0096789	501(C)(3)		394,719	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COSTA SALUD COMMUNITY HEALTH CENTER CALLE MUOZ RIVERA 28 RINCN, PR 00677	66-0428488	501(C)(3)		391,437	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP SWEENEY 10687 FM 678 WHITESBORO, TX 76273	75-6002547	501(C)(3)		379,102	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SAMARITAN HEALTH SERVICES 1422 B EAST 71ST STREET TULSA, OK 74136	73-1559561	501(C)(3)		374,333	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MERCI CLINIC 1315 TATUM DRIVE NEW BERN, NC 28560	56-2034052	501(C)(3)		370,419	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHLAND COMMUNITY HEALTH CENTER ADMINISTRATION 104 N MAIN STREET TURTLE LAKE, ND 58575	33-1029318	501(C)(3)		363,327	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPELIGHT MEDICAL CLINIC 1351 COLLYER STREET LONGMONT, CO 80501	46-4657471	501(C)(3)		359,708	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CENTER OF WEST PALM BEACH 2100 WEST 45TH STREET SUITE A8 WEST PALM BEACH, FL 33407	26-3611337	501(C)(3)		358,976	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WESTMINSTER FREE CLINIC 2103 MONTROSE AVENUE STE E MONTROSE, CA 91020	77-0563241	501(C)(3)		357,718	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUTREACH HEALTH SERVICES INC 130 NORTH HIGH STREET SHUBUTA, MS 39360	64-0736857	501(C)(3)		351,756	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH CENTRAL NURSING CLINICS INC 901 PRINCE WILLIAM ROAD SUITE A DELPHI, IN 46923	26-1553382	501(C)(3)		342,709	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONCILIO DE SALUD INTEGRAL DE LOIZA CARR 187 INTERSECCION 188 LOIZA, PR 00772	23-7259899	501(C)(3)		342,691	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROCK SPRINGS CLINIC 211 ROCK SPRINGS ROAD MILNER, GA 30257	26-4485460	501(C)(3)		340,177	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH CENTRAL PRIMARY CARE CENTER 406 WEST 5TH STREET OCILLA, GA 31774	58-2019024	501(C)(3)		332,343	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BREAD OF HEALING CLINIC 1821 NORTH 16TH STREET MILWAUKEE, WI 53205	81-0669867	501(C)(3)		327,861	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAROLINA FAMILY HEALTH CENTERS WILSON COMMUNITY HEALTH CENTER 303 EAST GREEN STREET WILSON, NC 27893	58-2079819	501(C)(3)		326,966	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNIVERSITY HOSPITAL AND CLINICS INC 2390 W CONGRESS STREET LAFAYETTE, LA 70506	46-2605366	501(C)(3)		323,751	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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COVENANT COMMUNITY CARE ADMINISTRATION 559 WEST GRAND BLVD DETROIT, MI 48216	38-3533998	501(C)(3)		322,494	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BROTHER BILL'S HELPING HAND COMMUNITY CLINIC 3906 N WESTMORELAND RD DALLAS, TX 75212	75-6027740	501(C)(3)		318,968	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOHN'S WELL CHILD AND FAMILY CENTERS 808 WEST 58TH STREET LOS ANGELES, CA 90037	95-4067758	501(C)(3)		310,757	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
STEPHEN F AUSTIN COMMUNITY HEALTH NETWORK 218 E HOUSE STREET ALVIN, TX 77511	41-2273820	501(C)(3)		309,352	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CENLA MEDICATION ACCESS PROGRAM CMAP 1101 4TH STREET SUITE 203 ALEXANDRIA, LA 71301	02-0751416	501(C)(3)		308,639	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROTOTYPE HEALTH INC 205 E SOUTHERN AVE SUITE 103 MESA, AZ 85210	86-0975231	501(C)(3)		305,973	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SETEBAID SERVICES INC 1157 WESTBRANCH HIGHWAY WINFIELD, PA 17889	23-2979076	501(C)(3)		305,502	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
JUNIPER HEALTH INC BREATHITT COUNTY FAMILY HEALTH CENT 265 HWY 15 SOUTH SUITE 3 JACKSON, KY 41339	04-3779582	501(C)(3)		305,147	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CARE CENTER FOR FORSYTH COUNTY 2135 NEW WALKERTOWN ROAD WINSTON SALEM, NC 27101	58-1403699	501(C)(3)		298,308	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HIV-AIDS ALLIANCE FOR REGION TWO DBA OPEN HEALTH CARE CLINIC 3801 NORTH BLVD BATON ROUGE, LA 70806	72-1283359	501(C)(3)		296,828	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAVEN FREE CLINIC 800 HOWARD AVENUE NEW HAVEN, CT 06519	03-0646973	501(C)(3)		294,213	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FLAGLER COUNTY FREE CLINIC 703 E MOODY BLVD BUNNELL, FL 32110	20-5036975	501(C)(3)		290,250	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRIANGLE AREA NETWORK TAN HEALTHCARE 1495 N 7TH STREET BEAUMONT, TX 77702	76-0226835	501(C)(3)		288,032	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ST CLARE MEDICAL OUTREACH 1407 YORK ROAD LUTHERVILLE, MD 21093	46-2097818	501(C)(3)		285,768	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS LIONS CAMP 4100 SAN ANTONIO HWY KERVILLE, TX 78028	74-1189679	501(C)(3)		284,434	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
TROUP CARES CLINIC 301 MEDICAL DR SUITE 501 LAGRANGE, GA 302404144	20-8176300	501(C)(3)		277,995	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH ALLIANCE 1055 S WELLS AVENUE RENO, NV 89502	88-0293149	501(C)(3)		276,463	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHARITABLE PHARMACY OF CENTRAL OHIO 200 EAST LIVINGSTON AVENUE COLUMBUS, OH 43215	27-0147099	501(C)(3)		275,500	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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COMMUNITY HELPING HANDS CLINIC 34C COURTHOUSE SQUARE CLEVELAND, GA 30528	64-0950194	501(C)(3)		273,433	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COASTAL MEDICAL ACCESS PROJECT 2605 PARKWOOD DRIVE BRUNSWICK, GA 31520	01-0576945	501(C)(3)		271,655	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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THE HOPE PROJECT 157 WALL STREET TENAHA, TX 75974	32-0086739	501(C)(3)		264,504	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CENTRO DE SALUD FAMILIAR DR JULIO PALMIERI FERRI INC CALLE MORSE 46 ESQUINA VALENTINA ARROYO, PR 00714	66-0496484	501(C)(3)		263,827	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG SPRINGS MEDICAL ASSOCIATION DBA MISSOURI HIGHLANDS HEALTH CARE 110 SOUTH SECOND STREET ELLINGTON, MO 63638	43-1068291	501(C)(3)		263,392	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ASIAN PACIFIC HEALTH CARE VENTURES 1530 HILLHURST AVENUE LOS ANGELES, CA 90027	95-4177752	501(C)(3)		263,276	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY HEALTH CARE CENTERS OF GREATER LOS ANGELES INC 6501 SOUTH GARFIELD AVENUE BELL GARDENS, CA 90201	95-1641454	501(C)(3)		260,886	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DREAM CENTERS WOMEN'S CLINIC 4360 MONTEBELLO DRIVE COLORADO SPRINGS, CO 80918	27-4876080	501(C)(3)		259,066	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD NEWS CLINICS 810 PINE STREET GAINESVILLE, GA 30501	58-2058853	501(C)(3)		258,937	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OASIS FREE CLINICS 66 BARIBEAU DRIVE STE 1 BRUNSWICK, ME 04011	01-0497587	501(C)(3)		258,814	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANDERSON FREE CLINIC 414 NORTH FANT STREET ANDERSON, SC 29621	57-0787584	501(C)(3)		257,708	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ST GABRIEL EASTSIDE COMMUNITY HEALTH CENTER 5760 MONTICELLO STREET ST GABRIEL, LA 70776	72-1241592	501(C)(3)		256,780	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPEN DOOR URBAN MINISTRIES OF WAKE COUNTY 1390 CAPITAL BLVD RALEIGH, NC 27603	58-1422700	501(C)(3)		254,244	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE CLINIC 417 SE BALBOA AVENUE STUART, FL 34994	65-1115793	501(C)(3)		254,200	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHEYENNE HEALTH AND WELLNESS CENTER 2508 E FOX FARM ROAD CHEYENNE, WY 82007	87-0718984	501(C)(3)		250,373	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SIERRA HEALTH CENTER - FULLERTON 501 S BROOKHURST ROAD FULLERTON, CA 92833	95-3447973	501(C)(3)		248,052	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRYMED MEDICAL CARE INC CARRETERA 149 KM 130 CIALES, PR 00638	66-0428120	501(C)(3)		247,788	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE CLINIC OF THE CASCADES 2300 NE NEFF ROAD BEND, OR 97701	93-1327847	501(C)(3)		245,751	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHACKELFORD COUNTY COMMUNITY RESOURCE CENTER 725 PATE STREET ALBANY, TX 76430	75-2541970	501(C)(3)		245,097	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAGUNA BEACH COMMUNITY CLINIC 362 THIRD STREET LAGUNA BEACH, CA 92651	95-2637633	501(C)(3)		243,182	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VENICE FAMILY CLINIC 604 ROSE AVENUE VENICE, CA 90291	95-2769432	501(C)(3)		240,708	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
PRIMARY HEALTHCARE CENTERS OF DADE INC 13570 NORTH MAIN STREET TRENTON, GA 30752	58-1410404	501(C)(3)		240,604	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSLIM COMMUNITY CENTER FOR HUMAN SERVICES 7600 GLENVIEW DRIVE RICHLAND HILLS, TX 761808341	75-2580088	501(C)(3)		239,512	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLEAVER FAMILY WELLNESS CLINIC 4368 SANTA ANITA AVENUE EL MONTE, CA 91731	95-1765149	501(C)(3)		239,140	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARTZ-ALTADONNA COMMUNITY HEALTH CENTER 43322 GINGHAM AVE LANCASTER, CA 93535	27-3261289	501(C)(3)		238,788	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ASIAN AMERICAN HEALTH COALITION DBA HOPE CLINIC 7001 CORPORATE DRIVE HOUSTON, TX 77036	31-1756818	501(C)(3)		238,777	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY VOLUNTEERS IN MEDICINE 300 B LAWRENCE DRIVE WEST CHESTER, PA 19380	23-2944553	501(C)(3)		235,388	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TREASURE COAST COMMUNITY HEALTH PHARMACY 12196 COUNTY ROAD 512 FELLSMERE, FL 32948	59-3219191	501(C)(3)		229,771	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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JACKSON-HINDS COMPREHENSIVE HEALTH CENTER 3502 WEST NORTHSIDE DRIVE JACKSON, MS 39213	64-0506107	501(C)(3)		229,254	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GOOD SHEPHERD MEDICATION MANAGEMENT 6052 S HICKORY RIDGE MALL MEMPHIS, TN 38115	46-3313048	501(C)(3)		216,690	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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GRANT PARK CLINIC 1340 BOULEVARD SE ATLANTA, GA 30315	58-1577640	501(C)(3)		216,096	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ST MICHAEL'S COMMUNITY SERVICES I 1005 WEST 18TH STREET ANNISTON, AL 36201	63-0974974	501(C)(3)		213,858	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYOU CLINIC 13833 TAPIA LANE BAYOU LA BATRE, AL 36509	63-1270951	501(C)(3)		213,419	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
AAA COMPREHENSIVE HEALTHCARE INC 7451 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605	27-0735908	501(C)(3)		212,391	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)(3)		211,747	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN ARMS HEALTH CLINIC 3311 LITTLE ROAD ARLINGTON, TX 76016	45-0621201	501(C)(3)		210,655	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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COMMUNITY FREE CLINIC 249 MILL STREET HAGERSTOWN, MD 21740	52-1772594	501(C)(3)		208,221	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CAMP JOSLIN CLARA BARTON CAMP 150 RICHARDSONS CORNER RD CHARLTON, MA 01507	22-2701822	501(C)(3)		207,349	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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COMMUNITY HEALTH CENTERS 13275 WEST COLONIAL DRIVE WINTER GARDEN, FL 34787	59-1480970	501(C)(3)		205,039	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HOSPITAL GENERAL DE CASTANER INC CARRETERA 135 KM 45 CASTANER, PR 00631	66-0352014	501(C)(3)		204,815	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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CHATHAM CARES COMMUNITY PHARMACY 127 EAST RALEIGH STREET SILER CITY, NC 27344	41-2170926	501(C)(3)		202,792	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER KILLEEN FREE CLINIC 718 N 2ND STREET STE A KILLEEN, TX 76541	74-2724725	501(C)(3)		201,976	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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MIGRANT HEALTH CENTER WESTERN REGION CALLE RAMN E BETANCES 491 SUR MAYAGEZ, PR 00680	66-0427801	501(C)(3)		200,451	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GOOD SHEPHERD MINISTRIES OF OKLAHOM INC 222 NW 12TH STREET OKLAHOMA CITY, OK 73103	20-0526892	501(C)(3)		198,209	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLINICA MSR OSCAR A ROMERO 123 S ALVARADO STREET LOS ANGELES, CA 90057	95-3881333	501(C)(3)		197,210	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREDERIKSTED HEALTH CARE INC 516 STRAND STREET ST CROIX, VI 00840	66-0586667	501(C)(3)		191,122	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST BAPTIST MEDICAL DENTAL CLINIC 1607 CHERRY STREET VICKSBURG, MS 39181	64-0334158	501(C)(3)		189,901	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF FRANKLIN COUNTY BERNARD HEALTHCARE CLINIC PHARMACY 1171 FRANKLIN STREET ROCKY MOUNT, VA 24151	54-1634138	501(C)(3)		188,903	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE 5488 US HWY 49 HATTIESBURG, MS 39401	64-0625076	501(C)(3)		188,329	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ZAREPHATH HEALTH CENTER 595 WESTON CANAL ROAD SOMERSET, NJ 08873	31-1812810	501(C)(3)		187,988	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORTON COMPREHENSIVE HEALTH SERVICES 1334 N LANSING AVE TULSA, OK 74106	73-1177858	501(C)(3)		185,642	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH SERVICES OF NORTH TEXAS 4401 N I-35 SUITE 312 DENTON, TX 76207	75-2252866	501(C)(3)		185,251	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEDIPLACE 502 S OLD ORCHARD STE 126 LEWISVILLE, TX 75067	75-2512752	501(C)(3)		185,220	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
JERICO ROAD COMMUNITY HEALTH CENTER 184 BARTON STREET BUFFALO, NY 14213	42-1571876	501(C)(3)		185,074	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND 15 NORTHRIDGE DRIVE HILTON HEAD, SC 29926	57-0959206	501(C)(3)		184,763	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CARE CLINIC 900 N FRANKLIN AVENUE NORMAL, IL 61761	37-1316328	501(C)(3)		184,707	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSION ARLINGTON MEDICAL CLINIC 210 W SOUTH STREET ARLINGTON, TX 76010	75-2354962	501(C)(3)		184,637	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
DIVERSITY HEALTH CENTER INC 213 NORTH MCDONALD STREET LUDOWICI, GA 31316	20-5746618	501(C)(3)		183,063	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY COMMUNITY HEALTHCARE 6801 COLDWATER CYN AVENUE NORTH HOLLYWOOD, CA 91605	23-7050082	501(C)(3)		180,548	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAL OES GOVERNOR'S OFFICE OF EMERGENCY SERV 3650 SCHRIEVER AVENUE MATHER, CA 95655	000000000	GOVERNMENT ENTITY		180,346	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP COURAGE 134 CAMP SOLES LANE ROCKWOOD, PA 15557	13-1623888	501(C)(3)		180,000	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ACCESS CARROLL 10 DISTILLERY DRIVE STE 200 WESTMINISTER, MD 21157	20-2146701	501(C)(3)		177,831	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORT BEND FAMILY HEALTH CENTER ACCESSHEALTH 400 AUSTIN STREET RICHMOND, TX 77469	74-1951476	501(C)(3)		176,649	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP KUDZU 5885 GLENRIDGE DR SUITE 160 ATLANTA, GA 30328	58-2449646	501(C)(3)		175,215	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CABIN CREEK HEALTH CENTER 5722 CABIN CREEK DRIVE DAWES, WV 25054	55-0709223	501(C)(3)		174,788	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WOVEN HEALTH ONE MEDICAL PARKWAY STE149 FARMERS BRANCH, TX 75234	75-2616002	501(C)(3)		171,977	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEARWATER FREE CLINIC 1218 COURT STREET CLEARWATER, FL 33756	59-1852871	501(C)(3)		170,471	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SPRING BRANCH COMMUNITY HEALTH CENTER 800 W SAM HOUSTON PKWY S HOUSTON, TX 77042	30-0198705	501(C)(3)		167,558	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI RESCUE MISSION CLINIC 2015 NW 1ST AVENUE MIAMI, FL 33127	45-1481860	501(C)(3)		167,421	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OZANAM CHARITABLE PHARMACY 109 S CEDAR STREET MOBILE, AL 36602	72-1386236	501(C)(3)		165,259	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREE CLINIC OF NEWTON ONE WILSON DRIVE SPARTA, NJ 07871	45-4224214	501(C)(3)		165,227	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GOOD SHEPHERD MEDICAL AND DENTAL FOUNDATION 20 12TH AVE NW ARDMORE, OK 73401	73-1509801	501(C)(3)		164,488	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DR GARY BURNSTEIN COMMUNITY HEALTH CLINIC 45580 WOODWARD AVENUE PONTIAC, MI 48341	32-0015321	501(C)(3)		164,306	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CAMP SEALE HARRIS SOUTHEASTERN DIABETES EDUCATION SER 500 CHASE PARK SOUTH SUITE 104 BIRMINGHAM, AL 35244	63-1091899	501(C)(3)		163,427	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA EL BUEN SAMARITANO 14060 DUBLIN STREET HOUSTON, TX 77085	37-1546805	501(C)(3)		162,839	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SAN MATEO COUNTY HEALTH SERVICES AGENCY 222 WEST 39TH AVENUE SAN MATEO, CA 94403	94-6000532	GOVERNMENT ENTITY		162,427	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISLANDS COMMUNITY MEDICAL SERVICES 15 MEDICAL CENTER LOOP VINALHAVEN, ME 04863	01-6012835	501(C)(3)		161,379	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMUY HEALTH SERVICES INC AVENUE MUNOZ RIVERA 63 CAMUY, PR 00627	66-0428652	501(C)(3)		161,349	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE CLINIC 203 NORTH STREET BAYBORO, NC 28515	56-2114681	501(C)(3)		161,266	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CORPORACION DE SERVICIOS MEDICOS PRIMARIOS Y PREVENTATIVOS DE HATILLO AVE DR SUSONI 116 HATILLO, PR 00659	66-0427194	501(C)(3)		161,253	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CURTIS V COOPER PRIMARY HEALTH WESTSIDE URBAN HEALTH CENTER 106 E BROAD ST SAVANNAH, GA 314012917	58-1136296	501(C)(3)		159,944	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TEMPLE COMMUNITY FREE CLINIC INC 1905 CURTIS B ELLIOTT DRIVE TEMPLE, TX 76501	74-2634500	501(C)(3)		157,548	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH ALLIANCE OF PASADENA PHARMACY 1855 N FAIR OAKS AVENUE PASADENA, CA 91103	95-4536824	501(C)(3)		155,603	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP BUCKNEVADA DIABETES ASSOCIATI 18 STEWART STREET RENO, NV 89501	88-0386000	501(C)(3)		154,934	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA 2232 GRAND AVENUE PHARMACY FORT MYERS, FL 33901	59-1741273	501(C)(3)		154,767	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD NEIGHBOR COMMUNITY HEALTH CENT 4321 41ST AVENUE COLUMBUS, NE 68601	13-4249732	501(C)(3)		154,573	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHCARE NETWORK OF SOUTHWEST FLO COLLIER HEALTH SERVICES 1454 MADISON AVENUE IMMOKALEE, FL 34142	59-1741277	501(C)(3)		154,316	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAS ISLAS MEDICAL GROUP 2400 SOUTH C STREET OXNARD, CA 93033	77-0285222	501(C)(3)		152,764	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO SAN VICENTE 8061 ALAMEDA AVENUE EL PASO, TX 79915	74-2505561	501(C)(3)		152,639	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GAIN INC GREATER ACCESS TO THOSE IN NEED 712 W 3RD STREET LITTLE ROCK, AR 72201	71-0763418	501(C)(3)		152,001	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
G A CARMICHAEL FAMILY HEALTH CENTER 1668 WEST PEACE STREET CANTON, MS 39046	64-0580940	501(C)(3)		151,985	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE 41 EAST DUVAL STREET JACKSONVILLE, FL 32202	75-3002172	501(C)(3)		151,417	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OMNI FAMILY HEALTH 2101 SEVENTH STREET WASCO, CA 93280	95-3218000	501(C)(3)		149,320	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
NEIGHBORHOOD HEALTH CAYCE PLACE 617 SOUTH 8TH STREET NASHVILLE, TN 37206	62-1032792	501(C)(3)		148,769	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH AND HOPE CLINIC INC 1718 EAST OLIVE ROAD PENSACOLA, FL 32514	26-4336638	501(C)(3)		147,032	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BROWNSVILLE COMMUNITY HEALTH CENTER 191 EAST PRICE ROAD BROWNSVILLE, TX 78521	74-2176836	501(C)(3)		146,541	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LONE STAR COMMUNITY HEALTH CENTER 605 S CONROE MEDICAL DR CONROE, TX 77304	30-0038860	501(C)(3)		145,934	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN ARMS CLINIC 109 BIG A ROAD TOCCOA, GA 30577	20-3296577	501(C)(3)		145,626	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELLNESS POINTE 1107 E MARSHALL AVENUE LONGVIEW, TX 75601	75-2723993	501(C)(3)		143,875	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MILAN PUSKAR HEALTH RIGHT 341 SPRUCE STREET MORGANTOWN, WV 26505	31-1118673	501(C)(3)		141,890	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP NEJEDA 910 SADDLEBACK ROAD STILLWATER, NJ 07875	22-0019138	501(C)(3)		141,649	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HIGHLAND MEDICAL CENTER PHARMACY 120 JACKSON RIVER ROAD MONTEREY, VA 24465	54-1652356	501(C)(3)		141,363	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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HOPKINS COUNTY COMMUNITY CLINIC 638 N FRANKLIN STREET MADISONVILLE, KY 42431	06-1710391	501(C)(3)		140,763	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLARKSTON COMMUNITY HEALTH CENTER INC 3700 MARKET STREET CLARKSTON, GA 30021	46-1402143	501(C)(3)		138,007	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH CENTER OF SOUTHEAST TEXAS 307 N WILLIAM BARNETT AVE CLEVELAND, TX 77327	56-2508501	501(C)(3)		137,104	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BETHESDA HEALTH CLINIC 409 W FERGUSON TYLER, TX 75702	26-0036674	501(C)(3)		136,339	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREE CLINIC OF SIMI VALLEY 2060 TAPO STREET SIMI VALLEY, CA 93063	23-7108154	501(C)(3)		134,289	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH SYSTEMS INC DBA ACCESS HEALTH 252 RURAL ACRES DRIVE BECKLEY, WV 25801	55-0490878	501(C)(3)		131,784	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAPIDES PRIMARY HEALTH CARE CENTER 1217 WILLOW GLEN RIVER ROAD ALEXANDRIA, LA 71302	72-1252422	501(C)(3)		131,662	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FCYD CAMP UTADA 1995 WEST 9000 SOUTH WEST JORDAN, UT 84088	87-0642251	501(C)(3)		131,594	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLINICA ESPERANZA HOPE CLINIC 60 VALLEY STREET PROVIDENCE, RI 02909	26-1714340	501(C)(3)		130,992	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE HEALTH AND WELLNESS CENTER 3834 S WESTERN AVENUE LOS ANGELES, CA 90062	23-7351622	501(C)(3)		129,859	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADA CAMP SIOUX 8000 WEST 78TH ST SUITE 175 EDINA, MN 55439	13-1623888	501(C)(3)		129,045	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHEAST INC 16 W LONG STREET COLUMBUS, OH 43215	31-0940189	501(C)(3)		127,141	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRUID PARK COMMUNITY HEALTH CLINIC 1127 DRUID PARK AVENUE AUGUSTA, GA 30904	58-2358627	501(C)(3)		126,839	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VISTA COMMUNITY HEALTH CENTER 14117 HUBBARD STREET SUITE M SYLMAR, CA 91342	45-4642549	501(C)(3)		124,063	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITRUS HEALTH NETWORK INC 4175 W 20TH AVE HIALEAH, FL 330125874	59-1865751	501(C)(3)		123,626	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CROSS AND CROWN CLINIC 1008 NORTH MCKINLEY STREET OKLAHOMA CITY, OK 73106	73-1608071	501(C)(3)		123,219	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITE BIRD CLINIC 341 E 12TH AVENUE EUGENE, OR 97401	93-0585814	501(C)(3)		122,943	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MONTECITO FIRE PROTECTION DISTRICT 595 SAN YSIDRO ROAD SANTA BARBARA, CA 93108	11-1111111	GOVERNMENT ENTITY		121,123	PURCHASED PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SINCLAIR HEALTH CLINIC PHARMACY 301 N CAMERON STREET STE 100 WINCHESTER, VA 22601	54-1373296	501(C)(3)		120,797	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAMARITAN HOUSE 114 FIFTH AVENUE REDWOOD CITY, CA 94063	23-7416272	501(C)(3)		120,730	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRIMARY CARE OF SOUTHWEST GEORGIA 360 COLLEGE ST BLAKELY, GA 398232554	31-1840668	501(C)(3)		120,274	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE ATHENS NURSES CLINIC 240 NORTH AVENUE ATHENS, GA 30601	58-2490925	501(C)(3)		119,770	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP STIX DIABETES PROGRAMS 11922 S PLAYER DRIVE SPOKANE, WA 99223	91-2077207	501(C)(3)		118,929	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FIRST REFUGE MINISTRIES MEDICAL CLI FIRST BAPTIST DENTON MINISTRY CENTE 1701 BROADWAY STREET DENTON, TX 76201	45-5606427	501(C)(3)		116,719	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGHLANDS HEALTH LAUREL HIGHLANDS FREE & CHARITABLE CLINIC 340 MAIN STREET JOHNSTOWN, PA 15901	23-2922409	501(C)(3)		116,629	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GALVESTON COUNTY HEALTH DISTRICT COASTAL HEALTH & WELLNESS CLINIC 9850-A EMMETT F LOWRY EXPY TEXAS CITY, TX 77591	76-0619014	501(C)(3)		114,766	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SNAKE RIVER COMMUNITY CLINIC 215 TENTH STREET LEWISTON, ID 83501	31-1726460	501(C)(3)		112,549	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE CENTER FOR COURAGEOUS KIDS 1501 BURNLEY RD SCOTTSVILLE, KY 42164	20-1789905	501(C)(3)		112,379	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROCK HUGHES FREE CLINIC PHARMACY 450 WEST MONROE STREET WYTHEVILLE, VA 24382	20-2353144	501(C)(3)		111,802	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOCIEDAD PUERTORRIQUENA DE ENDOCRINOLOGIA Y DIABETOLOGIA BAYAMON HEALTH CENTER 2ND FLOOR BAYAMON, PR 00961	66-0575386	501(C)(3)		111,798	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ICNA RELIEF USA PROGRAMS INC DBA SHIFA FREE CLINIC 1092 JOHNNIE DODDS BLVD SUITE 108 MOUNT PLEASANT, SC 29464	04-3810161	501(C)(3)		111,554	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HOPE CLINIC 609 WEST E AVENUE ELK CITY, OK 73644	26-1284785	501(C)(3)		110,779	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOWARD BROWN HEALTH CENTER 4025 NORTH SHERIDAN ROAD CHICAGO, IL 60613	36-2894128	501(C)(3)		110,760	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SERVICIOS DE SALUD PRIMARIOS DE BARCELONETA INC CARR 2 1995 BARCELONETA, PR 00617	66-0426667	501(C)(3)		110,470	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELPING HANDS CLINIC 810 HARPER AVENUE LENOIR, NC 28645	56-2076541	501(C)(3)		110,171	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ITHACA HEALTH ALLIANCE 521 WEST SENECA STREET ITHACA, NY 14850	90-0192978	501(C)(3)		110,027	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP HERTKO HOLLOW 501 GRAND AVE DES MOINES, IA 50309	76-0717999	501(C)(3)		106,817	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAKE AREA FREE CLINIC 856 ARMOUR ROAD OCONOMOWOC, WI 53066	39-2006388	501(C)(3)		105,891	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAMOU HEALTH RESOURCES 300 SOUTH STREET MAMOU, LA 70554	72-0949444	501(C)(3)		104,164	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
DIABETES YOUTH FOUNDATION OF INDIAN THERMOKING OF INDIANA 817 S TIBBS AVE INDIANAPOLIS, IN 46241	35-1783933	501(C)(3)		103,860	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA DIABETES CAMP CMS BUILDING A GAINESVILLE, FL 32608	23-7098099	501(C)(3)		103,522	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
PROJECT HEALTH INC DBA LANGLEY HEALTH SERVICES 1425 SOUTH US HWY 301 SUMTERVILLE, FL 33585	59-1664577	501(C)(3)		102,957	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARING COMMUNITY CLINIC 200 DOCTORS DRIVE STE M JACKSONVILLE, NC 28546	56-1705813	501(C)(3)		102,226	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
LA COMUNIDAD HISPANA 731 W CYPRESS STREET KENNETT SQUARE, PA 19348	23-2041915	501(C)(3)		100,900	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPASSIONATE CARE OF SHELBY COUNTY 124 NORTH OHIO AVENUE SIDNEY, OH 45365	20-8479583	501(C)(3)		100,650	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEND MEDICAL CLINIC 10641 N SAN FERNANDO RD PACOIMA, CA 91331	23-7306337	501(C)(3)		100,380	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH REACH COMMUNITY CLINIC 400 EAST STATESVILLE AVENUE MOORESVILLE, NC 28115	20-1020941	501(C)(3)		99,607	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COWETA SAMARITAN CLINIC 137 JACKSON STREET NEWNAN, GA 30263	80-0518912	501(C)(3)		98,757	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO DE SERVICIOS PRIMARIOS DE SALUD INC CALLE ANTONIO ALACAZAR NUM 3 FLORIDA, PR 00650	66-0428922	501(C)(3)		98,557	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ISLAND HEALTH & WELLNESS CENTER INC 481-2 CHOCOLATE HOLE 2D ST JOHN, VI 00830	66-0852135	501(C)(3)		98,376	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP CONRAD-CHINNOCK 4700 JENKS LAKE ROAD EAST ANGELUS OAKS, CA 92305	95-3897543	501(C)(3)		98,141	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
RAFAEL H ZARAGOZA-URDAZ MD CSP 317 AV ING MANUEL DOMENECH SAN JUAN, PR 009183511	66-0734546	OTHER		97,240	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBRECHT FREE CLINIC 908 WASHINGTON STREET WEST BEND, WI 53095	39-1839654	501(C)(3)		95,468	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MERCY MEDICAL CLINIC 802 WASHINGTON STREET SHELBYVILLE, KY 40065	61-1211189	501(C)(3)		94,686	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARLINGTON FREE CLINIC PHARMACY 2921 S 11TH STREET ARLINGTON, VA 22204	54-1671883	501(C)(3)		94,582	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARTNERS FOR HEALING 109 W BLACKWELL STREET TULLAHOMA, TN 37388	62-1834800	501(C)(3)		93,532	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEHIGH VALLEY HEALTH NETWORK HELVIG HEALTH & DIABETES CENTER 1243 SOUTH CEDAR CREST BOULEVARD ALLENTOWN, PA 18103	23-2700908	501(C)(3)		93,273	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BEARSKIN MEADOW SUMMER CAMP DYF DIABETIC YOUTH FOUNDATION 65000 TEN MILE ROAD KINGS CANYON NATIONAL, CA 93633	94-6003673	501(C)(3)		93,165	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL CITY RESCUE MISSION FREE CLINIC 259 SOUTH PEARL STREET ALBANY, NY 12202	56-2663290	501(C)(3)		92,715	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LA CLINICA CRISTIANA 380 WILSON LAKE SHORES MUSCLE SHOALS, AL 35661	20-1624284	501(C)(3)		92,472	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MATTHEW 25 INC 413 EAST JEFFERSON BLVD FORT WAYNE, IN 46802	35-1484951	501(C)(3)		92,346	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CENTRAL FLORIDA FAMILY HEALTH CENTER - TRUE HEALTH 4930 EAST LAKE MARY BLVD SANFORD, FL 32771	59-1741286	501(C)(3)		91,138	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FLOATING HOSPITAL 41-40 27TH STREET LONG ISLAND CITY, NY 11101	13-1624169	501(C)(3)		91,043	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
NORTH MISSISSIPPI PRIMARY HEALTH CA INC 15921 BOUNDARY DRIVE ASHLAND, MS 38603	64-0686443	501(C)(3)		90,897	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH CARE ACCESS 330 MAINE LAWRENCE, KS 66044	48-1062114	501(C)(3)		90,864	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HEALTHREACH COMMUNITY HEALTH CENTERS - ADMINISTRATION 10 WATER STREET SUITE 305 WATERVILLE, ME 04901	01-6023664	501(C)(3)		90,488	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAWTON COMMUNITY HEALTH CENTER 5404 SW LEE BOULEVARD LAWTON, OK 73505	26-0187688	501(C)(3)		90,291	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROJECT HOPE INC 519-525 WEST STREET CAMDEN, NJ 08103	20-4133180	501(C)(3)		89,361	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERGEN VOLUNTEER MEDICAL INITIATIVE INC 75 ESSEX STREET HACKENSACK, NJ 07601	20-2633437	501(C)(3)		88,825	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ANTELOPE VALLEY COMMUNITY CLINIC & CORPORATE OFFICE 45074 10TH STREET WEST SUITE 109 LANCASTER, CA 93534	26-0574826	501(C)(3)		87,207	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP LEO 310 O ST SE TUMWATER, WA 98501	91-1676490	501(C)(3)		86,806	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SOUTH PLAINS RURAL HEALTH 1000 FM 300 UNIT A LEVELLAND, TX 79336	75-2123252	501(C)(3)		86,091	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LLOYD F MOSS FREE CLINIC PHARMACY 1301 SAM PERRY BLVD STE 100 FREDERICKSBURG, VA 22401	54-1677934	501(C)(3)		86,046	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST VINCENT DE PAUL COMMUNITY PHARMACY 502 GRAMMONT STREET MONROE, LA 71201	90-0014479	501(C)(3)		85,155	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SAMARITAN CENTER 200 NW THIRD AVENUE VISALIA, CA 93291	90-0367099	501(C)(3)		84,401	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
REACH OUT MONTGOMERY COUNTY 25 E FORAKER STREET DAYTON, OH 45409	31-1434282	501(C)(3)		84,323	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN NECK FREE HEALTH CLINIC PHARMACY 51 WILLIAM B GRAHAM COURT KILMARNOCK, VA 22482	54-1679279	501(C)(3)		84,074	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ALCORN STATE UNIVERSITY FAMILY CLINIC 15 CAMPUS DRIVE NATCHEZ, MS 39120	64-6000013	501(C)(3)		79,140	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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ADA CAMP CAREFREE 154 LIONS CAMP PRIDE WAY NEW DURHAM, NH 03855	13-1623888	501(C)(3)		78,260	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MOROVIS COMMUNITY HEALTH CENTER INC CALLE PATRON 2 MOROVIS, PR 00687	66-0480948	501(C)(3)		77,717	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP SWEET ESCAPE 1120 15TH ST BLDG 1014 DUGAS AUGUSTA, GA 30912	47-1776514	501(C)(3)		77,542	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
PROJECT LAZARUS 5368 NC HWY 16 S MORAVIAN FALLS, NC 28654	56-2087110	501(C)(3)		77,160	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEERS IN MEDICINE OF THE OLYMPICS 819 GEORGIANA STREET PORT ANGELES, WA 98362	01-0590704	501(C)(3)		76,018	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHI - ST VINCENT INTERFAITH CLINIC 830 NORTH CREEK DRIVE CONWAY, AR 72032	71-0830696	501(C)(3)		75,431	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IRVING COMMUNITY CLINIC 1302 LANE STREET SUITE 100 IRVING, TX 75287	75-2536818	501(C)(3)		75,258	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COASTAL BEND WELLNESS FOUNDATION 5633 SOUTH STAPLES STREET CORPUS CHRISTI, TX 78411	74-2429518	501(C)(3)		74,975	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JDRF FAMILY DIABETES CAMP AT CAMP WAR EAGLE 14323 CAMP WAR EAGLE ROAD ROGERS, AR 72756	23-1907729	501(C)(3)		74,954	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE OF SOUTH JERSEY 423 N ROUTE 9 CAPE MAY COURT HOUSE, NJ 08210	52-2257585	501(C)(3)		74,441	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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ABCLINIC FAMILY CARES INC 1084 INDUSTRIAL PKWAY SARALAND, AL 36571	81-2703805	501(C)(3)		73,172	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ADA CAMP JOHN WARVEL 8604 ALLISONVILLE ROAD INDIANAPOLIS, IN 46250	13-1623888	501(C)(3)		70,985	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP BLUE HAWK HAROLD HAMM DIABETES CENTER UNIV O 1000 N LINCOLN BOULEVARD OKLAHOMA CITY, OK 73104	73-6091755	501(C)(3)		70,962	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SAN FRANCISCO FREE CLINIC 4900 CALIFORNIA STREET SAN FRANCISCO, CA 94118	94-3186248	501(C)(3)		70,641	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUTREACH COMMUNITY HEALTH CENTERS 711 W CAPITOL DRIVE MILWAUKEE, WI 53206	39-1353282	501(C)(3)		70,064	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LIONS CAMP MERRICK 3650 RICK HAMILTON PLACE NANJEMOY, MD 20662	52-1289731	501(C)(3)		69,850	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER TEXOMA HEALTH CLINIC 900 N ARMSTRONG DENISON, TX 75020	81-0584983	501(C)(3)		69,804	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
IOWA HARM REDUCTION COALITIONS 200 HAWKINS DRIVE IOWA CITY, IA 52242	82-1864287	501(C)(3)		69,742	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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NORTHEASTERN OKLAHOMA COMMUNITY HEALTH CENTERS INC ADMINISTRATION 116 E MAIN STREET HULBERT, OK 74441	73-1622831	501(C)(3)		69,453	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEART OF KANSAS FAMILY HEALTHCARE INC 1905 19TH STREET GREAT BEND, KS 67530	48-1165405	501(C)(3)		69,422	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA COUNTY VOLUNTEERS IN MEDICINE CLINIC INC 310 EAST THIRD STREET MIFFLINVILLE, PA 18631	20-5695518	501(C)(3)		69,216	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SALUD FAMILY HEALTH CENTERS ADMINISTRATION 203 SOUTH ROLLIE AVE FORT LUPTON, CO 80621	84-0613540	501(C)(3)		68,284	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADA CAMP COLORADO 2460 WEST 26TH AVE SUITE 500C DENVER, CO 80211	13-1623888	501(C)(3)		67,825	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ONEWORLD COMMUNITY HEALTH CENTER 4920 SOUTH 30TH STREET STE 103 OMAHA, NE 68107	47-0548990	501(C)(3)		67,320	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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MACOUPIN COUNTY MAPLE STREET CLINIC 109 E MAPLE STREET GILLESPIE, IL 62033	37-6001351	GOVERNMENT ENTITY		66,706	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CITY ON A HILL HEALTH CLINIC 2224 WEST KILBOURN AVENUE MILWAUKEE, WI 53233	39-2017873	501(C)(3)		66,701	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GHCAA DBA CAPNCM WOMEN'S HEALTH SERVICES 1506 OKLAHOMA AVENUE TRENTON, MO 64683	43-0828205	501(C)(3)		65,623	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY CARE CLINIC OF HIGHLANDS-CASHIERS 52 AUNT DORA DRIVE HIGHLANDS, NC 28741	65-1251915	501(C)(3)		65,422	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIABETES YOUTH SERVICES 5871 MONCLOVA ROAD MAUMEE, OH 43537	34-1967194	501(C)(3)		64,855	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CAMP ADVENTURE PINES HEALTH SERVICES 74 ACCESS HWY CARIBOU, ME 04736	01-0376890	501(C)(3)		64,551	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALAMEDA COUNTY HEALTH CARE FOR HOMELESS PROGRAM 384 14TH STREET OAKLAND, CA 94612	94-6000501	501(C)(3)		63,996	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALING HANDS HEALTH CENTER 245 MIDWAY MEDICAL PARK BRISTOL, TN 37620	62-1677000	501(C)(3)		62,954	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RENEWED HOPE HEALTH CLINIC 894 MARSHALL STREET ALLEGAN, MI 49010	16-1760734	501(C)(3)		62,416	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS 3011 N MICHIGAN PITTSBURG, KS 66762	75-3002264	501(C)(3)		62,354	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMUEL DIXON FAMILY HEALTH CENTER 25115 AVENUE STANFORD SUITE A-104 VALENCIA, CA 91355	95-4278726	501(C)(3)		62,169	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY MEDICINE PHARMACY 1131 SALUDA STREET ROCK HILL, SC 29730	57-0891008	501(C)(3)		61,989	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNION GOSPEL MISSION 3211 IRVING BLVD DALLAS, TX 75247	75-6003612	501(C)(3)		61,680	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
QUEENSCARE FAMILY CLINICS 950 SOUTH GRAND AVENUE LOS ANGELES, CA 90015	95-3702136	501(C)(3)		60,856	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGES TO HEALTH 1251 WEST KEM ROAD MARION, IN 46952	20-5405181	501(C)(3)		60,372	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
EL PROYECTO DEL BARRIO 8902 WOODMAN AVENUE ARLETA, CA 91331	95-2662606	501(C)(3)		60,005	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREE CLINIC OF SOUTHWEST WASHINGTON 4100 PLOMONDON STREET VANCOUVER, WA 98661	91-1707542	501(C)(3)		59,570	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLINICAS DEL CAMINO REAL INC 200 SOUTH WELLS ROAD VENTURA, CA 93004	95-2977147	501(C)(3)		58,671	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPEN DOOR COMMUNITY HEALTH CENTERS - ADMINISTRATION 670 NINTH ST SUITE 203 ARCATA, CA 95521	95-2671433	501(C)(3)		58,454	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COLUMBUS CITY SCHOOLS HEALTH FAMILY AND COMMUNITY SERVIC 61 S 6TH STREET COLUMBUS, OH 43215	31-6400416	501(C)(3)		58,322	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH OF SOUTH FLORIDA 10300 SW 216TH STREET MIAMI, FL 33190	59-1372690	501(C)(3)		58,134	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF CULPEPER PHARMACY 610 LAUREL STREET CULPEPER, VA 22701	52-1366700	501(C)(3)		57,288	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLINICA SIERRA VISTA ADMINISTRATION 1430 TRUXTUN AVENUE SUITE 400 BAKERSFIELD, CA 93301	95-2707101	501(C)(3)		56,799	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHWEST MICHIGAN HEALTH SERVICES TRAVERSE CITY CLINIC 10767 TRAVERSE HIGHWAY TRAVERSE CITY, MI 496845549	26-1779673	501(C)(3)		56,736	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP FLOYD ROGERS 7205 WEST CENTER RD 104 OMAHA, NE 68124	47-0592289	501(C)(3)		56,672	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
DIABETES CAMP OF WV INC 735 GREEN VALLEY DRIVE ST ALBANS, WV 25177	55-0738182	501(C)(3)		56,643	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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COMMUNITY OUTREACH HEALTH CLINIC W180 N8085 TOWN HALL ROAD MENOMONEE FALLS, WI 53051	39-1743056	501(C)(3)		56,120	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BECKLEY HEALTH RIGHT 111 RANDOLPH STREET BECKLEY, WV 25801	55-0774466	501(C)(3)		55,443	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION CAMP FREEDOM 150 MONUMENT ROAD BALA CYNWYD, PA 19004	13-1623888	501(C)(3)		55,418	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH SERVICES ADMINISTRATION 794 EASTLAND DR TWIN FALLS, ID 83301	82-0371093	501(C)(3)		55,247	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUTH'S PLACE CLINIC 1411 CRAWFORD AVENUE GRANBURY, TX 76048	20-4594680	501(C)(3)		55,198	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HORIZON HEALTH CENTER 714 BERGEN AVE 714 JERSEY CITY, NJ 073064802	22-1831695	501(C)(3)		55,133	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CW WILLIAMS COMMUNITY HEALTH CENT PHARMACY 3333 WILKINSON BLVD CHARLOTTE, NC 28208	56-1262478	501(C)(3)		55,106	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
WEST COUNTY HEALTH CENTERS INC 14045 MILL STREET GUERNEVILLE, CA 954461449	23-7310613	501(C)(3)		54,629	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP ASPIRE AMERICAN DIABETES ASSOCIATION 809 FIVE-POINTS ROAD RUSH, NY 14543	13-1623888	501(C)(3)		54,141	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH PARTNERS OF WESTERN OHIO 441 EAST 8TH STREET LIMA, OH 45804	56-2330309	501(C)(3)		54,038	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP TANAGER 500 8TH AVENUE SE CEDAR RAPIDS, IA 52401	42-0688079	501(C)(3)		54,000	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
AMERICAN DIABETES ASSOCIATION CAMP AZDA 5333 N 7TH STREET SUITE B-212 PHOENIX, AZ 85014	13-1623888	501(C)(3)		53,929	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY HEALTHCARE 25 NORTH 100 EAST ST GEORGE, UT 84770	35-2163112	501(C)(3)		53,246	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CONSEJO RENAL DE PUERTO RICO INC CENTRO MEDICO SUR HOSP DR RAMON FERNANDEZ MARINA SAN JUAN, PR 00936	66-0408212	501(C)(3)		53,063	ESTIMATED WHOLESALE PRICE	EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKE COUNTY FREE CLINIC 54 S STATE STREET SUITE 302 PAINESVILLE, OH 44077	34-1081191	501(C)(3)		52,993	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ALBEMARLE HOSPITAL FOUNDATION DBA COMMUNITY CARE CLINIC 918 GREENLEAF STREET ELIZABETH CITY, NC 27909	43-2031990	501(C)(3)		52,661	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESENTATION MEDICAL CENTER 213 2ND AVE NE ROLLA, ND 58367	45-0227391	501(C)(3)		52,366	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRACE CLINICS OF OHIO INC 40 S FRANKLIN STREET DELAWARE, OH 43015	27-0415624	501(C)(3)		52,310	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1ST CHOICE HEALTHCARE 1300 CREASON ROAD CORNING, AR 72422	71-0715998	501(C)(3)		52,094	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SEA MAR COMMUNITY HEALTH CENTERS 1040 SOUTH HENDERSON STREET SEATTLE, WA 98108	91-1020139	501(C)(3)		51,989	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EISNER HEALTH 1530 SOUTH OLIVE STREET LOS ANGELES, CA 90015	95-1690966	501(C)(3)		51,974	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE HEARTS AND HANDS CLINIC INC 127 NORTH COLLEGE STREET STATESBORO, GA 30458	26-4597700	501(C)(3)		51,674	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RUTLAND FREE CLINIC 145 STATE STREET RUTLAND, VT 05701	83-0427544	501(C)(3)		51,579	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HEALTH CARE CENTER FOR THE HOMELESS DBA ORANGE BLOSSOM FAMILY HEALTH CE 232 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32805	59-3185020	501(C)(3)		50,723	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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COMMUNITY CLINIC OF HIGH POINT 779 N MAIN STREET HIGH POINT, NC 27262	56-1795022	501(C)(3)		50,661	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP ADAM FISHER CAMP BOB COOPER 8001 M W RICKENBAKER ROAD SUMMERTON, SC 29148	54-2101275	501(C)(3)		50,468	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP HOLIDAY TRAILS 400 HOLIDAY TRAILS LANE CHARLOTTESVILLE, VA 22903	54-0922028	501(C)(3)		50,401	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ST MARTIN'S HEALTHCARE SERVICES 1359 SOUTH RANDOLPH STREET GARRETT, IN 46738	20-8609620	501(C)(3)		50,394	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENOBSCOT COMMUNITY HEALTH CARE 103 MAINE AVENUE BANGOR, ME 04401	01-0514750	501(C)(3)		50,377	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE CLINIC AND CARE CENTER 2693 W GRAND CHUTE BLVD APPLETON, WI 54913	47-3031346	501(C)(3)		50,255	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIABETES SOLUTIONS-OK INC 3333 NW 63RD SUITE 100 OKLAHOMA CITY, OK 73116	73-1590673	501(C)(3)		49,807	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BOONE FREE MEDICAL CLINIC 703 ARDEN STREET BOONE, IA 50036	42-1428706	501(C)(3)		49,727	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHIPPEWA VALLEY FREE CLINIC 816 PORTER AVENUE EAU CLAIRE, WI 54701	39-1840231	501(C)(3)		49,656	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PENINSULA INSTITUTE FOR COMMUNITY HEALTH 4714 MARSHALL AVE NEWPORT NEWS, VA 236072247	54-1083954	501(C)(3)		49,529	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHQUEST OF UNION COUNTY 415 EAST FRANKLIN STREET MONROE, NC 28112	56-2117596	501(C)(3)		49,108	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INHEALTH COMMUNITY WELLNESS FREE CL 109 EAST BLUFF STREET BOSCOBEL, WI 53805	33-1170597	501(C)(3)		48,700	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED AMERICAN INDIAN INVOLVEMENT MEDICAL CLINIC 1125 W SIXTH STREET STE 103 LOS ANGELES, CA 90017	95-2917933	501(C)(3)		48,573	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SMITH MEDICAL CLINIC 99 BASKERVILL DRIVE PAWLEYS ISLAND, SC 29585	57-0786699	501(C)(3)		48,364	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE HEALTHCARE SERVICES CORP DBA GRACE PHARMACY 3055 NE 28TH DRIVE GAINESVILLE, FL 32609	81-4300044	501(C)(3)		47,951	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH BROWARD COMMUNITY HEALTH SERV MEMORIAL HALLANDALE PHARMACY 1750 E HALLANDALE BEACH BLVD HALLANDALE BEACH, FL 33009	59-6014973	501(C)(3)		47,684	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARMONY HEALTH CLINIC VOLUNTEERS IN MEDICINE 201 EAST ROOSEVELT ROAD LITTLE ROCK, AR 72206	20-5691313	501(C)(3)		47,225	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SOUTHLAND INTEGRATED SERVICES INC DBA SOUTHLAND HEALTH CENTER 9862 CHAPMAN AVENUE SUITE B GARDEN GROVE, CA 92841	95-3403526	501(C)(3)		47,099	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPEN ARMS CLINIC 5252 N MERIDIAN AVE STE 101 OKLAHOMA CITY, OK 73112	73-1448149	501(C)(3)		46,947	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AVENAL COMMUNITY HEALTH CENTER 1000 SKYLINE BOULEVARD AVENAL, CA 93204	77-0425496	501(C)(3)		46,802	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GARFIELD HEALTH CENTER 701 S ATLANTIC BLVD 100 MONTEREY PARK, CA 91754	76-0733752	501(C)(3)		46,708	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CAMP CAROLINA TRAILS 1300 BAXTER STREET CHARLOTTE, NC 28204	13-1623888	501(C)(3)		46,653	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATCHISON COMMUNITY HEALTH CLINIC I 1412 N 2ND STREET ATCHISON, KS 66002	26-4049382	501(C)(3)		46,181	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROFAMILIAS CELESTINA ZALDUONDO CLINIC CALLE PADRE LAS CASAS 117 SAN JUAN, PR 00919	23-7034732	501(C)(3)		46,116	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROWARD HEALTH CORAL SPRINGS CAMP CORAL KIDS 3000 CORAL HILLS DRIVE CORAL SPRINGS, FL 33065	65-0930889	501(C)(3)		45,820	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARE RESOURCE - MIAMI ADMINISTRATIVE SITE 3510 BISCAYNE BLVD 2ND FLOOR MIAMI, FL 33137	59-2564198	501(C)(3)		45,638	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOORE FREE CARE CLINIC 211 TRIMBLE PLANT ROAD C SOUTHERN PINES, NC 28387	01-0781234	501(C)(3)		45,500	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
NCADA 9355 OLIVE BLVD ST LOUIS, MO 63132	43-0827852	501(C)(3)		45,247	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP HO MITA KODA FOUNDATION 14040 AUBURN ROAD NEWBURY, OH 44065	82-1212824	501(C)(3)		45,242	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP SUGAR FALLSCAMP WIDJIWAGAN 220 GREAT CIRCLE ROAD SUITE 134 NASHVILLE, TN 37228	13-1623888	501(C)(3)		45,171	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JC LEWIS HEALTH CARE CENTER 125 FAHM STREET SAVANNAH, GA 31401	58-0827524	501(C)(3)		45,112	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UPHAM'S CORNER HEALTH CENTER 415 COLUMBIA ROAD DORCHESTER, MA 02125	23-7211732	501(C)(3)		44,979	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP KORELITZ 10200 ALLIANCE RD SUITE 101 CINCINNATI, OH 45242	13-1623888	501(C)(3)		44,808	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRANVILLE VANCE PUBLIC HEALTH GRANVILLE COUNTY HEALTH DEPARTMENT 101 HUNT DRIVE OXFORD, NC 27565	56-1060453	GOVERNMENT ENTITY		44,785	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL DORADO COUNTY COMMUNITY HEALTH CENTER 4327 GOLDEN CENTER DRIVE PLACERVILLE, CA 95667	42-1533531	501(C)(3)		44,648	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1596731	501(C)(3)		44,519	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPEN DOOR HEALTH CLINIC 521 E MOUNTAIN AVENUE ELLENSBURG, WA 98926	65-1185178	501(C)(3)		44,341	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HANDS OF HOPE CLINIC 1010 HOSPITAL DRIVE BLDG B STOCKBRIDGE, GA 30281	42-1591970	501(C)(3)		44,026	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADA CAMP LAKOTA WISCONSIN LIONS CAMP 3834 COUNTY ROAD A ROSHOLT, WI 54473	13-1623888	501(C)(3)		43,878	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
THE WELLNESS PLAN PHARMACY 2888 W GRAND BLVD DETROIT, MI 48202	38-2008890	501(C)(3)		43,132	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARE CLINIC 239 ROBESON STREET FAYETTEVILLE, NC 28301	56-1837010	501(C)(3)		42,986	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FETTER HEALTH CARE NETWORK 51 NASSAU STREET CHARLESTON, SC 29403	57-0604703	501(C)(3)		42,521	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CLINIC OF BUTLER COUNTY 103 BONNIE DRIVE BUTLER, PA 16002	20-4852135	501(C)(3)		42,139	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GALES CREEK CAMP 6950 SW HAMPTON STREET TIGARD, OR 97223	93-6010464	501(C)(3)		41,971	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCOTLAND COMMUNITY HEALTH CLINIC 1405-B WEST BLVD LAURINBURG, NC 28352	20-2841940	501(C)(3)		41,917	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BROAD STREET CLINIC FOUNDATION 534 NORTH 35TH STREET MOREHEAD CITY, NC 28557	56-1853604	501(C)(3)		41,675	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO VALLEY HEALTH CENTER 380 SUMMIT AVENUE STE 202 STEUBENVILLE, OH 43952	20-3924355	501(C)(3)		41,485	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HEALTHNET OF ROCK COUNTY INC 23 WEST MILWAUKEE STREET JANESVILLE, WI 53548	39-1778804	501(C)(3)		41,381	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTHUR NAGEL COMMUNITY CLINIC 1116 12TH STREET 3 BANDERA, TX 78003	77-0697361	501(C)(3)		41,124	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ASIAN HUMAN SERVICES FAMILY HEALTH CENTER 2424 W PETERSON AVENUE CHICAGO, IL 60659	01-0567661	501(C)(3)		41,107	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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STREET LEVEL HEALTH PROJECT 3125 E 15TH STREET OAKLAND, CA 94601	56-2324355	501(C)(3)		41,007	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTER FOR FAMILY HEALTH AND EDUCATION 8727 VAN NUYS BOULEVARD PANORAMA CITY, CA 91402	27-0224623	501(C)(3)		40,705	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST PETERSBURG FREE CLINIC 5501 4TH STREET NORTH ST PETERSBURG, FL 33703	23-7208280	501(C)(3)		40,240	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MID DELTA HEALTH SYSTEMS 245 MADISON STREET CLARENDON, AR 72029	71-0638760	501(C)(3)		40,131	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH ASSN OF SPOKANE CHAS 203 NORTH WASHINGTON SUITE 300 SPOKANE, WA 99201	91-1641797	501(C)(3)		40,070	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
WEST CECIL HEALTH CENTER INC 49 ROCK SPRINGS ROAD CONOWINGO, MD 21918	20-5860113	501(C)(3)		39,816	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY CARE HEALTH CENTER 401 HOLLY HILLS AVENUE ST LOUIS, MO 63111	23-7076112	501(C)(3)		39,597	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN DIABETES ASSOCIATION IL DAY CAMPS 55 E MONROE ST SUITE 3420 CHICAGO, IL 60603	13-1623888	501(C)(3)		39,398	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEACH HEALTH CLINIC PHARMACY 3396 HOLLAND ROAD STE 102 VIRGINIA BEACH, VA 23452	54-1366960	501(C)(3)		39,337	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEART OF FLORIDA HEALTH CENTER ADMINISTRATION 203 E SILVER SPRINGS BLVD 101 OCALA, FL 34470	59-3060378	501(C)(3)		38,887	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY COMMUNITY HEALTH SERVICES 601 BENTON AVENUE NASHVILLE, TN 37204	62-1438461	501(C)(3)		38,789	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA MARIA'S CHILDREN AND FAMILY CENTER 9209 COLIMA ROAD SUITE 4400 WHITTIER, CA 90605	27-1879748	501(C)(3)		38,751	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL MISSOURI DIABETIC CHILDREN'S CAMP CAMP HICKORY HILL 5190 W HATTON CHAPEL ROAD COLUMBIA, MO 65202	43-0983917	501(C)(3)		38,736	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CATAHOULA PARISH HOSPITAL DISTRICT 307 CHISUM STREET SICILY ISLAND, LA 71368	72-0838896	501(C)(3)		38,695	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTHWORX 1543 MCGINNIS STREET ALEXANDRIA, LA 71301	72-1444312	501(C)(3)		38,529	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MALIHEH FREE CLINIC 415 EAST 3900 SOUTH SALT LAKE CITY, UT 84107	20-2313461	501(C)(3)		38,438	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION ADA CAMP DISCOVERY (KS) 608 W DOUGLAS 100 WICHITA, KS 67203	13-1623888	501(C)(3)		37,660	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MATAGORDA EPISCOPAL HEALTH OUTREACH PROGRAM MEDICAL CLINIC 101 AVENUE F NORTH BAY CITY, TX 77414	20-0537948	501(C)(3)		37,441	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GREAT PHYSICIAN'S PHARMACY CLINIC 1914 E US HWY 70 DURANT, OK 74701	73-0768828	501(C)(3)		37,280	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BLAND COUNTY MEDICAL CLINIC 12301 GRAPEFIELD ROAD BASTIAN, VA 24314	54-1074890	501(C)(3)		37,100	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSION MEDICAL CLINIC 2125 E LA SALLE STREET COLORADO SPRINGS, CO 80909	68-0506812	501(C)(3)		36,664	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CAMP SUREFIRE FOUNDATION 290 HOPE STREET BRISTOL, RI 02809	26-4816130	501(C)(3)		36,378	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEAR LAKE COMMUNITY HEALTH CENTER DBA CACHE VALLEY COMMUNITY HEALTH CENTER 1515 NORTH 400 EAST 104 NORTH LOGAN, UT 84341	87-0269232	501(C)(3)		36,319	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRAL FLORIDA HEALTH CARE 1129 NORTH MISSOURI AVENUE LAKELAND, FL 33805	59-1404594	501(C)(3)		36,037	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VICTORY JUNCTION CAMP 4500 ADAMS WAY RANDLEMAN, NC 27317	56-2215292	501(C)(3)		35,752	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
LIFESPRING INC 460 SPRING STREET JEFFERSONVILLE, IN 47130	35-1097350	501(C)(3)		34,476	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP VICTORY AMERICAN DIABETES ASSOCIATION 2424 EDENBORN AVENUE SUITE 660 METAIRIE, LA 70001	13-1623888	501(C)(3)		34,334	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP NEW DAY 1400 COULTER STREET AMARILLO, TX 79106	75-2668014	501(C)(3)		34,095	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SAMARITAN CLINIC OF WEST VOLUSIA COUNTY 136 EAST PLYMOUTH AVENUE DELAND, FL 32724	30-0408193	501(C)(3)		34,080	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WESTERN TIDEWATER FREE CLINIC PHARMACY 2019 MEADE PARKWAY SUFFOLK, VA 23434	26-3302837	501(C)(3)		33,995	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRIMARY HEALTH NETWORK 55 PITT STREET SHARON, PA 16146	25-1381800	501(C)(3)		33,840	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRINITY COMMUNITY SERVICES DBA CABRINI CLINIC 1234 PORTER STREET DETROIT, MI 48226	38-3129349	501(C)(3)		33,775	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO UNIVERSITY HERITAGE COLLEGE OF OSTEOPATHIC MEDICINE COMMUNITY HEALTH 1 OHIO UNIVERSITY ATHENS, OH 45701	31-6402113	501(C)(3)		33,546	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FAMILY HEALTH PARTNERSHIP 401 CONGRESS PARKWAY CRYSTAL LAKE, IL 60014	36-4277029	501(C)(3)		33,409	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IDAHO DIABETES YOUTH PROGRAMSCAMP 1701 N 12TH ST BOISE, ID 83702	31-1565651	501(C)(3)		33,389	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLINICA DE SALUD DEL VALLE DE SALINAS 440 AIRPORT BLVD STE A SALINAS, CA 93905	94-2652757	501(C)(3)		33,309	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER PRINCE WILLIAM COMMUNITY HEALTH CENTER 4379 RIDGEWOOD CENTER DRIVE WOODBIDGE, VA 22192	83-0435138	501(C)(3)		33,184	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ORANGE COUNTY FREE CLINIC 101 C WOODWARK STREET ORANGE, VA 22960	25-1922019	501(C)(3)		33,151	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRE VOLUNTEERS IN MEDICINE 2520 GREEN TECH DRIVE STATE COLLEGE, PA 16803	25-1897969	501(C)(3)		32,762	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEW COMMUNITY CLINIC 622 BODART STREET GREEN BAY, WI 54301	39-1200636	501(C)(3)		31,751	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION ADA CAMP PLANET D 6900 COLLEGE BLVD OVERLAND PARK, KS 66211	44-0605373	501(C)(3)		31,509	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP FREEDOM 3601 WEST ALBERTA RD EDINBURG, TX 78539	45-3645389	501(C)(3)		31,466	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH AND SOCIAL SERVICES CENTER - CHASS 5635 WEST FORT STREET DETROIT, MI 48209	38-3094394	501(C)(3)		31,462	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EL HOGAR GUEST HOUSE CLINIC 600 BERCUT DRIVE SACRAMENTO, CA 95811	68-0032730	501(C)(3)		31,402	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POMONA COMMUNITY HEALTH CENTER 1450 E HOLT AVENUE POMONA, CA 91767	22-3914738	501(C)(3)		31,362	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST VINCENT DE PAUL CHARITABLE PHAR 2033 FISH HATCHERY ROAD MADISON, WI 53725	39-0824876	501(C)(3)		31,317	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP HOPE INC 3920 WEST 45TH STREET CASPER, WY 82604	83-0322643	501(C)(3)		31,233	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CAMP HOPEWELL 24 CR 231 OXFORD, MS 38655	23-6393377	501(C)(3)		31,113	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA BARBARA COUNTY SEARCH & RESCUE INC 66 S SAN ANTONIO ROAD SANTA BARBARA, CA 93110	95-6193608	501(C)(3)		31,110	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ADA CAMP EDI YMCA TROUT LODGE 13528 STATE HWY AA POTOSI, MO 63664	13-1623888	501(C)(3)		31,003	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP HENDONKENTUCKY DIABETES CAMP FOR CHILDREN 1640 LYNDON FARMS COURT SUITE 108 LOUISVILLE, KY 40223	27-3619275	501(C)(3)		30,852	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HARM REDUCTION SERVICES 2800 STOCKTON BLVD SACRAMENTO, CA 95817	68-0300656	501(C)(3)		30,016	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMBOLDT COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES 908 7TH STREET EUREKA, CA 95501	94-6000513	GOVERNMENT ENTITY		29,818	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ADA CAMP MIDICHA YMCA CAMP COPNECONIC 10407 NORTH FENTON ROAD FENTON, MI 48430	13-1623888	501(C)(3)		29,674	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIGHTHOUSE CLINIC 858 VALLEY MALL PKWY EAST WENATCHEE, WA 98802	36-4661570	501(C)(3)		29,505	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HEAL THE CITY FREE CLINIC 609 S CAROLINA AMARILLO, TX 79106	46-5694050	501(C)(3)		29,480	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SERVE THE PEOPLE COMMUNITY HEALTH CENTER 1206 EAST 17TH STEET SUITE 101 SANTA ANA, CA 92701	27-0421556	501(C)(3)		29,383	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FAYETTE CARE CLINIC 1260 HIGHWAY 54 W FAYETTEVILLE, GA 30214	20-0314897	501(C)(3)		29,138	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST VIRGINIA COMMUNITY HEALTH SYSTEMS 319 FIFTH AVENUE SALTVILLE, VA 243700729	54-2046110	501(C)(3)		29,042	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ROTACARE NORTH HELPLINE 12736 33RD AVE NE SEATTLE, WA 98125	91-1811292	501(C)(3)		28,738	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TENNESSEE CAMP FOR DIABETIC CHILDRE 2622 LEE PIKE SODDY DAISY, TN 37379	62-6020901	501(C)(3)		28,355	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VERNON J HARRIS EAST END CHC DBA CAPITAL AREA HEALTH NETWORK 2025 E MAIN STREET RICHMOND, VA 23223	54-1884190	501(C)(3)		28,352	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENCE HEALTH NETWORK HOMELESS CLINIC 723 N TAYLOR STREET SUITE B AMARILLO, TX 79107	75-1414940	501(C)(3)		27,998	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP STRONG CAMP HOLLYWOODLAND 3200 CANYON DRIVE LOS ANGELES, CA 90068	13-1623888	501(C)(3)		27,788	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSAL COMMUNITY HEALTH CENTER 1005 E WASHINGTON BLVD A LOS ANGELES, CA 90021	27-0600887	501(C)(3)		27,746	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEIGHBORHOOD SERVICE ORGANIZATION TUMAINI CENTER 3430 THIRD STREET DETROIT, MI 48201	38-1561624	501(C)(3)		27,449	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEFLORE COUNTY HEALTH CENTER 706 HWY 82 WEST SUITE A GREENWOOD, MS 38930	20-0069223	501(C)(3)		27,222	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOUNTAIN HOME CHRISTIAN CLINIC 421 WEST WADE STREET MOUNTAIN HOME, AR 72653	71-0835511	501(C)(3)		27,104	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROWLEY HOUSE OF HOPE CLINIC 208 N MAGNOLIA CROWLEY, TX 76036	75-2625043	501(C)(3)		26,980	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE COMMUNITY FREE CLINIC 528 A LAKE CONCORD ROAD CONCORD, NC 28025	58-2131301	501(C)(3)		26,905	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH CARE FOR THE HOMELESS 421 FALLSWAY BALTIMORE, MD 21202	52-1576404	501(C)(3)		26,480	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AVICENNA COMMUNITY HEALTH CENTER 819 BLOOMINGTON ROAD CHAMPAIGN, IL 61820	27-0267757	501(C)(3)		26,459	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHCARE FOR THE HOMELESS CAROLINE CLINIC 1934 CAROLINE STREET HOUSTON, TX 77002	76-0647934	501(C)(3)		26,407	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRINCE WILLIAM AREA FREE CLINIC PHARMACY 13900 CHURCH HILL DRIVE WOODBIDGE, VA 22191	54-1619202	501(C)(3)		26,338	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACIFIC GARDEN MISSION 1458 S CANAL STREET CHICAGO, IL 60607	36-2445391	501(C)(3)		26,212	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ST PAUL CHILDREN'S 1350 E RICHARDS TYLER, TX 75702	27-0954405	501(C)(3)		26,100	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COASTAL COMMUNITY HEALTH SERVICES 106 SHOPPERS WAY STE 1 BRUNSWICK, GA 31525	46-1859206	501(C)(3)		25,538	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST THOMAS CLINIC 600 PAUL HAND BOULEVARD FRANKLIN, IN 46131	35-1449379	501(C)(3)		25,411	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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NORTHWEST LOUISIANA INTERFAITH PHAR 909 OLIVE STREET SHREVEPORT, LA 71104	72-1479289	501(C)(3)		25,398	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COASTAL FAMILY HEALTH CENTER 1025 A DIVISION STREET BILOXI, MS 39530	64-0592416	501(C)(3)		25,336	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMMUNITY FREE CLINIC OF NEWPORT NEWS PHARMACY 727 25TH STREET NEWPORT NEWS, VA 23607	27-3510814	501(C)(3)		25,321	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INDIANA HEALTH CENTERS INC 8003 CASTLEWAY DRIVE INDIANAPOLIS, IN 46250	31-1003977	501(C)(3)		25,163	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RICHARD F CLARKE HELP FREE CLINIC PHARMACY 1320 LASALLE AVENUE HAMPTON, VA 23669	54-1209213	501(C)(3)		24,982	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE 190 N PENNSYLVANIA AVE WILKES BARRE, PA 18702	20-3531527	501(C)(3)		24,890	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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FUNDACIN CENTRO PEDITRICO DE DIAB 260 CONVENTO STREET SAN JUAN, PR 00912	66-0597488	501(C)(3)		24,717	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
REDWOODS RURAL HEALTH CENTER INC 101 WEST COAST ROAD REDWAY, CA 95560	94-2337367	501(C)(3)		24,515	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANGELS COMMUNITY CLINIC 1005 POPLAR STREET MURRAY, KY 42071	62-1777249	501(C)(3)		24,458	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CAMP PORCUPINE SELF REGIONAL HEALTHCARE FOUNDATION 1226 SPRING STREET GREENWOOD, SC 29646	57-0792372	501(C)(3)		24,435	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPEN DOOR HEALTH CENTER 151 NW 11 STREET HOMESTEAD, FL 33030	83-0375996	501(C)(3)		24,263	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HARRISONBURG- ROCKINGHAM FREE CLINIC PHARMACY 25 WEST WATER STREET HARRISONBURG, VA 22801	54-1568909	501(C)(3)		24,150	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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KANAWHA-CHARLESTON HEALTH DEPARTMENT 108 LEE STREET EAST CHARLESTON, WV 25301	55-6011142	GOVERNMENT ENTITY		24,142	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAN JOSE FOOTHILL FAMILY COMMUNITY CLINIC - ADMINISTRATION 2680 SOUTH WHITE RD SUITE 170 SAN JOSE, CA 95148	77-0440944	501(C)(3)		23,851	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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ADA CAMP ICANDO 986 W ATHERTON TAYLORSVILLE, UT 84123	13-1623888	501(C)(3)		23,723	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
AUGUSTA REGIONAL FREE CLINIC PHARMACY 342 MULE ACADEMY ROAD FISHERSVILLE, VA 22939	54-1651896	501(C)(3)		22,848	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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SHEPHERDS CARE MEDICAL CLINIC 304 PONY ROAD ZEBULON, NC 27597	26-2757593	501(C)(3)		22,603	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LEBANON VALLEY VOLUNTEERS IN MEDICI 711 SOUTH 8TH STREET LEBANON, PA 17042	26-3915958	501(C)(3)		22,515	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSS OVER HEALTH CENTER PHARMACY 108 COWARDIN AVENUE RICHMOND, VA 23224	54-1371067	501(C)(3)		22,388	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TARZANA TREATMENT CENTER 8330 RESEDA BLVD NORTHRIDGE, CA 91324	94-2219349	501(C)(3)		22,296	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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KEYSTONE DIABETIC KIDS CAMP CAMP VICTORY - MYERS BUILDING 58 CAMP VICTORY ROAD MILLVILLE, PA 17846	23-2481065	501(C)(3)		22,283	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
WASATCH HOMELESS HEALTH CARE DBA FOURTH STREET CLINIC 409 WEST 400 SOUTH SALT LAKE CITY, UT 84101	87-0569356	501(C)(3)		22,222	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAMPA FAMILY HEALTH CENTER PHARMACYADMINISTRATION 1502 EAST FOWLER AVENUE TAMPA, FL 33612	59-2420282	501(C)(3)		22,181	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP KANDU 800 AVERY BLVD SUITE 100 BACK OF RIDGELAND, MS 39157	23-7262987	501(C)(3)		22,179	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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ROLETTE COUNTY PUBLIC HEALTH DISTRICT 211 1ST AVENUE NE ROLLA, ND 58367	02-0761623	GOVERNMENT ENTITY		22,088	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHERN NEVADA HOPES CLINIC 580 W 5TH STREET RENO, NV 89503	86-0865357	501(C)(3)		21,939	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA CAMP ONYAHSA YOWIDICA PROGRAM 101 EAST FOURTH STREET JAMESTOWN, NY 14701	16-0743238	501(C)(3)		21,894	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTER OF RICHMOND 235 PORT RICHMOND AVENUE STATEN ISLAND, NY 10302	51-0567466	501(C)(3)		21,856	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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LEGACY COMMUNITY HEALTH SERVICES 1415 CALIFORNIA STREET HOUSTON, TX 77006	76-0009637	501(C)(3)		21,594	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOMELESS HEALTH CARE CENTER CHATTANOOGA 730 EAST 11TH STREET CHATTANOOGA, TN 37403	62-6000636	501(C)(3)		21,308	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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NORTH HUDSON COMMUNITY ACTION CORPORATION - ADMINISTRATION 800 31ST STREET UNION CITY, NJ 07087	22-1818699	501(C)(3)		20,990	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH FOR ALL 3030 EAST 29TH STREET SUITE 111 BRYAN, TX 77802	74-2624477	501(C)(3)		20,961	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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FIRST CHOICE PRIMARY CARE 770 WALNUT STREET MACON, GA 31201	20-4391090	501(C)(3)		20,788	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP DREAM 309 S GALENA AVENUE DIXON, IL 61021	36-6006618	GOVERNMENT ENTITY		20,610	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SEATTLE INDIAN HEALTH BOARD 611 12TH AVENUE S SEATTLE, WA 98144	91-0869056	501(C)(3)		20,491	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ANN SILVERMAN COMMUNITY HEALTH CLIN 595 W STATE STREET DOYLESTOWN, PA 18901	23-2892823	501(C)(3)		20,443	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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EDWARD R LEAHY JR CENTER CLINIC FOR THE UNINSURED 800 LINDEN STREET SCRANTON, PA 18510	24-0795495	501(C)(3)		20,427	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MANNA MEDICAL CLINIC 120 STREET A SUITE A PICAYUNE, MS 39466	20-1788094	501(C)(3)		20,410	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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ZUFALL HEALTH CENTER DOVER 18 WEST BLACKWELL DOVER, NJ 07801	22-3125397	501(C)(3)		20,399	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SOUTHERN TRINITY HEALTH CARE SERVIC 321 VAN DUZEN ROAD MAD RIVER, CA 95526	94-2507342	501(C)(3)		20,330	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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HEALING HANDS MINISTRIES 8515 GREENVILLE AVENUE SUITE N-10 DALLAS, TX 75243	65-1259379	501(C)(3)		20,330	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SANTA ROSA COMMUNITY HEALTH CENTERS BROOKWOOD HEALTH CENTER 983 SONOMA AVENUE SANTA ROSA, CA 95404	68-0365296	501(C)(3)		20,035	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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TEAM RUBICON 300 N CONTINENTAL BLVD EL SEGUNDO, CA 90245	27-1720480	501(C)(3)		19,848	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH FOUNDATION OF PUERTO RICO INC MARGINAL SANTA CRUZ C-17 BAYAMON, PR 00961	66-0749601	501(C)(3)		19,835	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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BAY CLINIC INC 311 KALANIANA'OLE AVENUE HILO, HI 96720	99-0222784	501(C)(3)		19,598	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CHAUTAUQUA OFFICES OF PSYCHOTHERAPY & EVALUATION INC 3686 US HWY 331 SOUTH DEFUNIAK SPRINGS, FL 32435	59-1469145	501(C)(3)		19,580	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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OLDE TOWNE MEDICAL AND DENTAL CENTER 5249 OLDE TOWNE ROAD WILLIAMSBURG, VA 23188	54-1663905	501(C)(3)		19,477	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CORPUS CHRISTI METRO MINISTRIES 1919 LEOPARD STREET CORPUS CHRISTI, TX 78408	74-2642761	501(C)(3)		19,427	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SUNRISE COMMUNITY HEALTH MONFORT FAMILY CLINIC 2930 11TH AVENUE EVANS, CO 80620	84-0613289	501(C)(3)		19,409	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
WILL-GRUNDY MEDICAL CLINIC 213 CASS STREET JOLIET, IL 60432	36-3492306	501(C)(3)		19,406	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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FAIRVIEW COMMUNITY HEALTH CENTER 615 7TH AVE BOWLING GREEN, KY 42101	61-1386859	501(C)(3)		19,283	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TREE OF LIFE MEDICAL MISSIONS INC 1970 UNIVERSITY AVENUE RIVERSIDE, CA 92507	46-1660806	501(C)(3)		19,239	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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COMMUNITY FIRST HEALTH CENTERS 555 ST CLAIR RIVER DRIVE ALGONAC, MI 48001	38-2080825	501(C)(3)		19,204	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RKM PRIMARY CARE 11990 JACKSON STREET CLINTON, LA 70722	72-1443732	501(C)(3)		19,117	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CAMP LO-BE-GON 17901 S 72ND E AVE BIXBY, OK 74008	26-0618834	501(C)(3)		19,111	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CENTROMED SOUTH PARK CLINIC PHARMAC 6315 SOUTH ZARZAMORA SAN ANTONIO, TX 78211	74-1787031	501(C)(3)		18,787	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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WELLSPACE HEALTH 5321 STOCKTON BLVD SACRAMENTO, CA 95820	94-1713704	501(C)(3)		18,696	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PUGET SOUND CHRISTIAN CLINIC 2152 NORTH 122ND STREET SEATTLE, WA 98133	33-1052418	501(C)(3)		18,695	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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AMERICAN DIABETES ASSOCIATION ADA CAMP MONTANA BEARTOOTH MOUNTAIN RANCH 130 TRINITY TRAIL FISHTAIL, MT 59028	13-1623888	501(C)(3)		18,679	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN DIABETES ASSOCIATION 2301 MAITLAND CENTER PARKWAY MAITLAND, FL 32751	13-1623888	501(C)(3)		18,649	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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AMERICAN DIABETES ASSOCIATION CAMP GLOBAL STORAGE - CHELWOOD ALBUQUERQUE, NM 87112	13-1623888	501(C)(3)		18,546	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AKRON CHILDREN'S HOSPITAL DIABETES CENTER FOR DIABETES & ENDOCRINOLOGY 215 W BOWERY STREET SUITE 6400 AKRON, OH 44308	34-0714357	501(C)(3)		18,525	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CAMP KO-MAN-SHE CAMP TIPONI 2555 S DIXIE DR SUITE 112 DAYTON, OH 45409	31-6084147	501(C)(3)		18,455	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MERCY MEDICAL CLINIC 300 ARLINGTON DRIVE VIDALIA, GA 30474	27-1107136	501(C)(3)		18,434	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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COMMUNITY CLINIC OF SHELBYVILLE AND BEDFORD COUNTY 200 DOVER STREET SUITE 203 SHELBYVILLE, TN 37160	34-1974609	501(C)(3)		18,395	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FORDLAND CLINIC INC 1059 BARTON DRIVE FORDLAND, MO 65652	43-1791656	501(C)(3)		18,392	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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NORTH CENTRAL TEXAS COMMUNITY HEALTH CARE PO BOX 720 WICHITA FALLS, TX 76307	75-2429644	501(C)(3)		18,108	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CAMP BLUEBONNET DIABETES CAMP OF CENTRAL TEXAS 19051 FM 2484 KILLEEN, TX 76542	90-0137641	501(C)(3)		18,083	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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CAMP UPENINSULIN 580 W COLLEGE AVE MARQUETTE, MI 49855	38-3815151	501(C)(3)		18,010	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
DIABETES DESTINY DR BARRY REINER 1001 PINE HEIGHTS AVE SUITE 202 BALTIMORE, MD 21229	45-3370158	501(C)(3)		17,938	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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MOREHOUSE COMMUNITY MEDICAL CENTERS 518 DURHAM STREET BASTROP, LA 71220	82-0579411	501(C)(3)		17,862	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WHEELING HEALTH RIGHT 61-29TH STREET WHEELING, WV 26003	31-1149085	501(C)(3)		17,746	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SUMTER FAMILY HEALTH CENTER PHARMACY 1278 N LAFAYETTE DRIVE SUMTER, SC 29150	57-1095992	501(C)(3)		17,649	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST LUKE'S CLINIC 132 SEYMOUR AVENUE JACKSON, MI 49202	32-0038675	501(C)(3)		17,493	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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URBAN HEALTH PLAN INC 1065 SOUTHERN BLVD BRONX, NY 10459	23-7360305	501(C)(3)		17,322	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
PANTHER DAY CAMP 2423 - 172ND PL SE BOTHELL, WA 980126515	91-1192064	501(C)(3)		17,130	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREE CLINICS OF IOWA 3200 GRAND AVENUE DES MOINES, IA 50312	42-1428706	501(C)(3)		17,111	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
KIDS DAY CAMP (PARTNER WITH LET OUR VIOLENCE END) 109 MEADOWS RD TEXARKANA, AR 71854	71-0777213	501(C)(3)		17,038	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LACKEY CLINIC PHARMACY 1620 OLD WILLIAMSBURG ROAD YORKTOWN, VA 23690	54-1850915	501(C)(3)		16,939	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DR GARABED A FATTAL COMMUNITY FREE CLINIC 425 ROBINSON STREET BINGHAMTON, NY 13904	16-6053710	501(C)(3)		16,908	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION POWER UP MEMPHIS CAMP DAY2DAY 220 GREAT CIRCLE ROAD NASHVILLE, TN 37228	13-1623888	501(C)(3)		16,828	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MERCY HOUSING NORTHWEST 6930 MARTIN LUTHER KING JR WAY S SEATTLE, WA 98118	91-1546525	501(C)(3)		16,737	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADA ALASKA DIABETES CAMPCAMP K MILE 4 SNUG HARBOR ROAD COOPER LANDING, AK 99572	13-1623888	501(C)(3)		16,599	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
METROPOLITAN COMMUNITY HEALTH SERVI DBA AGAPE HEALTH SERVICES 120 W MARTIN LUTHER KING DRIVE WASHINGTON, NC 27889	56-2143419	501(C)(3)		16,597	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSTON EMERGENCY NURSES ASSOCIATIO 2742 JEANETTA STREET 1414 HOUSTON, TX 77063	76-0372962	501(C)(3)		16,500	ESTIMATED WHOLESALE PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHEAST TEXAS REGIONAL ADVISORY COUNCIL (SETRAC) 5115 ROSSLYN ROAD SUITE 1 HOUSTON, TX 77018	76-0419172	501(C)(3)		16,500	ESTIMATED WHOLESALE PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARY'S CENTER FOR MATERNAL AND CHILD CARE 2333 ONTARIO ROAD NW WASHINGTON, DC 20009	52-1594116	501(C)(3)		16,459	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE NEIGHBORHOOD CHRISTIAN CLINIC 1929 W FILLMORE PHOENIX, AZ 85009	86-0839580	501(C)(3)		16,345	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE CLINIC OF MCKINNEY 501 1/2 N KENTUCKY STREET MCKINNEY, TX 75069	81-3813928	501(C)(3)		16,306	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SAFER ALTERNATIVES THROUGH NETWORKING & EDUCATION (SANE) 8015 FREEPORT BLVD SACRAMENTO, CA 95832	94-3390723	501(C)(3)		16,188	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOUCESTER-MATHEWS CARE CLINIC PHARMACY 6031 INDUSTRIAL DRIVE GLOUCESTER, VA 23061	54-1875619	501(C)(3)		16,048	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EL RIO COMMUNITY HEALTH CENTER 839 W CONGRESS STREET TUCSON, AZ 85745	86-0285857	501(C)(3)		15,830	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION CAMP HAWAII PIONEER PLAZA 900 FORT STREET MALL HONOLULU, HI 96813	13-1623888	501(C)(3)		15,726	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP WANNACURE CHILDREN'S HOSPITAL OF RICHMOND AT 2305 N PARHAM RD SUITE 1 HENRICO, VA 23229	51-0220692	501(C)(3)		15,719	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HMONG HEALTH ALLIANCE SCIENCE EDUCATIONAL EQUITY 6000 J STREET MS 6119 SACRAMENTO, CA 958196117	94-2161304	501(C)(3)		15,385	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
MEL LEAMAN FREE CLINIC OF SMYTH COUNTY 601 RADIO HILL ROAD MARION, VA 24354	54-1993876	501(C)(3)		15,380	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOCTORS WITHOUT WALLS - SANTA BARBARA STREET MEDICINE 19 E MICHELTORENA STREET SANTA BARBARA, CA 93101	33-1210731	501(C)(3)		15,356	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HIV ALLIANCE 1195A CITY VIEW STREET EUGENE, OR 97402	93-0963546	501(C)(3)		15,202	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH AND HOPE MEDICAL OUTREACH 1911 COOKS HILL ROAD CENTRALIA, WA 98531	27-4432389	501(C)(3)		15,142	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEDICAL MISSIONS FOR CHRIST CLINIC 1974 N BUSINESS RTE 5 CAMDENTON, MO 65020	20-3637019	501(C)(3)		15,114	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARBOR COMMUNITY CLINIC 593 W 6TH STREET SAN PEDRO, CA 90731	23-7103245	501(C)(3)		15,093	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
LAKE COUNTY PRIMARY CARE 710 CARL PARKINS PARKWAY TIPTONVILLE, TN 38079	62-1026947	501(C)(3)		15,044	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERSHIP HEALTH CENTER 401 WEST RAILROAD STREET W MISSOULA, MT 59802	36-3843543	501(C)(3)		14,960	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CAMP RAINBOW AMERICAN DIABETES ASSOCIATION 7670 WOODWAY DRIVE SUITE 230 HOUSTON, TX 77063	13-1623888	501(C)(3)		14,959	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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NORTH DALLAS SHARED MINISTRIES FREE MEDICAL CLINIC 2875 MERRELL ROAD DALLAS, TX 75229	75-1908563	501(C)(3)		14,952	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTER FOR HEALING & HOPE 902 S MAIN GOSHEN, IN 46526	02-0560511	501(C)(3)		14,863	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGH PLAINS COMMUNITY HEALTH CENTER 201 KENDALL DRIVE LAMAR, CO 81052	84-1244224	501(C)(3)		14,851	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEW HOPE SERVICES INC DBA HOPECARE CLINIC 1302 WALL STREET JEFFERSONVILLE, IN 47130	35-1022158	501(C)(3)		14,798	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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NEW HORIZON FAMILY HEALTH SERVICES 975 W FARIS ROAD GREENVILLE, SC 29605	57-0932597	501(C)(3)		14,708	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GET UP PROJECT DBA HOPE MEDICAL CLINIC 12221 RENFERT WAY SUITE 200 AUSTIN, TX 78758	45-4931906	501(C)(3)		14,584	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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UNITY SHOPPE INC 110 WEST SOLA STREET SANTA BARBARA, CA 93101	77-0391064	501(C)(3)		14,558	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
AMERICAN DIABETES ASSOCIATION ADA CAMP SEALTH 180 NICKERSON STREET SEATTLE, WA 98109	13-1623888	501(C)(3)		14,547	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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BOND COMMUNITY HEALTH CENTER 1720 SOUTH GADSDEN STREET TALLAHASSEE, FL 32301	59-2426414	501(C)(3)		14,516	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH CARE OF NORTHWEST OHIO 1191 WESTWOOD DRIVE VAN WERT, OH 45891	34-1977316	501(C)(3)		14,402	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARE FOR THE HOMELESS 30 EAST 33RD STREET - FIFTH FLOOR NEW YORK, NY 10016	13-3666994	501(C)(3)		14,372	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP SWEET LIFE 600 W QUARRY SPRING ST KASOTA, MN 56050	27-3206536	501(C)(3)		14,298	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHEPHERD'S HOPE NEIGHBORHOOD HEALTH CENTER 2404 SOUTH TYLER STREET LITTLE ROCK, AR 72204	20-8811505	501(C)(3)		14,160	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CHRISTIAN HEALTH CENTER INC 1115 FAIRVIEW ROAD CAMDEN, AR 71701	71-0804142	501(C)(3)		13,850	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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ONE80 PLACE HOMELESS HEALTHCARE CLINIC 35 WALNUT STREET CHARLESTON, SC 29403	57-0789483	501(C)(3)		13,791	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST LUKE COMMUNITY CLINIC 316 N ROYAL AVENUE FRONT ROYAL, VA 22630	54-1801220	501(C)(3)		13,606	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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AMERICAN YOUTH UNDERSTANDING DIABETES ABROAD INC AYUDA 1700 N MOORE ST SUITE 2000 ARLINGTON, VA 22209	52-2006333	501(C)(3)		13,546	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LESTONNAC FREE CLINIC 1215 E CHAPMAN AVENUE ORANGE, CA 92866	95-3499011	501(C)(3)		13,454	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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MEDICAL ASSOCIATES PLUS BELLE TERRACE 2467 GOLDEN CAMP ROAD AUGUSTA, GA 30906	31-1591242	501(C)(3)		13,247	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
M-POWER MINISTRIES 4022 FOURTH AVENUE SOUTH BIRMINGHAM, AL 35222	31-1639601	501(C)(3)		13,179	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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GENERATIONS FAMILY HEALTH CENTER 40 MANSFIELD AVENUE WILLIMANTIC, CT 06226	22-3158253	501(C)(3)		13,017	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRIST COMMUNITY FREE CLINIC 1 A STREET NW AUBURN, WA 98002	20-3849881	501(C)(3)		12,986	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LORAIN COUNTY FREE CLINIC 5040 OBERLIN AVENUE LORAIN, OH 44053	34-1506180	501(C)(3)		12,982	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COLORADO NONPROFIT DEVELOPMENT CENT DBA HARM REDUCTION ACTION CENTER 231 EAST COLFAX AVENUE DENVER, CO 80203	84-1493585	501(C)(3)		12,982	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LION'S SOUTH FLORIDA DIABETES YOUTH 3100 SW 62 AVENUE MIAMI, FL 33155	65-0124370	501(C)(3)		12,901	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER NW OHIO DIABETES CAMP 200 WEST PEARL ST FINDLAY, OH 45840	34-1606053	501(C)(3)		12,818	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SB COUNTY OFFICE OF EDUCATION 4400 CATHEDRAL OAKS ROAD SANTA BARBARA, CA 93160	95-6000940	GOVERNMENT ENTITY		12,765	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SACRED HEART COMMUNITY CLINIC 620 ROUND ROCK WEST DR BLD 8 ROUND ROCK, TX 78681	27-2901548	501(C)(3)		12,435	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MACT HEALTH BOARD INC 52 S MAIN STREET ANGELS CAMP, CA 95222	94-1668995	501(C)(3)		12,418	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CAMP LYDIA MANN 1220 MONTANA EL PASO, TX 79902	74-1759410	501(C)(3)		12,338	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COASTAL VOLUNTEERS IN MEDICINE 53 NAUTILUS DRIVE MANAHAWKIN, NJ 08050	27-3491473	501(C)(3)		12,222	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAPE FEAR VALLEY KIDS WITH DIABETES CAMP DIXIE 101 ROBESON STREET SUITE 410 FAYETTEVILLE, NC 28301	56-1947017	501(C)(3)		12,168	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC DIOCESE OF LITTLE ROCK 2500 N TYLER STREET LITTLE ROCK, AR 72207	71-0236871	501(C)(3)		12,149	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEW HEIGHTS CLINIC 8000 NE 58TH AVENUE VANCOUVER, WA 98665	91-2009672	501(C)(3)		12,137	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSION POSSIBLE 63 S BROADWAY AURORA, IL 60505	45-2501982	501(C)(3)		12,100	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FAMILY HEALTH CENTER OF CLARK COUNTY 1319 DUNCAN AVENUE JEFFERSONVILLE, IN 47130	35-1842342	501(C)(3)		12,098	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE HARBOR FREE CLINIC 7209 265TH STREET NW STANWOOD, WA 98292	26-3825107	501(C)(3)		11,905	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
KNOX COUNTY HEALTH CLINIC 22 WHITE STREET ROCKLAND, ME 04841	01-0528885	501(C)(3)		11,890	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH COUNTY HEALTH SERVICES 150 VALPREDA ROAD SAN MARCOS, CA 92069	95-2847102	501(C)(3)		11,835	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ANTLERS FIRST BAPTIST CHURCH FREE C 208 NE B STREET ANTLERS, OK 74523	73-1092316	501(C)(3)		11,826	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEE BUSY WELLNESS CENTER 8785 WEST BELLFORT STREET HOUSTON, TX 77031	27-0653014	501(C)(3)		11,730	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BOUNDARY REGIONAL COMMUNITY HEALTH CENTER DBA KANIKSU HEALTH SERVICES 30410 HWY 200 PONDERAY, ID 83852	04-3634356	501(C)(3)		11,717	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OKLAHOMA MENTAL HEALTH COUNCIL DBA RED ROCK BEHAVIORAL HEALTH SERVICES 4400 N LINCOLN BLVD OKLAHOMA CITY, OK 73105	73-6111618	501(C)(3)		11,169	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BABY HEALTH SERVICE 1590 HARRODSBURG ROAD LEXINGTON, KY 40504	61-0518017	501(C)(3)		11,160	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVERA MCKENNAN DIABETES CENTER CAMP GILBERT 1315 S CLIFF AVE STE 1300 SIOUX FALLS, SD 57105	20-8521374	501(C)(3)		11,116	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP INDEPENDENCE OF SAN ANTONIO 8730 AVATOR CIRCLE FAIR OAKS RANCH, TX 78015	91-2049016	501(C)(3)		11,108	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PORTLAND NEEDLE EXCHANGE PROGRAM 103 INDIA STREET PORTLAND, ME 04101	01-6000032	501(C)(3)		11,103	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP NEW HORIZONS NORTH AND SOUTH AMERICAN DIABETES ASSOCIATION 4100 ALPHA RD 100 DALLAS, TX 75244	13-1623888	501(C)(3)		10,886	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CARE CLINIC OF DARE 425 HEALTH CENTER DRIVE NAGS HEAD, NC 27959	20-2230717	501(C)(3)		10,808	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RIDING ON INSULIN 14 2ND STREET WEST WHITEFISH, MT 59937	27-4160955	501(C)(3)		10,696	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFELONG MEDICAL CARE ADMINISTRATION 2344 SIXTH STREET BERKELEY, CA 94710	94-2502308	501(C)(3)		10,686	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
FIVE RIVERS HEALTH CENTERS SAMARITAN HOMELESS CLINIC 921 S EDWIN C MOSES BLVD DAYTON, OH 45417	45-0914398	501(C)(3)		10,639	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STERLING AREA HEALTH CENTER 725 E STATE STREET STERLING, MI 486599548	38-2205859	501(C)(3)		10,627	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BAPTIST MISSION CENTER 2125 EXCHANGE AVE OKLAHOMA CITY, OK 73108	73-0644143	501(C)(3)		10,608	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ESPERANZA HEALTH CENTERS 2001 S CALIFORNIA AVENUE SUITE 10 CHICAGO, IL 60608	32-0115907	501(C)(3)		10,455	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE OF MONROE COUNTY 811 WEST 2ND STREET BLOOMINGTON, IN 47401	20-4383915	501(C)(3)		10,358	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP MCCUMBER DIABETES CAMP FOR CHILDREN WITH TYP 35440 DEER FLAT RD SHINGLETOWN, CA 96088	94-3233706	501(C)(3)		10,213	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CAMP CURE BEARING IT TOGETHER 2018 CLINCH AVENUE KNOXVILLE, TN 37916	62-6002604	501(C)(3)		10,067	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROBERT K SWEENEY DIABETES CAMP CORNELL COOP EXT SC 1070 OCEAN AVENUE BOHEMIA, NY 117163620	11-6081424	501(C)(3)		9,988	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GREATER HARTFORD HARM REDUCTION COALITION INC 1229 ALBANY AVENUE HARTFORD, CT 06112	47-4312705	501(C)(3)		9,893	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATERMAN COMMUNITY CLINIC FLORIDA HOSPITAL 2300 KURT STREET EUSTIS, FL 32726	59-3140669	501(C)(3)		9,826	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BULLHOOK COMMUNITY HEALTH CENTER I 521 4TH STREET HAVRE, MT 59501	20-5970239	501(C)(3)		9,669	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP HOT SHOT WENTWORTH-DOUGLASS HOSPITAL 789 CENTRAL AVENUE DOVER, NH 03820	02-0260334	501(C)(3)		9,661	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
NETWORK MEDICAL 185 S PATTERSON AVENUE C SANTA BARBARA, CA 93111	77-0116381	501(C)(3)		9,632	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITAN REGIONAL HEALTH CLINIC 937 BROADWAY CAPE GIRARDEAU, MO 63701	27-5427837	501(C)(3)		9,424	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GENNESARET FREE CLINIC INC 615 N ALABAMA STREET GROUND FLOOR INDIANAPOLIS, IN 46204	35-1776518	501(C)(3)		9,312	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT'S HOUSE CLINIC 2817 POST OFFICE STREET GALVESTON, TX 77550	74-1384864	501(C)(3)		9,258	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY ACTION COMMISSION OF SANTA BARBARA COUNTY 5638 HOLLISTER AVENUE SUITE 230 GOLETA, CA 93117	95-2491790	501(C)(3)		9,227	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADA CAMP WANA KURA 6065 COZZENS STREET SAN DIEGO, CA 92122	13-1623888	501(C)(3)		9,000	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE JACK RUA CAMP FOR CHILDREN WITH DIABETES 4 SOUTH MAIN ST FALL RIVER, MA 02721	04-2665107	501(C)(3)		9,000	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEER HEALTHCARE CLINIC 4215 MEDICAL PARKWAY AUSTIN, TX 78756	74-6082464	501(C)(3)		8,970	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST 150 TEJAS PLACE NIPOMO, CA 93444	95-3253302	501(C)(3)		8,963	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST COMMUNITY HEALTH CENTER 320 E SECOND STREET LIBBY, MT 59923	81-0542127	501(C)(3)		8,934	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COUNTY OF SANTA CRUZ HOMELESS PERSONS HEALTH PROJECT 115A CORAL STREET SANTA CRUZ, CA 95060	94-6000534	GOVERNMENT ENTITY		8,929	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN AND COMMUNITY HEALTH CENTE DBA COMMUNITY HEALTH CLINIC 120 S CENTRAL EXPRESSWAY SUITE 10 MCKINNEY, TX 75070	20-0637782	501(C)(3)		8,875	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROANE COUNTY FAMILY HEALTH CARE 146 WILLIAMS DRIVE SPENCER, WV 25276	55-0627933	501(C)(3)		8,843	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH & WELLNESS CENTER 1505 E MAIN SUITE A STIGLER, OK 74462	20-0368759	501(C)(3)		8,802	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
WESTSIDE FAMILY HEALTH CENTER 1711 OCEAN PARK BLVD SANTA MONICA, CA 90405	95-2931931	501(C)(3)		8,667	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHENANDOAH COUNTY FREE CLINIC 124 VALLEY VISTA DRIVE WOODSTOCK, VA 22664	54-2032008	501(C)(3)		8,657	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
IOWA PRESCRIPTION DRUG CORPORATION DBA SAFENETRX 11100 AURORA AVENUE URBANDALE, IA 50322	42-1518875	501(C)(3)		8,631	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HYNDMAN AREA HEALTH CENTER 144 FIFTH AVENUE HYNDMAN, PA 15545	25-1343824	501(C)(3)		8,627	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPERATION SAMAHAN INC 1428 HIGHLAND AVENUE NATIONAL CITY, CA 91950	95-3008798	501(C)(3)		8,553	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEERS IN MEDICINE OF SOUTHERN NEVADA RUFFIN FAMILY CLINIC 1240 NORTH MARTIN LUTHER KING BLVD LAS VEGAS, NV 89106	39-2072453	501(C)(3)		8,513	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH CENTRAL HOUSTON ACTION COUNCIL INC 8610 MARTIN LUTHER KING JR BLVD HOUSTON, TX 77033	76-0444982	501(C)(3)		8,461	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SOUTH CENTRAL FAMILY HEALTH CENTER 1109 E VERNON AVE LOS ANGELES, CA 90011	95-3877793	501(C)(3)		8,374	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MONTANA MIGRANT COUNCIL 3318 THIRD AVENUE N STE 200 BILLINGS, MT 59101	81-0350430	501(C)(3)		8,297	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HEALTHCARE ADMINISTRATION 425 N DATE STREET SUITE 203 ESCONDIDO, CA 92025	95-2796316	501(C)(3)		8,293	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN DIABETES ASSOCIATION CAMP GENE 6400 NORTH ANDREWS AVENUE SUITE 48 FORT LAUDERDALE, FL 33309	13-1623888	501(C)(3)		8,264	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVERVIEW HEALTH SERVICES INC 722 REYNOLDS AVENUE KANSAS CITY, KS 66101	48-1072716	501(C)(3)		8,251	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
STAYWELL HEALTH CENTER 80 PHOENIX AVENUE WATERBURY, CT 067021516	22-3160873	501(C)(3)		8,216	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POCATELLO FREE CLINIC 429 WASHINGTON AVENUE POCATELLO, ID 83201	82-0351133	501(C)(3)		8,174	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY MEDICAL CLINIC OF KERSHAW COUNTY 110 C EAST DEKALB STREET CAMDEN, SC 29020	57-1074191	501(C)(3)		8,059	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWNTOWN CLINIC 611 SOUTH SECOND STREET LARAMIE, WY 82070	83-0326354	501(C)(3)		7,970	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
ETOWAH BAPTIST CHARITY PHARMACY 18901 E ETOWAH ROAD NOBLE, OK 73068	73-1637078	501(C)(3)		7,929	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BATON ROUGE PRIMARY CARE COLLABORATIVE JEWEL NEWMAN COMMUNITY CENTER 2013 CENTRAL ROAD SUITE B BATON ROUGE, LA 70801	41-2114148	501(C)(3)		7,877	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OUR LADY OF GUADALUPE 227 N NOPAL STREET SANTA BARBARA, CA 93103	95-2158892	501(C)(3)		7,829	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP LITTLE SHOT 265 SHERATON BLVD MACON, GA 31210	58-1514534	501(C)(3)		7,781	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
DESTINY OUTREACH CENTER 141 S BLACK HORSE PIKE BLACKWOOD, NJ 08012	46-4415529	501(C)(3)		7,754	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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KIKI'S KIDS CAMP FOR YOUTH WITH DIA 304 TURNER MCCALL BLVD ROME, GA 30165	58-1375074	501(C)(3)		7,749	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LOS ANGELES CHRISTIAN HEALTH CENTERS 311 WINSTON STREET LOS ANGELES, CA 90013	95-4315734	501(C)(3)		7,682	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SLO NOOR FREE MEDICAL CLINIC 1428 PHILLIPS LAND SUITE B-4 SAN LUIS OBISPO, CA 93401	27-1412176	501(C)(3)		7,679	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KOREAN COMMUNITY SERVICES DBA KCS HEALTH CENTER 7212 ORANGETHORPE AVE SUITE 9A BUENA PARK, CA 90621	95-3245254	501(C)(3)		7,621	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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HEALTH ACCESS INCORPORATED 489 WASHINGTON AVENUE CLARKSBURG, WV 26301	55-0715066	501(C)(3)		7,607	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
SANTA MARIA VALLEY YOUTH AND FAMILY CENTER 105 N LINCOLN STREET SANTA MARIA, CA 93458	95-3144808	501(C)(3)		7,497	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENE COUNTY HEALTH CARE 7 PROFESSIONAL DRIVE SNOW HILL, NC 28580	56-0992353	501(C)(3)		7,488	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PACE COMMUNITY ACTION AGENCY INC HEALTH CONNECTION 525 N 4TH STREET VINCENNES, IN 47591	35-1120537	501(C)(3)		7,486	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SAMARITAN SHELTER ADMINISTRATION 245 E INGER DRIVE 103B SANTA MARIA, CA 93458	77-0133375	501(C)(3)		7,411	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CLINIC WITH A HEART INC 1701 S 17TH STREET SUITE 4G LINCOLN, NE 68502	20-2850139	501(C)(3)		7,347	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARA'S HOUSE 2715 K STREET SUITE D SACRAMENTO, CA 95816	61-1591265	501(C)(3)		7,338	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HABITAT FOR HUMANITY 6860 CORTONA DRIVE GOLETA, CA 93117	77-0518264	501(C)(3)		7,324	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

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GUADALUPE UNION SCHOOL DISTRICT 4465 NINTH STREET GUADALUPE, CA 93434	95-6000940	GOVERNMENT ENTITY		7,289	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN INDIAN HEALTH & SERVICES 4141 STATE STREET SUITE B-11 SANTA BARBARA, CA 93110	77-0398793	501(C)(3)		7,239	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NO LIMITS DIABETES 414 E BROADWAY DANVILLE, IN 46122	20-3289439	501(C)(3)		7,222	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
CUYAMA VALLEY FAMILY RESOURCE CENTE 4689 HIGHWAY 166 UNIT B NEW CUYAMA, CA 93254	45-1221069	501(C)(3)		7,219	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISLA VISTA YOUTH PROJECTS 6842 PHELPS ROAD GOLETA, CA 93117	95-3007419	501(C)(3)		7,086	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
BIGHORN VALLEY HEALTH CENTER ASHLAND 501 MAIN STREET ASHLAND, MT 59003	27-3113428	501(C)(3)		7,085	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	MEDICAL SUPPLIES, EQUIPMENT	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER HEALTH SERVICES 534 SPRATT STREET CHARLOTTE, NC 28206	20-3041985	501(C)(3)		6,923	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
COMMUNITY ACTION COMMITTEE OF PIKE COUNTY VALLEY VIEW HEALTH CENTERS 227 VALLEY VIEW DRIVE WAVERLY, OH 45690	31-0718042	501(C)(3)		6,701	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARE OUR SELVES COMMUNITY HEALTH CENTER 1550 SUPERIOR AVENUE COSTA MESA, CA 92627	95-3222316	501(C)(3)		6,684	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
DENVER INDIAN HEALTH AND FAMILY SERVICES INC 2880 W HOLDEN PLACE DENVER, CO 80204	84-0724261	501(C)(3)		6,656	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CACTUS HEALTH SERVICES INC 301 N WATER FORT STOCKTON, TX 79735	16-1663081	501(C)(3)		6,628	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA BARBARA UNIFIED SCHOOL DISTRICT 720 SANTA BARBARA STREET SANTA BARBARA, CA 93101	30-0690985	GOVERNMENT ENTITY		6,619	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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LIGHTHOUSE MEDICAL MINISTRIES 2801 S ROBINSON AVENUE OKLAHOMA CITY, OK 73109	20-0503733	501(C)(3)		6,567	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE INSTITUTE FOR FAMILY HEALTH 2006 MADISON AVENUE NEW YORK, NY 10035	13-3273402	501(C)(3)		6,546	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHERINE'S HEALTH CENTER 1211 LAFAYETTE AVE NE GRAND RAPIDS, MI 49505	20-3572418	501(C)(3)		6,489	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
AMERICAN DIABETES ASSOCIATION 8008 SLIDE ROAD 12A LUBBOCK, TX 79424	13-1623888	501(C)(3)		6,454	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONMOUTH FAMILY HEALTH CENTER 270 BROADWAY LONG BRANCH, NJ 07740	20-0547132	501(C)(3)		6,334	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN DOOR CLINIC OF ALAMANCE COUNTY 319 N GRAHAM HOPEDALE ROAD SUITE E BURLINGTON, NC 27217	56-1794210	501(C)(3)		6,310	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFRICAN WOMEN'S CANCER AWARENESS ASSOCIATION 8955 EDMONSTON ROAD GREENBELT, MD 20770	73-1704355	501(C)(3)		6,297	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST HOPE FOUNDATION INC 6200 SAVOY DRIVE 540 HOUSTON, TX 77033	76-0622487	501(C)(3)		6,290	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRIAD HEALTH SYSTEMS 441 US 42 WEST WARSAW, KY 41095	20-8963925	501(C)(3)		6,273	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
THAT NEIGHBORHOOD FREE HEALTH CLINI (TNFHC) 306 BUSH STREET TOLEDO, OH 43604	27-1052744	501(C)(3)		6,177	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SHEPHERD FREE MEDICAL CLINIC 307 NORTH BROAD STREET CLINTON, SC 29325	57-0996466	501(C)(3)		6,111	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CSUSM SCHOOL OF NURSING STUDENT HEALTHCARE PROJECT 1249 E OHIO AVENUE ESCONDIDO, CA 92027	80-0390564	501(C)(3)		6,105	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAPPY VALLEY MEDICAL CENTER WEST CALDWELL HEALTH COUNCIL INC 4330 COLLETTSVILLE ROAD COLLETTSVILLE, NC 28611	59-1756933	501(C)(3)		6,095	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY SERVICE AGENCY OF SANTA BARBARA 123 WEST GUTIERREZ STREET SANTA BARBARA, CA 93101	95-1644031	501(C)(3)		6,088	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SAMARITAN PHARMACY AND HEALTH SERVICES INC 2502 NO TAMIAMI TRAIL NOKOMIS, FL 34275	26-2295558	501(C)(3)		5,994	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KATY TRAIL COMMUNITY HEALTH CENTER SEDALIA 821 WESTWOOD DRIVE SEDALIA, MO 65301	43-1879853	501(C)(3)		5,974	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN KENTUCKY INDEPENDENT DISTR HEALTH DEPARTMENT 610 MEDICAL VILLAGE DRIVE EDGEWOOD, KY 41017	61-1008505	GOVERNMENT ENTITY		5,940	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
HEALTH PARTNERS INC 3070 CRAIN HIGHWAY 101 WALDORF, MD 20601	52-1767044	501(C)(3)		5,927	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHEL FREE HEALTH CLINIC 1650 CARROL DRIVE BILOXI, MS 39531	26-1794984	501(C)(3)		5,824	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CONNECTIONS FREE CLINIC 101 E FOUNTAIN STREET DODGEVILLE, WI 53533	72-1619112	501(C)(3)		5,768	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARTIN LUTHER KING JR FAMILY CLINIC 2922 - B MARTIN LUTHER KING BLVD DALLAS, TX 75215	75-2098992	501(C)(3)		5,733	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HENRIETTA JOHNSON MEDICAL CENTER 601 NEW CASTLE AVENUE WILMINGTON, DE 19801	20-1336340	501(C)(3)		5,682	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS OVERDOSE NALOXONE INITIATIVE 1115 E 12TH STREET AUSTIN, TX 78702	74-2752554	501(C)(3)		5,501	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROGRAM FOR HEALTH CARE TO UNDERSERVED POPULATIONS BIRMINGHAM FREE CLINIC UPMC MONTEFIORE HOSPITAL PITTSBURGH, PA 15213	23-2919472	501(C)(3)		5,449	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALCASIEU PARISH HUMAN SERVICES DEPARTMENT 2001 MOELING STREET LAKE CHARLES, LA 70601	72-6000234	GOVERNMENT ENTITY		5,431	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRACE OUTREACH TO HEALTH COMMUNITY CLINIC 837 EAST WALNUT STREET GRAPEVINE, TX 76051	75-2195702	501(C)(3)		5,424	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREE MEDICAL CLINIC OF OAK RIDGE I 116 EAST DIVISION ROAD OAK RIDGE, TN 37830	90-0715369	501(C)(3)		5,404	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PORTLAND COMMUNITY FREE CLINIC 103 INDIA STREET PORTLAND, ME 04101	46-2965702	501(C)(3)		5,379	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL VIRGINIA HEALTH SERVICES IN PHARMACY 25892 JAMES MADISON HIGHWAY NEW CANTON, VA 23123	54-0887287	501(C)(3)		5,324	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSOULA URBAN INDIAN HEALTH CENTER 830 WEST CENTRAL AVENUE MISSOULA, MT 59801	81-0330646	501(C)(3)		5,294	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER GREENWOOD UNITED MINISTRY FREE MEDICAL CLINIC 1404 EDGEFIELD STREET GREENWOOD, SC 29646	57-1012393	501(C)(3)		5,246	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
GOLETA UNION SCHOOL DISTRICT 401 N FAIRVIEW AVENUE GOLETA, CA 93117	77-0068725	GOVERNMENT ENTITY		5,113	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLE'S HEALTH CLINIC 650 ROUND VALLEY DRIVE PARK CITY, UT 84068	87-0638042	501(C)(3)		5,030	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW- INCOME, UNINSURED PATIENTS
DIRECT RELIEF FOUNDATION 6100 WALLACE BECKNELL ROAD GOLETA, CA 93117	20-5983698	501(C)(3)	6,721,828				INTERCOMPANY GRANT TO SUPPORT RELATED ENTITY

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
DIRECT RELIEF

Employer identification number

95-1831116

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (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 or provision of all of the expenses described above? If "No," complete Part III to explain.

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

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

2

4a

No

4b

No

4c

No

5a

No

5b

No

6a

No

6b

No

7

No

8

No

9

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

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

[illegible]

Part III **Supplemental Information**

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

Return Reference	Explanation
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As Filed Data -

DLN: 93493036008599

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
DIRECT RELIEF

Employer identification number
95-1831116

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	184	958,867	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	9,300	1,131,363,459	EST WHOLESAL
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (MISC SUPPLIES)	X	8	7,935	FMV
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

29

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

No

32a

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

32a

Yes

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II **Supplemental Information.**

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

Return Reference	Explanation
PART I, COLUMN (B)	THE TOTALS REPORTED IN COLUMN B REPRESENT THE TOTAL NUMBER OF CONTRIBUTIONS RECEIVED FOR EACH CATEGORY DURING THE FISCAL YEAR ENDED JUNE 30, 2018

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
DIRECT RELIEF

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

95-1831116

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 PERSON'S RECUSAL, AND THE VOTE OF THE OTHER DIRECTORS IS REFLECTED IN THE MINUTES OF THE MEETING OF THE BOARD OR APPLICABLE BOARD OR OTHER COMMITTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OVERSEES ALL COMPENSATION MATTERS ON BEHALF OF THE BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE REVIEWS COMPENSATION BENCHMARKING ANALYSIS AND MAKES RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE REGARDING COMPENSATION PAID TO EXECUTIVE STAFF (CEO, COO/CFO) AND OTHER KEY STAFF POSITIONS AS THEY MAY DETERMINE ARE APPROPRIATE. THE BENCHMARKING REVIEW INCLUDES A COMPARATIVE ANALYSIS OF COMPENSATION PAID BY DIRECT RELIEF TO COMPENSATION PAID BY LOCAL, SECTOR, AND NATIONAL NONPROFIT ORGANIZATIONS AS WELL AS LOCAL FOR-PROFIT ENTITIES. DECISIONS REGARDING EXECUTIVE STAFF'S COMPENSATION ARE THE SOLE RESPONSIBILITY OF THE BOARD OF DIRECTORS. NO MEMBER OF THE STAFF, INCLUDING THE CHIEF EXECUTIVE OFFICER AND THE CHIEF OPERATING OFFICER/CHIEF FINANCIAL OFFICER, IS A MEMBER OF THE BOARD OF DIRECTORS, AND THE BOARD OF DIRECTORS MAY NOT DELEGATE THE AUTHORITY TO SET EXECUTIVE COMPENSATION TO A MEMBER OF THE EXECUTIVE STAFF. COMPENSATION OF THE CHIEF EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER/CHIEF FINANCIAL OFFICER WAS LAST REVIEWED BY THE COMPENSATION COMMITTEE AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IN SEPTEMBER 2018.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DIRECT RELIEF MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, COMPENSATION POLICY, DONATION POLICY, FINANCIAL STATEMENTS, AND FORM 990 (THE LATTER TWO GOING BACK TO FISCAL YEAR 2001) AVAILABLE TO THE PUBLIC ON ITS WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1(A) AND SCHEDULE J, PART II	THE COMPENSATION REPORTED IS FOR THE CALENDAR YEAR 2017, IN LINE WITH THE FORM 990 REQUIREMENTS OF REPORTING COMPENSATION PAID OR EARNED FOR THE CALENDAR YEAR ENDING WITH OR WITHIN THE ORGANIZATION'S TAX YEAR. STAFF COMPENSATION IS GOVERNED BY ORGANIZATIONAL POLICY, AVAILABLE FOR REFERENCE ON OUR WEBSITE AT (HTTP //WWW DIRECTRELIEF ORG/ABOUT/FINANCE/COMPENSATION/) EXECUTIVE STAFF (CEO, COO/CFO) COMPENSATION IS DETERMINED SOLELY BY THE BOARD OF DIRECTORS. 100% OF THE CEO'S COMPENSATION WAS PAID FROM FUNDS PROVIDED BY THE DIRECT RELIEF FOUNDATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VIII, LINE 1G - VALUATION OF IN-KIND RESOURCES	<p>DIRECT RELIEF IS THE ONLY NONPROFIT HUMANITARIAN AID ORGANIZATION IN THE UNITED STATES LICENSED TO DISTRIBUTE PHARMACEUTICAL PRODUCTS IN ALL 50 U.S. STATES, AS WELL AS THE FIRST AND ONLY NONPROFIT HUMANITARIAN AID ORGANIZATION IN THE U.S. TO BE DESIGNATED AS A VERIFIED-ACCREDITED WHOLESALE DISTRIBUTOR BY THE NATIONAL ASSOCIATION OF BOARDS OF PHARMACY. DIRECT RELIEF IS AMONG THE LARGEST-VOLUME PROVIDERS OF MEDICAL DONATIONS TO ITS PARTNERS WORLDWIDE. DIRECT RELIEF'S PROGRAMS INVOLVE A WIDE RANGE OF FUNCTIONS, SEVERAL OF WHICH REQUIRE SPECIALIZED EXPERTISE AND LICENSING. AMONG THESE FUNCTIONS ARE IDENTIFYING KEY LOCAL PROVIDERS OF HEALTH SERVICES IN SUCH AREAS, WORKING TO IDENTIFY THE UNMET NEEDS OF PEOPLE IN THE AREAS, MOBILIZING ESSENTIAL MEDICINES, SUPPLIES, AND EQUIPMENT THAT ARE REQUESTED AND APPROPRIATE FOR THE CIRCUMSTANCES, AND MANAGING THE MANY DETAILS INHERENT IN STORING, TRANSPORTING, AND DISTRIBUTING SUCH GOODS TO THE PARTNER ORGANIZATIONS IN THE MOST EFFICIENT MANNER POSSIBLE. WHEN DIRECT RELIEF RECEIVES AN IN-KIND DONATION, ACCOUNTING STANDARDS REQUIRE A "FAIR MARKET VALUE" TO BE ASSIGNED TO THE DONATION. DONATIONS OF MEDICINES, MEDICAL EQUIPMENT, AND MEDICAL SUPPLIES HAVE LONG BEEN AN INTEGRAL PART OF DIRECT RELIEF'S HUMANITARIAN ASSISTANCE PROGRAMS. IN ASSIGNING A FAIR MARKET VALUE TO THE IN-KIND MEDICAL DONATIONS RECEIVED, DIRECT RELIEF USES A CAREFUL, CONSERVATIVE APPROACH THAT COMPLIES WITH THE RELEVANT ACCOUNTING STANDARDS, AND THE SPIRIT AND PURPOSE OF DISCLOSURE, TRANSPARENCY, AND ACCOUNTABILITY TO THE PUBLIC. SPECIFICALLY, DIRECT RELIEF USES THE FOLLOWING METHODOLOGY IN DETERMINING THE FAIR MARKET VALUE OF IN-KIND MEDICAL DONATIONS: CONTRIBUTIONS OF U.S. FOOD AND DRUG ADMINISTRATION (FDA)-APPROVED PHARMACEUTICALS, BRANDED AND GENERIC, ARE RECORDED AT ESTIMATED WHOLESALE VALUE, WHICH APPROXIMATES FAIR VALUE, ON THE DATE RECEIVED, BASED ON THE WHOLESALE ACQUISITION COST (WAC) AS PUBLISHED IN THE TRUVEN HEALTH ANALYTICS REDBOOK, AN INDUSTRY-RECOGNIZED DRUG AND PRICING REFERENCE GUIDE FOR PHARMACEUTICALS IN THE UNITED STATES. FOR THE YEAR ENDED JUNE 30TH, 2018 THE ORGANIZATION ADOPTED A POLICY OF USING MONTHLY PRICING INFORMATION AVAILABLE FROM THE REDBOOK ONLINE SERVICE PROVIDED BY TRUVEN HEALTH ANALYTICS, AN IBM WATSON HEALTH COMPANY. WAC IS THE STANDARD USED BY MANY U.S. STATES AS THE FEDERAL UPPER LIMIT PRICING FOR DRUGS PURCHASED UNDER THE MEDICAID PROGRAM. IF THE WHOLESALE VALUE IS NOT AVAILABLE IN THE ONLINE REDBOOK SOURCE, THE WHOLESALE VALUE OF THE CONTRIBUTION IS BASED ON OTHER APPROPRIATE INTERNET PRICING SOURCES. ALTERNATIVE METHODS OF VALUING A DRUG DONATION WOULD RESULT IN A HIGHER VALUATION. FOR EXAMPLE, THE COMMONLY CITED AVERAGE WHOLESALE PRICE (AWP), WHICH ALSO IS PUBLISHED IN THE REDBOOK, IS APPROXIMATELY TWENTY PERCENT HIGHER THAN WAC FOR A PARTICULAR PRODUCT, ACCORDING TO THE REDBOOK. DIRECT RELIEF DETERMINED THAT WAC IS THE MORE APPROPRIATE MEASURE BECAUSE PRICING DIFFERENCES EXIST FOR GENERIC AND BRANDED PR</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VIII, LINE 1G - VALUATION OF IN-KIND RESOURCES</p>	<p>PRODUCTS, IT IS IMPORTANT TO NOTE DIRECT RELIEF APPLIES THE WAC VALUE TO EACH SPECIFIC PRODUCT'S NATIONAL DRUG CODE, WHICH RELATES TO THE SPECIFIC MANUFACTURER AND FORMULATION OF A DRUG. THIS DISTINCTION IS SIGNIFICANT BECAUSE IT REFLECTS, FOR EXAMPLE, THE LOWER PRICE (AND FAIR MARKET VALUE) OF A GENERIC PRODUCT RECEIVED THROUGH DONATION, COMPARED TO HIGHER-PRICED BRANDED PRODUCT FOR NON-FDA-APPROVED PHARMACEUTICALS, FOR EXAMPLE, PRODUCTS MANUFACTURED FOR USE IN NON-UNITED STATES MARKETS, THE ORGANIZATION USES INDEPENDENT PRICING GUIDES TO DETERMINE THE FAIR MARKET VALUE OF THE PARTICULAR MANUFACTURER'S SPECIFIC FORMULATION. THE SOURCES OF SUCH PRICING INFORMATION VARY, BUT RELEVANT INFORMATION MAY INCLUDE THE PRICE PAID BY WHOLESALERS OR OTHER THIRD-PARTY BUYERS, A PRICE NEGOTIATED BY AN ORGANIZATION (SUCH AS THE CLINTON HEALTH ACCESS INITIATIVE) FOR A PARTICULAR DRUG, OR OTHER SUCH REASONABLE BASIS. CONTRIBUTIONS OF MEDICAL EQUIPMENT AND SUPPLIES ARE ALSO RECORDED AT ESTIMATED WHOLESALE VALUE BASED UPON APPROPRIATE PRICING INFORMATION ON THE SPECIFIC ITEM LISTED FOR SALE IN TRADE PUBLICATIONS, THROUGH ONLINE INTERNET PRICING GUIDES, AND THROUGH ITS OWN PROCUREMENT HISTORY WHEN PURCHASING. SUCH VALUATIONS TYPICALLY ARE SUBSTANTIALLY LOWER THAN PUBLISHED RETAIL PRICES. THE ORGANIZATION VERIFIES THE REASONABLENESS OF THIS DISCOUNTING METHODOLOGY ON AN ANNUAL BASIS. CONTRIBUTED MATERIALS, PROVIDED TO THE ORGANIZATION'S PARTNERS AROUND THE WORLD, ARE RECORDED AS AN EXPENSE AT THE SAME FAIR VALUE AS THEY WERE RECOGNIZED UPON RECEIPT AS REVENUE. DIFFERENT PRICES OF SIMILAR PRODUCTS OR SERVICES IN DIFFERENT GEOGRAPHIC AREAS CAN CAUSE CONFUSION. THE SPECIFICS OF DIRECT RELIEF'S VALUATION METHODOLOGY ARE NOTED HERE IN RECOGNITION OF THE CONFUSION THAT CAN ARISE WITH REGARD TO THE VALUE OF CONTRIBUTED GOODS AND SERVICES. ONE SOURCE OF CONFUSION STEMS FROM THE SIGNIFICANT PRICING (AND THEREFORE VALUATION) DIFFERENCES THAT EXIST IN DIFFERENT PARTS OF THE WORLD FOR SIMILAR PRODUCTS. WITH REGARD TO PHARMACEUTICAL PRODUCTS, SIGNIFICANT DIFFERENCES EXIST BETWEEN A BRANDED DRUG AND A GENERIC EQUIVALENT FORMULATION EVEN WITHIN THE SAME MARKET, INCLUDING THE U.S. BECAUSE DIRECT RELIEF OPERATES ON A GLOBAL SCALE, SUCH DIFFERENCES MUST BE CONSIDERED AND REFLECTED IN THE ACCOUNTING AND REPORTING OF CONTRIBUTIONS OF COURSE, SIMILAR PRICING AND VALUATION DIFFERENCES ALSO EXIST FOR OTHER COMMODITIES AND SERVICES BEYOND PHARMACEUTICALS. IN THE U.S., FOR EXAMPLE, THE COMMODITY OF WATER MAY BE THE EASIEST EXAMPLE, SINCE THE PRICE THAT IS PAID FOR THE SAME COMPOUND, H₂O, RANGES FROM FREE IN A PUBLIC TAP TO SEVERAL DOLLARS FOR A "BRANDED" EQUIVALENT BOTTLED QUANTITY IN A HOTEL ROOM. BUT SIMILAR PRICING DIFFERENCES EXIST FOR SERVICES AS WELL. THE OUTSOURCING AND OFF-SHORE PHENOMENA REFLECT THAT EVEN HIGHLY SKILLED SERVICES--SURGERY, COMPUTER PROGRAMMING, RESEARCH CONDUCTED BY PHYSICIANS--ARE DONE AT VASTLY DIFFERENT PRICES IN DIFFERENT COUNTRIES. DIRECT RELIEF'S INTERNAL PROCESSES, INFO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VIII, LINE 1G - VALUATION OF IN-KIND RESOURCES	<p>RMATION SYSTEMS, AND PUBLIC DISCLOSURES ENSURE THAT THESE DISTINCTIONS ARE CLEARLY DOCUMENTED AND THAT THE ORGANIZATION'S FINANCIAL REPORTING PRECISELY AND ACCURATELY REFLECTS THE FAIR MARKET VALUE OF THE SPECIFIC ITEMS RECEIVED THROUGH DONATION IF A LOW-COST GENERIC MEDICATION IS RECEIVED THROUGH DONATION, ITS VALUE IS PROPERLY RECORDED AS THAT OF THE GENERIC MEDICATION IF A MORE EXPENSIVE BRANDED PRODUCT IS RECEIVED THROUGH DONATION, ITS VALUE IS SIMILARLY PROPERLY RECORDED AS THAT OF A BRANDED PRODUCT AS NOTED ABOVE, DIRECT RELIEF HAS LONG SOUGHT THE CONTRIBUTION OF NEEDED GOODS AND SERVICES TO USE FOR HUMANITARIAN PURPOSES BECAUSE OF THE EFFICIENCIES AND OTHER BENEFITS THAT RESULT THE ORGANIZATION AND, MORE IMPORTANTLY, THE PEOPLE IT SERVES, BENEFIT FROM THE LOWEST-COST, MOST EFFICIENT USE OF RESOURCES SO TOO DO FINANCIAL CONTRIBUTORS, SINCE THEIR FINANCIAL CONTRIBUTIONS ARE NOT BEING USED TO PURCHASE GOODS OR SERVICES THAT CAN BE OBTAINED DIRECTLY THROUGH DONATIONS THEREFORE, WHEN IT COMES TO ACCOUNTING FOR, DOCUMENTING, AND REPORTING ANY CONTRIBUTIONS, IT IS VERY IMPORTANT THAT WE GET IT RIGHT A STRONG INCENTIVE EXISTS TO USE HIGHER VALUATION SOURCES, SUCH AS RETAIL PRICES, OR USE BRANDED PRODUCT VALUES FOR GENERIC DONATIONS HOWEVER, WE BELIEVE THAT A CONSERVATIVE APPROACH PROVIDES THE MOST ACCURATE, EASY-TO-UNDERSTAND BASIS AND IS BEST TO INSTILL PUBLIC CONFIDENCE IN OUR FINANCIAL REPORTING</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 24A	THE \$137,670,054 INVENTORY ADJUSTMENT WAS DUE TO THE REQUIRED DESTRUCTION OF EXPIRED DONATED PRODUCT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART X, LINE 15, OTHER ASSETS	DIRECT RELIEF ACCRUES THE AMOUNTS RECEIVABLE FROM DIRECT RELIEF FOUNDATION ON AN ANNUAL BASIS THE BALANCE DUE AS OF JUNE 30, 2018 CONSISTS OF THE FOLLOWING PRIOR YEAR APPROVED TRANSFERS (A) 1,571,469 CURRENT YEAR APPROVED TRANSFERS 2,304,592 ACTUAL TRANSFERS TAKEN (357,654) ----- TOTAL AMOUNT RECEIVABLE AS OF JUNE 30, 2018 \$ 3,518,407 (A) APPROVED TRANSFERS THAT ARE NOT TAKEN BY THE END OF EACH FISCAL YEAR ARE CARRIED FORWARD TO BE TAKEN IN FUTURE YEARS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	FY17 ACCRUED DONATED FREIGHT - USED IN FY18 -363,011 FY18 ACCRUED DONATED FREIGHT - UNUSED IN FY18 693,292 FY18 DONATED SUBSCRIPTION - UNUSED IN FY18 43,400 INCOME FROM S CORPORATIONS - ALDSB, INC -5,060

990 Schedule O, Supplemental Information

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 FORM DOES NOT ALLOW FOR A DATE RANGE

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
DIRECT RELIEF

Employer identification number
95-1831116

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) DR PROPERTY 1 LLC 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117 81-3303673	OPERATES SOLELY AND EXCLUSIVELY FOR THE BENEFIT OF DIRECT RELIEF	CA	237	38,801,990	DIRECT RELIEF

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)DIRECT RELIEF FOUNDATION 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117 20-5983698	OPERATES SOLELY AND EXCLUSIVELY FOR THE BENEFIT OF DIRECT RELIEF	CA	501(C)(3)	LINE 12A, TYPE I	DIRECT RELIEF	Yes	
(2)DIRECT RELIEF INTERNATIONAL SOUTH AFRICA NO22 OXFORD ROAD PARKTOWN, JOHANNESBURG 2193 SF	COORDINATION OF MEDICAL SUPPORT TO AFRICAN DOCTORS AND MEDICAL CLINICS	SF	501(C)(3)	LINE 7	DIRECT RELIEF	Yes	
(3)DIRECT RELIEF MEXICO AV PASEO DE LA REFORMA 300 - PISO CUAUHTEMOC, DISTRITO FEDERAL 06600 MX	COORDINATION OF MEDICAL SUPPORT TO MEXICAN DOCTORS AND MEDICAL CLINICS	MX	501(C)(3)	LINE 7	DIRECT RELIEF	Yes	

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

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

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

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

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

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART V, LINE 2A (1)	THE AMOUNT REPORTED REPRESENTS GRANTS TO DIRECT RELIEF INTERNATIONAL SOUTH AFRICA, A SOUTH AFRICA CORPORATION THAT IS 100% OWNED BY DIRECT RELIEF. THE TOTAL TRANSFERS TO DIRECT RELIEF INTERNATIONAL SOUTH AFRICA FOR THE YEAR ENDED JUNE 30, 2018 WERE \$49,892.

Return Reference	Explanation
SCHEDULE R, PART V, LINE 2A (2)	THE AMOUNT REPORTED REPRESENTS GRANTS TO DIRECT RELIEF MEXICO, A MEXICO CORPORATION THAT IS 100% OWNED BY DIRECT RELIEF THE TOTAL TRANSFERS TO DIRECT RELIEF MEXICO FOR THE YEAR ENDED JUNE 30, 2018 WERE \$1,141,994

Return Reference	Explanation
SCHEDULE R, PART V, LINE 2A (3)	100% OF BEQUESTS, IRREVOCABLE TRUSTS, INSURANCE POLICIES, ANNUITIES, ETC ARE TRANSFERRED TO DIRECT RELIEF FOUNDATION, UNLESS OTHERWISE SPECIFIED BY THE DONOR. ADDITIONALLY, AT THE END OF EACH FISCAL YEAR, DIRECT RELIEF MAY ALSO TRANSFER TO THE DIRECT RELIEF FOUNDATION ANY SURPLUS THAT MAY RESULT FROM OPERATIONS OF THAT FISCAL YEAR.

Return Reference	Explanation
SCHEDULE R, PART V, LINE 2A (4)	FOR THE YEAR ENDED JUNE 30, 2018, THE TRUSTEES OF DIRECT RELIEF FOUNDATION APPROVED TO PROVIDE FUNDS TO DIRECT RELIEF TO COVER ALL OF DIRECT RELIEF'S FUNDRAISING EXPENSES AS WELL AS 100% OF THE COMPENSATION OF THE CEO. DIRECT RELIEF ACCRUES THE AMOUNTS RECEIVABLE FROM THE FOUNDATION ON AN ANNUAL BASIS. THE BALANCE DUE AS OF JUNE 30, 2018 CONSISTS OF THE FOLLOWING: PRIOR YEAR APPROVED TRANSFERS (A) 1,571,469; CURRENT YEAR APPROVED TRANSFERS 2,304,592; ACTUAL TRANSFERS TAKEN (357,654). ----- TOTAL AMOUNT RECEIVABLE AS OF JUNE 30, 2018 \$ 3,518,407 (A) APPROVED TRANSFERS THAT ARE NOT TAKEN BY THE END OF EACH YEAR ARE CARRIED FORWARD TO BE TAKEN IN FUTURE YEARS.

Return Reference	Explanation
SCHEDULE R, PART V, LINE 2A (5)	FOR THE YEAR ENDED JUNE 30, 2018, DIRECT RELIEF PAID \$872,679 ON BEHALF OF DIRECT RELIEF FOUNDATION FOR FIXED ASSETS, SHARED EMPLOYEE, AND OTHER ADMINISTRATIVE COSTS THESE REIMBURSABLE EXPENSES ARE ACCRUED AS A RECEIVABLE FROM DIRECT RELIEF FOUNDATION ON AN ANNUAL BASIS

