

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

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

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

OMB No. 1545-0047

**2011****Open to Public Inspection****A** For the **2011** calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <div style="border: 1px solid black; padding: 2px;">DIRECT RELIEF INTERNATIONAL</div> <div style="border: 1px solid black; padding: 2px;">Doing Business As</div> <div style="border: 1px solid black; padding: 2px;">Number and street (or P.O. box if mail is not delivered to street address) Room/suite 27 SOUTH LA PATERA LANE</div> <div style="border: 1px solid black; padding: 2px;">City or town, state or country, and ZIP + 4 GOLETA, CA 93117</div> <div style="border: 1px solid black; padding: 2px;"> <b>F</b> Name and address of principal officer: BHUPI SINGH                  27 SOUTH LA PATERA LANE, GOLETA, CA 93117             </div>	<b>D</b> Employer identification number <div style="border: 1px solid black; padding: 2px;">95-1831116</div> <b>E</b> Telephone number <div style="border: 1px solid black; padding: 2px;">805-964-4767</div> <b>G</b> Gross receipts \$ <div style="border: 1px solid black; padding: 2px;">299,665,271.</div> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ WWW.DIRECTRELIEF.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: 1948 <b>M</b> State of legal domicile: CA		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: MEDICAL ASSISTANCE TO IMPROVE THE LIVES OF PEOPLE AFFECTED BY POVERTY, DISASTER, AND CIVIL UNREST.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	28
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	27
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) .....	<b>5</b>	57
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	145
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	0.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	404,747,879.	299,222,205.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	281,616.	414,248.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	17,270.	11,318.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	-11,589.	5,060.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	405,035,176.	299,652,831.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	277,087,574.	279,361,709.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	5,467,772.	5,642,312.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,594,427.	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	26,918,957.	32,549,890.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	309,474,303.	317,553,911.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	95,560,873.	-17,901,080.
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	221,000,728.	204,482,179.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	2,760,162.	2,721,951.
		218,240,566.	201,760,228.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer BHUPI SINGH, EVP, COO & CFO Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN	Firm's name ▶ Firm's EIN ▶ Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

PROVIDE MEDICAL ASSISTANCE TO IMPROVE THE LIVES OF PEOPLE AFFECTED BY  
POVERTY, DISASTER, AND CIVIL UNREST IN THE U.S. AND AROUND THE WORLD.  
WE WORK TO STRENGTHEN THE HEALTH EFFORTS OF OUR PARTNERS BY PROVIDING  
MATERIAL MEDICAL RESOURCES, MEDICINES, SUPPLIES, AND EQUIPMENT.

**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 and section 4947(a)(1) trusts 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 \$ 240,694,906. including grants of \$ 214,682,179. ) (Revenue \$ 349,473. )  
DURING THE YEAR, DIRECT RELIEF PROVIDED APPROXIMATELY \$210.8 MILLION OF  
ESSENTIAL MEDICINES AND MEDICAL SUPPLIES AND \$3.8 MILLION OF CASH  
GRANTS TO 414 HEALTHCARE-PROVIDER PARTNERS IN 78 COUNTRIES TO HELP  
IMPROVE THE HEALTH OF THE UNDERSERVED POPULATION. DIRECT RELIEF'S  
MEDICAL ASSISTANCE EQUIPS HEALTH PROFESSIONALS WORKING IN RESOURCE-POOR  
COMMUNITIES TO BETTER MEET THE CHALLENGES OF DIAGNOSING, TREATING, AND  
CARING FOR PEOPLE WITHOUT REGARD TO POLITICS, RELIGION, GENDER, RACE,  
OR ABILITY TO PAY. DIRECT RELIEF PLACES A HIGH PRIORITY ON MATERNAL AND  
CHILD HEALTH PROGRAMS IN ADDITION TO FOCUSING ON PROVIDING MATERIAL  
ASSISTANCE TO PRIMARY HEALTHCARE CLINICS, COMBATING HIV/AIDS, HEALTH  
CARE PROVIDER TRAINING, EMERGENCY PREPAREDNESS, AND DISASTER RESPONSE.

**4b** (Code: ) (Expenses \$ 72,888,844. including grants of \$ 64,679,530. ) (Revenue \$ 64,775. )  
DIRECT RELIEF RUNS THE LARGEST CHARITABLE MEDICINE PROGRAM IN THE U.S.,  
PROVIDING FREE MEDICATIONS AND SUPPLIES TO SAFETY-NET CLINICS AND  
HEALTH CENTERS TO SERVE THEIR EVER-GROWING NUMBER OF LOW-INCOME AND  
UNINSURED PATIENTS. DIRECT RELIEF IS THE ONLY NONPROFIT WORKING WITH  
MORE THAN 1,000 CLINICS AND HEALTH CENTERS IN ALL 50 STATES, AND IS THE  
FIRST AND ONLY NONPROFIT LICENSED TO DISTRIBUTE PHARMACEUTICALS IN  
EVERY STATE. THIS YEAR, DIRECT RELIEF PROVIDED \$64.4 MILLION IN MEDICAL  
AID AND \$270,000 OF CASH GRANTS IN THE U.S. SINCE 2004, DIRECT RELIEF  
HAS PROVIDED CLOSE TO \$300 MILLION IN ASSISTANCE IN THE U.S.

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

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **▶** 313,583,750.

**Part IV Checklist of Required Schedules**

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

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

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

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 53		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b> X		
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 57		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b> X		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> 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)?	<b>4a</b> X		
<b>b</b> If "Yes," enter the name of the foreign country: <b>SOUTH AFRICA</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

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

Check if Schedule O contains a response to any question in this Part VI ☒ **X**

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 28		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 27		
<b>2</b> 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? ..... <b>2</b>		X
<b>3</b> 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? ..... <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? ..... <b>6</b>		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... <b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? ..... <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	X	
<b>9</b> 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 ..... <b>9</b>		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? ..... <b>10a</b>		X
<b>b</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? ..... <b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ..... <b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 ..... <b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... <b>12b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ..... <b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? ..... <b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? ..... <b>14</b>	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official ..... <b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization ..... <b>15b</b>	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..... <b>16a</b>		X
<b>b</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? ..... <b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **CA**

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

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DIRECT RELIEF INTERNATIONAL, BHUPI SINGH, EVP, COO & CFO - 805-964-4767**  
**27 SOUTH LA PATERA LANE, GOLETA, CA 93117**

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

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

☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS J. CUSACK CHAIR	10.00	X		X				0.	0.	0.
(2) JOHN ROMO VICE CHAIR	5.00	X		X				0.	0.	0.
(3) PATRICK ENTHOVEN TREASURER	5.00	X		X				0.	0.	0.
(4) RITA MOYA SECRETARY	5.00	X		X				0.	0.	0.
(5) ANGEL ISCOVICH, M.D. ASSISTANT SECRETARY	5.00	X		X				0.	0.	0.
(6) GEORGE SHORT COMMITTEE CHAIR	5.00	X						0.	0.	0.
(7) JAMES SELBERT COMMITTEE CHAIR	5.00	X						0.	0.	0.
(8) PATTY DEDOMINIC COMMITTEE CHAIR	5.00	X						0.	0.	0.
(9) AYESHA SHAIKH, M.D. DIRECTOR	2.00	X						0.	0.	0.
(10) BERT GREEN, M.D. DIRECTOR	2.00	X						0.	0.	0.
(11) MARY-LOUISE SCULLY, M.D. DIRECTOR	2.00	X						0.	0.	0.
(12) PRISCILLA HIGGINS, PH.D. DIRECTOR	2.00	X						0.	0.	0.
(13) HON. PAUL G. FLYNN DIRECTOR	2.00	X						0.	0.	0.
(14) DONALD J. LEWIS DIRECTOR	2.00	X						0.	0.	0.
(15) ERNEST J. GETTO DIRECTOR	2.00	X						0.	0.	0.
(16) GARY R. TOBEY DIRECTOR	2.00	X						0.	0.	0.
(17) GREGG L. FOSTER DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JON E. CLARK DIRECTOR	2.00	X						0.	0.	0.
(19) KENDALL BISHOP DIRECTOR	2.00	X						0.	0.	0.
(20) LAWRENCE DAM DIRECTOR	2.00	X						0.	0.	0.
(21) J. MICHAEL GILES DIRECTOR	2.00	X						0.	0.	0.
(22) W. SCOTT HEDRICK DIRECTOR	2.00	X						0.	0.	0.
(23) DOROTHY GARDNER DIRECTOR	2.00	X						0.	0.	0.
(24) ELLEN K. JOHNSON DIRECTOR	2.00	X						0.	0.	0.
(25) JEANNE NEWMAN DIRECTOR	2.00	X						0.	0.	0.
(26) MARI MITCHEL DIRECTOR	2.00	X						0.	0.	0.
<b>1b Sub-total</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								1,488,480.	0.	154,920.
<b>d Total (add lines 1b and 1c)</b> .....								1,488,480.	0.	154,920.

**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 **11**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
REX BRADFORD 10 HEARTBREAK ROAD, IPSWICH, MA 01938	IT SERVICES	130,065.
CARL WILLIAMS 2503 VISTAVIEW DRIVE, CORINTH, TX 76210	REGIONAL ADVISOR, JAPAN	119,954.
BLUE ENGINE MESSAGE & MEDIA, 1750 K STREET, NW #450, WASHINGTON, DC 20006	COMMUNICATIONS CONSULTING	116,970.
SABINA BERAHA 184 KINGSTON AVE, #D, GOLETA, CA 93117	IT SERVICES	113,370.

**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 **4**

SEE PART VII, SECTION A CONTINUATION SHEETS

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<b>Part VII</b>	<b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i>
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(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) NANCY WALKER KOPPELMAN DIRECTOR	2.00	X						0.	0.	0.
(28) RAYE HASKELL COMMITTEE CHAIR	2.00	X						0.	0.	0.
(29) THOMAS E. TIGHE PRESIDENT & CEO	40.00			X				344,097.	0.	29,859.
(30) BHUPI SINGH EVP, COO & CFO	40.00			X				282,301.	0.	20,782.
(31) KERRI MURRAY VP, MARKETING, DEVELOPMENT, COMM	40.00				X			213,657.	0.	17,245.
(32) ANTHOULA RANDOPOULOS VP, PHILANTHROPIC INVESTMENT	40.00					X		142,444.	0.	17,954.
(33) ROSS COMSTOCK DIRECTOR OF IT	40.00					X		135,892.	0.	17,769.
(34) ANDREW SCHROEDER DIRECTOR, RESEARCH & ANALYSIS	40.00					X		129,099.	0.	14,346.
(35) SARAVANAN SELVARAJ SAP APPLICATIONS MANAGER	40.00					X		126,907.	0.	15,873.
(36) RICK SNEKVIK DIRECTOR OF OPERATIONS	40.00					X		114,083.	0.	21,092.
Total to Part VII, Section A, line 1c								1,488,480.		154,920.

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	92,155.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	100,285.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	32,645.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	298,997,120.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		286,423,324.				
	<b>h Total.</b> Add lines 1a-1f .....		299,222,205.				
	<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM MANAGEMENT FEE .....		Business Code			
		541610	414,248.	414,248.			
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			414,248.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			9,818.			9,818.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....		1,500.			
		<b>c</b> Gain or (loss) .....		1,500.			
		<b>d</b> Net gain or (loss) .....		1,500.			1,500.
	<b>8 a</b> Gross income from fundraising events (not including \$ 100,285. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	17,500.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	12,440.			
		<b>c</b> Net income or (loss) from fundraising events .....		5,060.			5,060.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>			Business Code				
<b>11 a</b> .....							
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....			299,652,831.	414,248.	0.	16,378.	

**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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question 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
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	64,679,530.	64,679,530.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	214,682,179.	214,682,179.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	925,550.		501,119.	424,431.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	3,867,067.	2,632,922.	752,875.	481,270.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	187,690.	105,023.	47,944.	34,723.
<b>9</b> Other employee benefits	346,907.	226,475.	81,973.	38,459.
<b>10</b> Payroll taxes	315,098.	176,566.	80,017.	58,515.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	16,873.	792.	16,081.	
<b>c</b> Accounting	66,258.	27,427.	38,106.	725.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other				
<b>12</b> Advertising and promotion	24,522.	310.	20,245.	3,967.
<b>13</b> Office expenses				
<b>14</b> Information technology	202,421.	97,410.	27,963.	77,048.
<b>15</b> Royalties				
<b>16</b> Occupancy	564,610.	537,771.	21,682.	5,157.
<b>17</b> Travel	297,251.	242,014.	41,067.	14,170.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	47,662.	25,796.	15,694.	6,172.
<b>20</b> Interest	88,043.	56,696.	18,252.	13,095.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	731,881.	487,497.	138,739.	105,645.
<b>23</b> Insurance	66,361.	42,079.	17,538.	6,744.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> INVENTORY ADJ-SEE SCH O	26,199,816.	26,199,816.		
<b>b</b> FREIGHT AND TRANSPORTAT	1,550,428.	1,550,428.		
<b>c</b> CONTRACT SERVICES	1,542,564.	1,081,909.	311,212.	149,443.
<b>d</b> SUPPLIES	324,150.	258,909.	33,921.	31,320.
<b>e</b> All other expenses	827,050.	472,201.	211,306.	143,543.
<b>25</b> Total functional expenses. Add lines 1 through 24e	317,553,911.	313,583,750.	2,375,734.	1,594,427.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,223.	<b>1</b>	219,822.
	<b>2</b> Savings and temporary cash investments .....	6,172,294.	<b>2</b>	147,291.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	90,467.
	<b>4</b> Accounts receivable, net .....	439,354.	<b>4</b>	75,481.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	4,799.
	<b>8</b> Inventories for sale or use .....	206,699,652.	<b>8</b>	193,393,670.
	<b>9</b> Prepaid expenses and deferred charges .....	188,446.	<b>9</b>	201,699.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 9,617,150.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,317,725.	<b>10c</b>	6,299,425.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	625,170.	<b>12</b>	460,499.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	0.	<b>15</b>	3,589,026.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	221,000,728.	<b>16</b>	204,482,179.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	356,087.	<b>17</b>	483,124.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,400,000.	<b>23</b>	1,400,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,004,075.	<b>25</b>	838,827.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	2,760,162.	<b>26</b>	2,721,951.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	211,612,363.	<b>27</b>	200,940,612.
	<b>28</b> Temporarily restricted net assets .....	6,628,203.	<b>28</b>	819,616.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> .....	218,240,566.	<b>33</b>	201,760,228.
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	221,000,728.	<b>34</b>	204,482,179.	

Form **990** (2011)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	299,652,831.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	317,553,911.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-17,901,080.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	218,240,566.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	1,420,742.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	201,760,228.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?		X
<b>b</b> Were the organization's financial statements audited by an independent accountant?	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>b</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.		

Form **990** (2011)

Department of the Treasury  
Internal Revenue Service

## Public Charity Status and Public Support

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

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

OMB No. 1545-0047

# 2011

**Open to Public Inspection**

Name of the organization

DIRECT RELIEF INTERNATIONAL

Employer identification number

95-1831116

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions.
---------------	--

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

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

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \_\_\_\_\_

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_

(ii) A family member of a person described in (i) above? \_\_\_\_\_

(iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

h Provide the following information about the supported organization(s).

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2011

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	29,762,904.	165,973,150.	341,084,014.	406,929,073.	299,636,453.	1243385594.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	29,762,904.	165,973,150.	341,084,014.	406,929,073.	299,636,453.	1243385594.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						740,518,321.
<b>6 Public support.</b> Subtract line 5 from line 4.						502,867,273.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 .....	29,762,904.	165,973,150.	341,084,014.	406,929,073.	299,636,453.	1243385594.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	5,456.	8,423.	4,325.	17,620.	11,318.	47,142.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	10.	474.	435.	518.	5,060.	6,497.
<b>11 Total support.</b> Add lines 7 through 10						1243439233.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....	<b>12</b>					
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	40.44	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....	<b>15</b>	41.16	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2011

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>		%

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>		%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 .....	<b>18</b>		%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

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



Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

MISCELLANEOUS OPERATING INCOME

FUNDRAISING EVENT NET INCOME

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

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

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ..... ▶ \$ \_\_\_\_\_

3 Volunteer hours ..... \_\_\_\_\_

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ..... ▶ \$ \_\_\_\_\_

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  
line 17b ..... ▶ \$ \_\_\_\_\_

4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

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

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

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

**4-Year Averaging Period Under Section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		1,793.
<b>j</b> Total. Add lines 1c through 1i			1,793.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

DIRECT RELIEF INTERNATIONAL PAYS AN ANNUAL MEMBERSHIP FEE TO

INTERACTION. FOR FY 12 THAT AMOUNT WAS \$22,141. INTERACTION INFORMED

DIRECT RELIEF INTERNATIONAL THAT 8.1% (\$1,793) OF THE MEMBERSHIP DUES

ARE USED FOR LOBBYING ACTIVITIES.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

**Name of the organization**

DIRECT RELIEF INTERNATIONAL

**Employer identification number**

95-1831116

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ .....

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

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

a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ .....

b Assets included in Form 990, Part X ..... ▶ \$ .....

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

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

**a** ☐ Public exhibition

**d** ☐ Loan or exchange programs

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

**b** If "Yes," explain the arrangement in Part XIV.

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

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

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

**a** Board designated or quasi-endowment ☐ 99.92 %

**b** Permanent endowment ☐ .08 %

**c** Temporarily restricted endowment ☐ %

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

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>	X	
<b>3b</b>	X	

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

**4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		1,363,950.		1,363,950.
<b>b</b> Buildings		3,274,607.	1,068,594.	2,206,013.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		1,536,577.	1,082,580.	453,997.
<b>e</b> Other		3,442,016.	1,166,551.	2,275,465.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,299,425.

Schedule D (Form 990) 2011

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DISTRIBUTION PAYABLE-ANNUITIES	2,897.
(3) CAPITAL LEASE OBLIGATION	19,588.
(4) OTHER CURRENT LIABILITIES	816,342.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
(11) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

838,827.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>	
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV.)	<b>8</b>	
<b>9</b>	Total adjustments (net). Add lines 4 through 8	<b>9</b>	
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<b>10</b>	

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

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

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

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

**Part XIV Supplemental Information**

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

PART V, LINE 4: BOARD DESIGNATED ENDOWMENT: THE PURPOSE OF THE DIRECT

RELIEF BOARD RESTRICTED INVESTMENT FUND (BRIF) IS TO PROVIDE A RESERVE FOR

CURRENT AND FUTURE OPERATIONS OF DIRECT RELIEF INTERNATIONAL. THE BRIF

ALSO PROVIDES FUNDING TO PAY FOR ALL OF DIRECT RELIEF INTERNATIONAL'S

FUNDRAISING EXPENSES AND ANY PORTION OF MANAGEMENT AND GENERAL EXPENSES

NOT COVERED BY ANNUAL DONATIONS RECEIVED BY DIRECT RELIEF INTERNATIONAL.

THIS YEAR, THE BRIF APPROVED TO PROVIDE FUNDS COVERING 30% OF DIRECT

RELIEF INTERNATIONAL'S MANAGEMENT AND GENERAL EXPENSES. THIS INCLUDES THE



**Part XIV** Supplemental Information *(continued)*

FULL COMPENSATION OF THE CEO, 75% OF THE COMPENSATION OF THE COO/CFO, FULL

COMPENSATION OF FUNDRAISING PERSONNEL, AND CERTAIN CAPITAL EXPENDITURES.

DIRECT RELIEF INTERNATIONAL ACCRUES THE AMOUNTS RECEIVABLE FROM THE BRIEF

TO PAY FOR THESE EXPENSES ON A MONTHLY BASIS. OF THE \$4,009,495 TOTAL

APPROVED TRANSFERS AS OF JUNE 30, 2012, DIRECT RELIEF INTERNATIONAL

RECEIVED \$451,115.

PART X, LINE 2: THE ORGANIZATION EVALUATES UNCERTAIN TAX POSITIONS,

WHEREBY THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS

CONSIDERED PROBABLE AND REASONABLY ESTIMABLE. AS OF JUNE 30, 2012, THE

ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

THE ORGANIZATION FILES TAX RETURNS IN CALIFORNIA AND U.S. FEDERAL

JURISDICTIONS. THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL,

STATE AND LOCAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2008.

**SCHEDULE F**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011****Open to Public  
Inspection**

Name of the organization

Employer identification number

DIRECT RELIEF INTERNATIONAL

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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANT MAKING		236,675.
EAST ASIA AND THE PACIFIC	0	0	GRANT MAKING		2,912,166.
NORTH AMERICA	0	0	GRANT MAKING		20,000.
SOUTH AMERICA	0	0	GRANT MAKING		173,853.
SOUTH ASIA	0	0	GRANT MAKING		212,630.
SUB-SAHARAN AFRICA	0	0	GRANT MAKING		262,196.
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	COORDINATION OF RELIEF EFFORTS IN JAPAN	114,633.
SUB-SAHARAN AFRICA	1	3	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO AFRICAN DOCTORS AND MEDICAL CLINICS	177,256.
<b>3 a Sub-total</b> .....	1	4			4,109,409.
<b>b Total from continuation sheets to Part I</b> .....	0	1			210,877,930.
<b>c Totals</b> (add lines 3a and 3b) .....	1	5			214,987,339.

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

Schedule F (Form 990) 2011

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	1	PROGRAM SERVICES		13,271.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	46,724,827.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	15,006,967.
EUROPE	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	1,594,216.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	2,815,919.
NORTH AMERICA	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	210,522.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	3,088,454.
SOUTH AMERICA	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	5,105,331.
SOUTH ASIA	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	12,488,939.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	123,829,484.
<b>Totals</b> .....		1			210,877,930.

**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. Check this box if no one recipient received more than \$5,000 ☐

Part II can be duplicated if additional space is needed.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MATERNITY FACILITY IN GHANA	5,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	MIDWIFE KIT DISTRIBUTION	6,000.	WIRE	0.		
		SOUTH ASIA	MIDWIFE KIT PROGRAM	10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	OBSTETRIC FISTULA REPAIR/PREVENTION PROGRAM	10,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV	16,825.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DISEASE OUTBREAK PREVENTION	20,000.	WIRE	0.		
		NORTH AMERICA	MIDWIFERY TRAINING PROGRAM	20,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	SAFE CHILDBIRTH EDUCATION PROGRAM	23,266.	WIRE	0.		

- 2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 179
- 3** Enter total number of other organizations or entities 38

Schedule F (Form 990) 2011

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PURCHASE OF BIRTHING KITS	25,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	SUPPORT HEALTH-RELATED WORK IN KENYA	29,750.	WIRE	0.		
		SOUTH AMERICA	CHILE EARTHQUAKE RELIEF	35,000.	WIRE	0.		
		SOUTH AMERICA	RIO BENI HEALTHCARE PROJECT, BOLIVIA	35,462.	WIRE	0.		
		SOUTH ASIA	PAKISTAN FLOOD RELIEF	37,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	MATERNAL & CHILD HEALTH; TRAUMA CARE	40,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	SAFE CHILDBIRTH EDUCATION PROGRAM	45,385.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	JAPAN EARTHQUAKE/Tsunami REPORTING	50,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	MALNUTRITION PROJECT	83,950.	WIRE	0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	JAPAN EARTHQUAKE/Tsunami RELIEF & RECOVERY	95,805.	WIRE	0.		
		SOUTH AMERICA	DIABETES PREVENTION PROGRAM	98,800.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	JAPAN EARTHQUAKE/Tsunami RELIEF & RECOVERY	100,000.	WIRE	0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH EDUCATION	165,630.	WIRE	0.		
		SUB-SAHARAN AFRICA	OBSTETRIC FISTULA REPAIR/PREVENTION PROGRAM	186,446.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	JAPAN EARTHQUAKE/Tsunami RELIEF & RECOVERY	197,236.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CLINIC SUPPORT & BUILDING TRANSITION	200,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	JAPAN EARTHQUAKE/Tsunami RELIEF & RECOVERY	285,686.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	JAPAN EARTHQUAKE/Tsunami RELIEF & RECOVERY	304,754.	WIRE	0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	JAPAN EARTHQUAKE/Tsunami RELIEF & RECOVERY	398,363.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	JAPAN EARTHQUAKE/Tsunami RELIEF & RECOVERY	400,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	JAPAN EARTHQUAKE/Tsunami RELIEF & RECOVERY	410,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	JAPAN EARTHQUAKE/Tsunami RELIEF & RECOVERY	477,719.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN		0.		27,354.	PHARMACEUTICALS, MEDICAL SUPPLIES	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		517,726.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		727,944.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		7,605.	PHARMACEUTICALS, MEDICAL SUPPLIES	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		14,438.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		12,469.	EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		6,928.	MEDICAL SUPPLIES	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		18,560.	EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		11,345.	PHARMACEUTICALS, MEDICAL SUPPLIES	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		99,976.	PHARMACEUTICALS	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		41,819.	MEDICAL SUPPLIES	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		5,162.	EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		28,580.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		263,276.	PHARMACEUTICALS	FMV (WHOLESALE ACQUISITION COST)



**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		163,328.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		7,785.	EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		31,391.	PHARMACEUTICALS, MEDICAL SUPPLIES	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		118,885.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		20,395.	PHARMACEUTICALS	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		447,650.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		34,450.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		15,395.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		668,625.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		112,205.	PHARMACEUTICALS	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		37,341.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		310,946.	MEDICAL SUPPLIES	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		50,261.	PHARMACEUTICALS	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		652,483.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		35,488.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		89,837.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		69,040.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		260,082.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		265,156.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,926,125.	PHARMACEUTICALS	FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		149,844.	MEDICAL SUPPLIES	PURCHASE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		396,373.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,230,945.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		2,924,839.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		580,765.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		369,741.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,223,374.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		3,547,759.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		4,602,993.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		2,308,973.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		679,140.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		66,866.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		606,307.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		157,068.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		37,552.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		5,176,055.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)

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<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		15,015.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		5,186.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		11,308.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		30,912.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		527,154.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		862,506.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		239,746.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		370,866.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		182,201.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		822,039.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		38,129.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		10,960.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		663,090.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		700,902.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		169,863.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		393,124.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,007,493.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		3,801,408.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		290,313.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		6,048,921.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		33,600.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		716,612.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		448,216.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		43,937.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		5,887.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		EAST ASIA AND THE PACIFIC		0.		177,853.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		EAST ASIA AND THE PACIFIC		0.		817,990.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)

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<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC		0.		16,980.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		EAST ASIA AND THE PACIFIC		0.		983,635.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		EAST ASIA AND THE PACIFIC		0.		189,678.	PHARMACEUTICALS, MEDICAL SUPPLIES	FMV (WHOLESALE ACQUISITION COST)
		EAST ASIA AND THE PACIFIC		0.		852,366.	PHARMACEUTICALS	FMV (WHOLESALE ACQUISITION COST)
		EAST ASIA AND THE PACIFIC		0.		4,335,644.	PHARMACEUTICALS	FMV (WHOLESALE ACQUISITION COST)
		EAST ASIA AND THE PACIFIC		0.		225,902.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		EAST ASIA AND THE PACIFIC		0.		73,451.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		EAST ASIA AND THE PACIFIC		0.		6,060,965.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		EAST ASIA AND THE PACIFIC		0.		1,384,037.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)



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<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC		0.		397,753.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		EAST ASIA AND THE PACIFIC		0.		100,762.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		EAST ASIA AND THE PACIFIC		0.		28,484.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		EAST ASIA AND THE PACIFIC		0.		236,205.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		MIDDLE EAST AND NORTH AFRICA		0.		2,815,919.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		NORTH AMERICA		0.		6,706.	PHARMACEUTICALS, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		NORTH AMERICA		0.		139,350.	PHARMACEUTICALS	FMV (WHOLESALE ACQUISITION COST)
		NORTH AMERICA		0.		31,287.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		NORTH AMERICA		0.		32,697.	PHARMACEUTICALS	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)

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<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND THE NEWLY INDEPENDENT STATES		0.		3,088,454.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		SOUTH AMERICA		0.		202,329.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		SOUTH AMERICA		0.		61,350.	PHARMACEUTICALS	FMV (WHOLESALE ACQUISITION COST)
		SOUTH AMERICA		0.		323,382.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		SOUTH AMERICA		0.		474,978.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		SOUTH AMERICA		0.		2,523,916.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		SOUTH AMERICA		0.		496,011.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		SOUTH AMERICA		0.		123,291.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		SOUTH AMERICA		0.		8,111.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA		0.		36,621.	PHARMACEUTICALS	FMV (WHOLESALE ACQUISITION COST)
		SOUTH ASIA		0.		5,613.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		SOUTH ASIA		0.		325,219.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		SOUTH ASIA		0.		13,856.	MEDICAL SUPPLIES	FMV (WHOLESALE ACQUISITION COST)
		SOUTH ASIA		0.		3,491,952.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		SOUTH ASIA		0.		290,175.	PHARMACEUTICALS	FMV (WHOLESALE ACQUISITION COST)
		SOUTH ASIA		0.		77,695.	MEDICAL SUPPLIES	PURCHASE PRICE
		SOUTH ASIA		0.		12,255.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		SOUTH ASIA		0.		300,127.	MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA		0.		124,739.	MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		SOUTH ASIA		0.		382,699.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		SOUTH ASIA		0.		1,053,557.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		SOUTH ASIA		0.		6,374,430.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		21,031.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		22,516.	MEDICAL SUPPLIES	FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		88,637.	PHARMACEUTICALS	FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		32,144.	PHARMACEUTICALS, MEDICAL SUPPLIES	FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		13,459,519.	PHARMACEUTICALS	FMV (WHOLESALE ACQUISITION COST)

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.		36,630.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		249,283.	EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		49,825.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		145,459.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		5,196.	MEDICAL SUPPLIES	FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		3,407,361.	PHARMACEUTICALS	FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		896,337.	PHARMACEUTICALS	FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		1,732,145.	PHARMACEUTICALS	FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		28,328,207.	PHARMACEUTICALS	FMV (WHOLESALE ACQUISITION COST)

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.		1,061,806.	PHARMACEUTICALS	FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		1,835,580.	PHARMACEUTICALS	FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		843,583.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		42,155,213.	PHARMACEUTICALS	FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		186,547.	PHARMACEUTICALS	FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		21,423.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		12,122.	MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		5,196.	MEDICAL SUPPLIES	FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		15,256.	MEDICAL SUPPLIES	FMV (WHOLESALE ACQUISITION COST)

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.		1,439,838.	PHARMACEUTICALS	FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		6,617.	PHARMACEUTICALS, MEDICAL SUPPLIES	FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		26,400.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		40,767.	MEDICAL SUPPLIES	PURCHASE PRICE
		SUB-SAHARAN AFRICA		0.		105,876.	MEDICAL SUPPLIES	PURCHASE PRICE
		SUB-SAHARAN AFRICA		0.		23,049.	MEDICAL SUPPLIES	PURCHASE PRICE
		SUB-SAHARAN AFRICA		0.		73,407.	MEDICAL SUPPLIES	PURCHASE PRICE
		SUB-SAHARAN AFRICA		0.		36,285.	MEDICAL SUPPLIES	PURCHASE PRICE
		SUB-SAHARAN AFRICA		0.		26,834.	MEDICAL SUPPLIES	PURCHASE PRICE

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.		76,012.	MEDICAL SUPPLIES	PURCHASE PRICE
		SUB-SAHARAN AFRICA		0.		17,439.	MEDICAL SUPPLIES	PURCHASE PRICE
		SUB-SAHARAN AFRICA		0.		10,598.	MEDICAL SUPPLIES	PURCHASE PRICE
		SUB-SAHARAN AFRICA		0.		35,652.	MEDICAL SUPPLIES	PURCHASE PRICE
		SUB-SAHARAN AFRICA		0.		7,481.	MEDICAL SUPPLIES	PURCHASE PRICE
		SUB-SAHARAN AFRICA		0.		73,732.	MEDICAL SUPPLIES	PURCHASE PRICE
		SUB-SAHARAN AFRICA		0.		39,011.	MEDICAL SUPPLIES	PURCHASE PRICE
		SUB-SAHARAN AFRICA		0.		14,596.	MEDICAL SUPPLIES	PURCHASE PRICE
		SUB-SAHARAN AFRICA		0.		33,487.	MEDICAL SUPPLIES	PURCHASE PRICE



**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.		19,899.	PHARMACEUTICALS	PURCHASE PRICE
		SUB-SAHARAN AFRICA		0.		75,626.	MEDICAL SUPPLIES	PURCHASE PRICE
		SUB-SAHARAN AFRICA		0.		22,582.	MEDICAL SUPPLIES	PURCHASE PRICE
		SUB-SAHARAN AFRICA		0.		28,147.	MEDICAL SUPPLIES	PURCHASE PRICE
		SUB-SAHARAN AFRICA		0.		65,853.	MEDICAL SUPPLIES	PURCHASE PRICE
		SUB-SAHARAN AFRICA		0.		11,827.	MEDICAL SUPPLIES	PURCHASE PRICE
		SUB-SAHARAN AFRICA		0.		7,677.	MEDICAL SUPPLIES	PURCHASE PRICE
		SUB-SAHARAN AFRICA		0.		37,226.	MEDICAL SUPPLIES	PURCHASE PRICE
		SUB-SAHARAN AFRICA		0.		767,231.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.		370,480.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		139,135.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		63,549.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		87,050.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		501,419.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		148,138.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		95,272.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		96,025.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		3,106,951.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.		19,552,207.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		124,623.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		162,614.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		75,839.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		46,698.	MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		504,268.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		20,856.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		214,481.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		276,748.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.		13,182.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)
		SUB-SAHARAN AFRICA		0.		192,617.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASE PRICE, FMV (WHOLESALE ACQUISITION COST)

**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.

[illegible]

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ..... ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ..... ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* ..... ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ..... ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* ..... ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* ..... ☐ Yes ☒ No

Schedule F (Form 990) 2011

**Part V** Supplemental Information

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

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

SITUATIONS WHERE THE TIMELINESS OF OUR RESPONSE IS PARAMOUNT, GRANT

RECIPIENTS SIGN MEMORANDUMS OF UNDERSTANDING OUTLINING THE

RESPONSIBILITIES OF DIRECT RELIEF AND THE GRANTEE. REPORTING BY THE

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

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

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

DOES MAKE SITE VISITS TO GRANTEES TO ENSURE COMPLIANCE WITH THE PROJECT

PROPOSAL; THIS IS ESPECIALLY THE CASE WHEN IT COMES TO THE MONITORING OF

OUR SUPPORT OF GRANTEES IN EMERGENCY RESPONSE SITUATIONS.

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

# 2011

## Open To Public Inspection

DIRECT RELIEF INTERNATIONAL

95-1831116

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

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

**Total** .....

- [illegible]



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

	(a) Event #1 DRI WOMEN (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
<b>Revenue</b>				
<b>1</b> Gross receipts .....	117,785.			117,785.
<b>2</b> Less: Charitable contributions .....	100,285.			100,285.
<b>3</b> Gross income (line 1 minus line 2) .....	17,500.			17,500.
<b>Direct Expenses</b>				
<b>4</b> Cash prizes .....				
<b>5</b> Noncash prizes .....				
<b>6</b> Rent/facility costs .....				
<b>7</b> Food and beverages .....	4,441.			4,441.
<b>8</b> Entertainment .....				
<b>9</b> Other direct expenses .....	7,999.			7,999.
<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 12,440 )
<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				5,060.

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

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

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

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

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

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

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

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

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

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions:

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

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

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States****Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.****▶ Attach to Form 990.**

OMB No. 1545-0047

**2011****Open to Public  
Inspection**

Name of the organization

DIRECT RELIEF INTERNATIONAL

**Employer identification number**

95-1831116

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

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐ **▶**

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY HEALTH & EMERGENCY SERVICES - 2800 SYCAMORE STREET - CAIRO, IL 62914	37-1100482	501(C)(3)	100,000.	0.			OPERATIONS CONTINUITY FOLLOWING SEVERE FLOODING
COMMUNITY HEALTH CLINIC OF JOPLIN 211 S. MAIN STREET JOPLIN, MO 64801	43-1643962	501(C)(3)	32,076.	0.			MENTAL HEALTH & COUNSELING PROGRAM IN REPONSE TO TRAUMA FROM TORNADO
KATY TRAIL COMMUNITY HEALTH 301 WEST BROADWAY SEDALIA, MO 65301	43-1879853	501(C)(3)	50,000.	0.			GENERATOR PURCHASE FOR EMERGENCY PREPAREDNESS
N. DALLAS SHARED MINISTRIES INC. 2875 MERRELL RD. DALLAS, TX 75229	75-1908563	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
OZARK TRICOUNTY HEALTH CARE CONSORT - 607 N. HWY 71 - ANDERSON, MO 64831	43-1752799	501(C)(3)	23,782.	0.			PURCHASE OF DENTAL VAN, EQUIPMENT, PORTABLE XRAY MACHINE
SOUTHEAST MISSOURI HEALTH NETWORK 1150 S. MAIN STREET SIKESTON, MO 63801	43-1253101	501(C)(3)	55,000.	0.			PURCHASE OF VAN/MEDICAL EQUIPMENT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶** 760.

**3** Enter total number of other organizations listed in the line 1 table **▶** 16.

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.****Schedule I (Form 990) (2011)**

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A COMMUNITY CLINIC, INC 335 MARKET STREET SUNBURY, PA 17801	20-4051982	501(C)(3)	0.	22,257.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ACCESS FAMILY CARE ADMINISTRATION 4301 DONIPHAN DRIVE NEOSHO, MO 64850	43-1752799	501(C)(3)	0.	88,795.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ACCESS FAMILY HEALTH SERVICES 63420 HWY 25 N SMITHVILLE, MS 38870	64-0612902	501(C)(3)	0.	5,998.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ACCESS HEALTH LOUISIANA 843 MILLING AVENUE LULING, LA 70070	47-0852944	501(C)(3)	0.	23,239.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADVANTAGE HEATH CENTERS 15400 WEST MC NICHOLS DETROIT, MI 48235	38-2724796	501(C)(3)	0.	49,488.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AGAPE CLINIC 4105 JUNIUS STREET DALLAS, TX 75246	14-1847977	501(C)(3)	0.	230,385.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ALABAMA 4-H CLUB FOUNDATION 226 DUNCAN HALL AUBURN, AL 36849	63-0457929	501(C)(3)	0.	23,055.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ALAMEDA COUNTY HEALTH CARE 1900 FRUITVALE AVE STE 3E OAKLAND, CA 94601-2469	94-6000501	501(C)(3)	0.	16,361.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ALASKA ISLAND COMMUNITY SERVICES 320 BENNETT STREET WRANGELL, AK 99929	92-0129543	501(C)(3)	0.	12,278.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

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ALBRECHT FREE CLINIC 1110 OAK STREET WEST BEND, WI 53095	39-1839654	501(C)(3)	0.	70,601.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ALCONA HEALTH CENTERS 177 N. BARLOW ROAD LINCOLN, MI 48742	38-2170985	501(C)(3)	0.	188,148.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ALLIANCE MEDICAL CLINIC 1381 UNIVERSITY STREET HEALDSBURG, CA 95448	94-2308748	501(C)(3)	0.	13,341.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ALTAMED HEALTH SERVICES 2040 CAMFIELD STREET LOS ANGELES, CA 90040	95-2810095	501(C)(3)	0.	65,512.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN DIABETES ASSOCIATION 1701 NORTH BEAUREGARD STREET ALEXANDRIA, VA 22311	13-1623888	501(C)(3)	0.	8,325.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN INDIAN HEALING CENTER 12456 E. WASHINGTON BLVD. WHITTIER, CA 90602	95-4835249	501(C)(3)	0.	14,208.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN INDIAN HEALTH & SERVICES 4141 STATE STREET, SUITE B-11 SANTA BARBARA, CA 93110	77-0398793	501(C)(3)	0.	42,318.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN RED CROSS 431 18TH STREET NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	0.	5,914.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICARES FREE CLINICS 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501(C)(3)	0.	19,853.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

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AMISTAD COMMUNITY HEALTH CENTER 1533 BROWNLEE AVENUE, SUITE 100 CORPUS CHRISTI, TX 78404	20-3008507	501(C)(3)	0.	30,009.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMPLA HEALTH 935 MARKET STREET YUBA CITY, CA 95991-4210	94-2210447	501(C)(3)	0.	104,953.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMRIT DAVAA WORLD HEALTH 1357 N. HIGHLAND AVE. LOS ANGELES, CA 90028	20-8818368	501(C)(3)	0.	23,155.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	MEDICAL ASSISTANCE TO IMPROVE THE LIVES FOR PEOPLE AROUND THE WORLD
ANDERSON VALLEY HEALTH CENTER 13500 AIRPORT ROAD BOONVILLE, CA 95415	94-2347424	501(C)(3)	0.	49,976.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ANGELS COMMUNITY CLINIC 1005 POPLAR STREET MURRAY, KY 42071	62-1777249	501(C)(3)	0.	7,420.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ANTELOPE VALLEY COMMUNITY CLINIC 45074 10TH STREET WEST, SUITE 109 LANCASTER, CA 93534	26-0574826	501(C)(3)	0.	185,975.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ANTLERS FIRST BAPTIST CHURCH FREE 208 NE B STREET ANTLERS, OK 74523	73-1092316	501(C)(3)	0.	211,994.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ARLINGTON FREE CLINIC 2921 S. 11TH STREET ARLINGTON, VA 22204	54-1671883	501(C)(3)	0.	126,509.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ARTHUR NAGEL COMMUNITY CLINIC 1116 12TH STREET #3 BANDERA, TX 78003	77-0697361	501(C)(3)	0.	12,250.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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ASHLAND COMMUNITY HEALTH CENTER 501 MAIN ASHLAND, MT 59003	81-0512837	501(C)(3)	0.	22,181.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ASHLAND FREE MEDICAL CLINIC 30313 MERIDIEN CIRCLE UNION CITY, CA 94587	68-0554276	501(C)(3)	0.	9,939.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ASIAN HEALTH SERVICES 818 WEBSTER STREET OAKLAND, CA 94607	94-2235908	501(C)(3)	0.	26,114.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ASIAN HUMAN SERVICES 2424 W. PETERSON AVENUE CHICAGO, IL 60659	01-0567661	501(C)(3)	0.	222,213.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ASIAN PACIFIC HEALTH CARE VENTURE 1530 HILLHURST AVENUE LOS ANGELES, CA 90027	95-4177752	501(C)(3)	0.	706,258.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AUGUSTA REGIONAL FREE CLINIC 342 MULE ACADEMY RD FISHERSVILLE, VA 22939	54-1651896	501(C)(3)	0.	17,536.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BARTZ-ALTADONNA COMMUNITY HEALTH 43322 GINGHAM AVE. LANCASTER, CA 93535	27-3261289	501(C)(3)	0.	7,091.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BAYOU CLINIC 13833 TAPIA LANE BAYOU LA BATRE, AL 36509	63-1270951	501(C)(3)	0.	123,853.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BEACH CITIES HEALTH DISTRICT 514 N. PROSPECT AVENUE REDONDO BEACH, CA 90277	95-1914553	GOVT ENTITY	0.	56,854.	PURCHASED PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

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BEACH HEALTH CLINIC 3396 HOLLAND ROAD STE 102 VIRGINIA BEACH, VA 23452	54-1366960	501(C)(3)	0.	21,813.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BEAR LAKE COMMUNITY HEALTH CENTER 325 W. LOGAN HIGHWAY GARDEN CITY, UT 84028	81-0587644	501(C)(3)	0.	61,978.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BEAUREGARD AGAPE COMMUNITY CLINIC 305 W 7TH ST. DERIDDER, LA 70634	06-1822290	501(C)(3)	0.	18,208.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BECKLEY HEALTH RIGHT 111 RANDOLPH STREET BECKLEY, WV 25801	55-0774466	501(C)(3)	0.	12,425.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BELL GARDENS FAMILY MEDICAL CENTER 6501 S. GARFIELD AVENUE BELL GARDENS, CA 90201	95-1641454	501(C)(3)	0.	45,156.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BELLE TERRACE HEALTH & WELLNESS 2467 GOLDEN CAMP ROAD AUGUSTA, GA 30906	31-1591242	501(C)(3)	0.	14,260.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BEN ARCHER HEALTH CENTER 1600 THORPE ROAD LAS CRUCES, NM 88012	51-0158976	501(C)(3)	0.	117,611.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BETHEL FREE HEALTH CLINIC 1650 CARROL DRIVE BILOXI, MS 39531	26-1794984	501(C)(3)	0.	9,513.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BETHESDA FREE HEALTH CLINIC 10701 BONEY AVE. D'IBERVILLE, MS 39540	27-3534168	501(C)(3)	0.	41,905.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)



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

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BETHESDA HEALTH CENTER 133 STETSON DRIVE CHARLOTTE, NC 28262	56-2015959	501(C)(3)	0.	28,561.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BETHESDA HEALTH CLINIC 409 W. FERGUSON TYLER, TX 75702	26-0036674	501(C)(3)	0.	80,427.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BETHESDA MISSION HEALTH CLINIC 611 REILY STREET HARRISBURG, PA 17102	23-1389397	501(C)(3)	0.	14,149.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BILL MOORE COMMUNITY HEALTH CLINIC 1460 N. LAKE AVENUE, STE. 105 PASADENA, CA 91104	95-4410426	501(C)(3)	0.	5,998.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BLACKSTONE VALLEY 42 PARK PLACE PAWTUCKET, RI 02860	51-0183476	501(C)(3)	0.	16,687.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BLAND COUNTY MEDICAL CLINIC 12301 GRAPEFIELD ROAD BASTIAN, VA 24314	54-1074890	501(C)(3)	0.	26,929.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BLUE RIDGE HEALTH SERVICES 2579 CHIMNEY ROCK ROAD HENDERSONVILLE, NC 28793	56-0794933	501(C)(3)	0.	19,474.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BLUE RIDGE MEDICAL CENTER 4038 THOMAS NELSON HWY. ARRINGTON, VA 22922	54-1222147	501(C)(3)	0.	7,588.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BOND COMMUNITY HEALTH CENTER 1720 SOUTH GADSDEN STREET TALLAHASSEE, FL 32301	59-2426414	501(C)(3)	0.	15,695.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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BOONE TRAIL MEDICAL CENTER 1000 MEDICAL CENTER ROAD MAMERS, NC 27552	56-1205213	501(C)(3)	0.	33,631.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BRAZOS VALLEY COMMUNITY ACTION 3370 SOUTH TEXAS AVENUE, SUITE B BRYAN, TX 77802	74-2397671	501(C)(3)	0.	106,130.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BREAD OF HEALING CLINIC 1821 NORTH 16TH STREET MILWAUKEE, WI 53205	81-0669867	501(C)(3)	0.	304,545.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BREATHITT COUNTY FAMILY HEALTH 265 HWY 15 SOUTH, SUITE 3 JACKSON, KY 41339	04-3779582	501(C)(3)	0.	173,377.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BREVARD HEALTH ALLIANCE 220 BARTON BLVD ROCKLEDGE, FL 32955	90-0068515	501(C)(3)	0.	92,975.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BRIDGE COMMUNITY HEALTH CLINIC 1810 N. 2ND STREET WAUSAU, WI 54403	39-1759404	501(C)(3)	0.	40,698.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BRIDGES TO HEALTH 1251 WEST KEM ROAD MARION, IN 46952	20-5405181	501(C)(3)	0.	138,289.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BROAD STREET CLINIC FOUNDATION 534 NORTH 35TH STREET MOREHEAD CITY, NC 28557	56-1853604	501(C)(3)	0.	41,611.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BROCK HUGHES FREE CLINIC 105 WEST PINE STREET WYTHEVILLE, VA 24382	20-2353144	501(C)(3)	0.	66,364.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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BROTHER BILL'S HELPING HAND 3906 N. WESTMORELAND RD. DALLAS, TX 75212	75-6027740	501(C)(3)	0.	8,997.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BROWARD COMMUNITY & FAMILY 5010 HOLLYWOOD BLVD SUITE 100-B HOLLYWOOD, FL 33021	59-3489664	501(C)(3)	0.	195,565.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BROWNSVILLE COMMUNITY HEALTH CENTER - 191 EAST PRICE ROAD - BROWNSVILLE, TX 78521	74-2176836	501(C)(3)	0.	68,340.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BUDDHIST TZU CHI FREE CLINIC 1000 SOUTH GARFIELD AVENUE ALHAMBRA, CA 91801	95-4457939	501(C)(3)	0.	32,074.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CABIN CREEK HEALTH CENTER 5722 CABIN CREEK DRIVE DAWES, WV 25054	55-0709223	501(C)(3)	0.	88,188.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CACHE VALLEY CHC PHARMACY 1515 NORTH 400 EAST #104 NORTH LOGAN, UT 84341	87-0269232	501(C)(3)	0.	21,993.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMILLUS HEALTH CONCERN, INC 336 NW 5TH STREET MIAMI, FL 33128	53-0196617	501(C)(3)	0.	46,322.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAPE FEAR CLINIC 1605 DOCTORS CIRCLE WILMINGTON, NC 28401	56-1984630	501(C)(3)	0.	5,998.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAPE FEAR HEALTHNET, INC 3329-C WRIGHTSVILLE AVENUE WILMINGTON, NC 28403	26-2469988	501(C)(3)	0.	19,525.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CAPITAL CITY RESCUE MISSION FREE 259 S PEARL STREET ALBANY, NY 12202	56-2663290	501(C)(3)	0.	39,496.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAPITAL PARK FAMILY HEALTH CENTER 2365 INNIS ROAD COLUMBUS, OH 43224	38-3765547	501(C)(3)	0.	47,945.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAPITOL CITY FAMILY HEALTH CENTER 3140 FLORIDA BLVD. BATON ROUGE, LA 70806	72-1395500	501(C)(3)	0.	87,192.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARE ALLIANCE HEALTH CENTER 1530 ST. CLAIR AVENUE CLEVELAND, OH 44114	34-1748776	501(C)(3)	0.	48,314.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARE CLINIC 239 ROBESON STREET FAYETTEVILLE, NC 28301	56-1837010	501(C)(3)	0.	7,181.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARE RESOURCE - MIAMI 3510 BISCAYNE BLVD., SUITE 300 MIAMI, FL 33137	59-2564198	501(C)(3)	0.	129,161.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARESOUTH CAROLINA 201 SOUTH 5TH STREET HARTSVILLE, SC 29550	57-0664826	501(C)(3)	0.	53,982.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARING HANDS HEALTH CLINIC INC 34C COURTHOUSE SQUARE CLEVELAND, GA 30528	64-0950194	501(C)(3)	0.	196,703.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CASA ESPERANZA 618 CACIQUE STREET SANTA BARBARA, CA 93103	77-0502754	501(C)(3)	0.	31,468.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CASWELL FAMILY MEDICAL CENTER 439 US HWY 158 WEST YANCEYVILLE, NC 27379	59-1812757	501(C)(3)	0.	9,794.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CATAHOULA PARISH HOSPITAL DISTRICT 307 CHISUM STREET SICILY ISLAND, LA 71368	72-0838896	501(C)(3)	0.	90,942.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CATHERINE MCAULEY CLINIC 5514 HOHMAN AVENUE HAMMOND, IN 46320	35-1835133	501(C)(3)	0.	102,221.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CATHERINE'S HEALTH CENTER 1211 LAFAYETTE AVE NE GRAND RAPIDS, MI 49505	20-3572418	501(C)(3)	0.	44,720.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CATHOLIC CHARITIES 212 NINTH STREET SUITE 301 PITTSBURGH, PA 15222	65-1307739	501(C)(3)	0.	16,851.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CATHOLIC CHARITIES 609 E. HALEY STREET SANTA BARBARA, CA 93103	95-1690973	501(C)(3)	0.	69,736.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CATHOLIC DIOCESE OF LITTLE ROCK 2500 N. TYLER STREET LITTLE ROCK, AR 72207	71-0236871	501(C)(3)	0.	6,855.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CEDAR RIVERSIDE PEOPLES CENTER, INC - 425 20TH AVENUE SOUTH - MINNEAPOLIS, MN 55454	41-0982430	501(C)(3)	0.	21,696.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENLA MEDICATION ACCESS PROGRAM 1101 4TH STREET, SUITE 203 ALEXANDRIA, LA 71301	02-0751416	501(C)(3)	0.	35,157.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CENTER FOR FAMILY HEALTH 505 N. JACKSON STREET JACKSON, MI 49201	38-3251354	501(C)(3)	0.	11,996.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTER FOR HEALING & HOPE 902 SOUTH MAIN GOSHEN, IN 46526	02-0560511	501(C)(3)	0.	6,278.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRAL CITY CONCERN/OLD TOWN CLINI - 727 W BURNSIDE STREET - PORTLAND, OR 97209	93-0728816	501(C)(3)	0.	36,926.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRAL FLORIDA 2400 STATE ROAD 415 SANFORD, FL 32771	59-1741286	501(C)(3)	0.	141,763.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRAL FLORIDA HEALTH CARE 936 E PARKER STREET LAKELAND, FL 33801	59-1404594	501(C)(3)	0.	167,433.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRAL MISSISSIPPI HEALTH SERVICES - 1134 WINTER STREET - JACKSON, MS 39204	64-0426295	501(C)(3)	0.	17,481.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRAL VIRGINIA HEALTH SERVICES 25892 JAMES MADISON HIGHWAY NEW CANTON, VA 23123	54-0887287	501(C)(3)	0.	10,497.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRO DE SALUD ESPERANZA 2001 SUITE CALIFORNIA AVENUE, SUIT CHICAGO, IL 60608	32-0115907	501(C)(3)	0.	156,464.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTROMED SOUTH PARK CLINIC PHARMAC - 6315 S. ZARZAMORA - SAN ANTONIO, TX 78211	74-1787031	501(C)(3)	0.	168,960.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CHARITABLE CHRISTIAN MEDICAL CLINIC - 1408 S. HERVEY STREET - HOPE, AR 71801	71-0803496	501(C)(3)	0.	8,630.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHARLES DREW HEALTH CENTER 2915 GRANT STREET OMAHA, NE 68111	47-0666715	501(C)(3)	0.	8,552.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHATHAM CARES COMMUNITY PHARMACY 127 EAST RALEIGH STREET SILER CITY, NC 27344	41-2170926	501(C)(3)	0.	42,452.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHC OF ARKANSAS 420 WEST 4TH STREET, SUITE A NORTH LITTLE ROCK, AR 72114	71-0610075	501(C)(3)	0.	102,950.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHEROKEE HEALTH SYSTEMS 2018 WESTERN AVENUE KNOXVILLE, TN 37921	62-0637925	501(C)(3)	0.	58,484.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHESAPEAKE CARE, INC. 2145 SOUTH MILITARY HWY. CHESAPEAKE, VA 23320	54-1642754	501(C)(3)	0.	5,998.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHESAPEAKE HEALTH DEPARTMENT 748 N. BATTLEFIELD BLVD. CHESAPEAKE, VA 23320	54-6001775	501(C)(3)	0.	23,251.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHEYENNE HEALTH AND WELLNESS CENTER - 2508 E. FOX FARM ROAD - CHEYENNE, WY 82007	87-0718984	501(C)(3)	0.	343,904.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHILDREN AND COMMUNITY HEALTH CENTE - 120 S. CENTRAL EXPRESSWAY, SUITE 10 - MCKINNEY, TX 75070	20-0637782	501(C)(3)	0.	66,219.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CHINATOWN SERVICE CENTER 767 N. HILL ST. #200 LOS ANGELES, CA 90012	95-2918844	501(C)(3)	0.	10,497.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHIPPEWA VALLEY FREE CLINIC 836 RICHARD DRIVE EAU CLAIRE, WI 54701	39-1840231	501(C)(3)	0.	11,793.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHOTA COMMUNITY HEALTH SERVICES 4233 HIGHWAY 411 MADISONVILLE, TN 37354	68-0560048	501(C)(3)	0.	14,995.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRIST CLINIC 5504 FIRST STREET KATY, TX 77493	35-2179708	501(C)(3)	0.	190,632.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRIST COMMUNITY FREE CLINIC 1 A STREET NW AUBURN, WA 98002	20-3849881	501(C)(3)	0.	15,410.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRISTIAN COMMUNITY ACTION 200 SOUTH MILL STREET LEWISVILLE, TX 75057	23-7319371	501(C)(3)	0.	11,287.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHURCH HEALTH CENTER OF MEMPHIS, IN - 1210 PEABODY AVENUE - MEMPHIS, TN 38104	58-1716113	501(C)(3)	0.	118,663.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHURCH HILL FREE CLINIC 401 RICHMOND STREET CHURCH HILL, TN 37642	62-1391365	501(C)(3)	0.	91,751.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CITIZENS HEALTH CENTER 1650 N COLLEGE AVENUE INDIANAPOLIS, IN 46202	35-1515887	501(C)(3)	0.	12,452.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CITY OF NEW ORLEANS 1300 PERDIDO STREET NEW ORLEANS, LA 70112	72-6000969	501(C)(3)	0.	47,760.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CITY SQUARE CLINIC 2835 GRAND AVE DALLAS, TX 75215	75-2332948	501(C)(3)	0.	339,182.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLAIBORNE COUNTY FAMILY HEALTH 2045 HIGHWAY 61 NORTH PORT GIBSON, MS 39150-4262	64-0651149	501(C)(3)	0.	11,614.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLEARWATER FREE CLINIC 707 NORTH FT. HARRISON AVENUE CLEARWATER, FL 33755	59-1852871	501(C)(3)	0.	15,009.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLEAVER FAMILY WELLNESS CLINIC 4368 SANTA ANITA AVENUE EL MONTE, CA 91731	95-1765149	501(C)(3)	0.	159,556.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLINIC BY THE BAY 4877 MISSION STREET SAN FRANCISCO, CA 94112	26-2593712	501(C)(3)	0.	5,310.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	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)	0.	10,869.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLINICA DE SALUD DEL VALLE 440 AIRPORT BLVD., STE. A SALINAS, CA 93905	94-2652757	501(C)(3)	0.	173,018.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLINICA MSR. OSCAR A ROMERO 123 S ALVARADO STREET LOS ANGELES, CA 90057	95-3881333	501(C)(3)	0.	940,572.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CLINICA SIERRA VISTA 1430 TRUXTUN AVENUE, SUITE 400 BAKERSFIELD, CA 93301	95-2707101	501(C)(3)	0.	54,656.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COASTAL FAMILY HEALTH CENTER 1046 DIVISION STREET BILOXI, MS 39530	64-0592416	501(C)(3)	0.	102,740.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COLLIER HEALTH SERVICES 1454 MADISON AVENUE IMMOKALEE, FL 34142	59-1741277	501(C)(3)	0.	9,737.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COLUMBIA COUNTY VOLUNTEERS IN 310 EAST THIRD STREET MIFFLINVILLE, PA 18631	20-5695518	501(C)(3)	0.	123,487.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COLUMBIA RIVER COMMUNITY HEALTH SER - 450 TATONE STREET - BOARDMAN, OR 97818	20-1056268	501(C)(3)	0.	52,177.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY ACTION COMMISSION 5638 HOLLISTER AVENUE, SUITE 230 GOLETA, CA 93117	95-2491790	501(C)(3)	0.	16,312.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY ACTION COMMITTEE 227 VALLEYVIEW DRIVE WAVERLY, OH 45690	31-0718042	501(C)(3)	0.	35,710.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY ACTION CORPORATION 700 FLOURNEY ROAD, SUITE 2A ALICE, TX 78332	74-1679824	501(C)(3)	0.	96,308.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CARE CENTER 2135 NEW WALKERTOWN ROAD WINSTON SALEM, NC 27101	58-1403699	501(C)(3)	0.	289,653.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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COMMUNITY CARE CLINIC 703 N. FIRST STREET MCCALL, ID 83638	26-1375911	501(C)(3)	0.	8,803.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CARE CLINIC 52 AUNT DORA DRIVE HIGHLANDS, NC 28741	65-1251915	501(C)(3)	0.	65,047.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CARE CLINIC-BOONE 141 HEALTH CENTER DRIVE BOONE, NC 28607	20-8607858	501(C)(3)	0.	35,021.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CLINIC OF JOPLIN 701 S. JOPLIN STREET JOPLIN, MO 64801	43-1643962	501(C)(3)	0.	41,823.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CLINIC OF SHELBYVILLE 200 DOVER STREET, SUITE 203 SHELBYVILLE, TN 37160	34-1974609	501(C)(3)	0.	217,820.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CLINIC, INC. 8630 FENTON STREET # 1204 SILVER SPRING, MD 20910	52-0988386	501(C)(3)	0.	24,918.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY FOOD BANK 3403 E. CENTRAL AVE. FRESNO, CA 93725	77-0320851	501(C)(3)	0.	307,367.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY FREE CLINIC 249 MILL STREET HAGERSTOWN, MD 21740	52-1772594	501(C)(3)	0.	227,523.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH 13245 KESSLER ROAD CAIRO, IL 62914	37-1100482	501(C)(3)	0.	576,404.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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COMMUNITY HEALTH ALLIANCE OF 1855 N. FAIR OAKS AVENUE, SUITE 20 PASADENA, CA 91103	95-4536824	501(C)(3)	0.	240,101.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH AND SOCIAL 5635 WEST FORT STREET DETROIT, MI 48209	38-3094394	501(C)(3)	0.	136,726.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH ASSN. OF SPOKANE 203 NORTH WASHINGTON SPOKANE, WA 99201	91-1641797	501(C)(3)	0.	29,573.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CARE SYSTEMS 616 FERNCREST DRIVE SANDERSVILLE, GA 31082	58-2001101	501(C)(3)	0.	10,149.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTER 338 MONTAGUE CITY RD TURNERS FALLS, MA 01376-1830	04-3312968	501(C)(3)	0.	5,448.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTER 4 COMMERCE LANE CANTON, NY 13617	16-1568985	501(C)(3)	0.	5,616.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTER 2823 NORTH AUSTRALIAN AVE. WEST PALM BEACH, FL 33407	26-3611337	501(C)(3)	0.	104,214.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTER 3011 N. MICHIGAN PITTSBURG, KS 66762	75-3002264	501(C)(3)	0.	126,644.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTER 228 ST. GEORGE STREET GONZALES, TX 78629	74-1548089	501(C)(3)	0.	150,992.	PURCHASED PRICE 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 1706 WEST AGENCY ROAD WEST BURLINGTON, IA 52655	42-1527584	501(C)(3)	0.	116,809.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS 1210 EAST PLANT STREET WINTER GARDEN, FL 34787	59-1480970	501(C)(3)	0.	23,850.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS 2180 JOHNSON AVENUE SAN LUIS OBISPO, CA 93401	95-3253302	501(C)(3)	0.	358,188.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS OF PINELLA - 1344 22ND ST. SOUTH - ST. PETERSBURG, FL 33712	59-2097521	501(C)(3)	0.	39,235.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS, INC. 12716 NE 36TH STREET SPENCER, OK 73084	73-0930123	501(C)(3)	0.	718,109.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CLINIC 103 BONNIE DRIVE BUTLER, PA 16002	20-4852135	501(C)(3)	0.	38,665.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CLINIC 2611 W. CHICAGO AVENUE CHICAGO, IL 60622	36-3831793	501(C)(3)	0.	133,452.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CLINIC 2030 TECUMSEH ROAD MANHATTAN, KS 66502	48-0775967	GOVT ENTITY	0.	10,848.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CLINIC OLE' 1141 PEAR TREE LN STE 100 NAPA, CA 94558-6485	23-7221695	501(C)(3)	0.	14,995.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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COMMUNITY HEALTH CLINICS 928 N. GLENWOOD TYLER, TX 75702	20-3663617	501(C)(3)	0.	10,144.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CONNECTION 9912 E 21ST STREET TULSA, OK 74129	04-3766364	501(C)(3)	0.	17,827.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH IMPROVEMENT CENTER - 2905 N. MAIN STREET - DECATUR, IL 62526	37-0961830	501(C)(3)	0.	21,315.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH MISSION 310 EISENHOWER DRIVE SAVANNAH, GA 31406	58-2611264	501(C)(3)	0.	30,789.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH NET 1202 STATE STREET ERIE, PA 16501	25-1490791	501(C)(3)	0.	120,642.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH OF EAST 130 INDEPENDENCE LN. LAFOLLETTE, TN 37766	58-1470587	501(C)(3)	0.	121,343.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH OF SOUTH FLORIDA 10300 SW 216TH STREET MIAMI, FL 33190	59-1372690	501(C)(3)	0.	266,105.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH SERVICE AGENCY 4500 WESLEY STREET GREENVILLE, TX 75401	75-1528614	501(C)(3)	0.	102,286.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH SERVICES 500 ALBANY AVENUE HARTFORD, CT 06120	06-0863942	501(C)(3)	0.	247,026.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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COMMUNITY HEALTH SYSTEMS, INC. 252 RURAL ACRES DRIVE BECKLEY, WV 25801	55-0490878	501(C)(3)	0.	77,163.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH WORX 1543 MCGINNIS STREET ALEXANDRIA, LA 71301	72-1444312	501(C)(3)	0.	9,275.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	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)	0.	36,930.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY OUTREACH CLINIC 208 S WATER STREET SILVERTON, OR 97381	93-0281321	501(C)(3)	0.	105,343.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY OUTREACH HEALTH CLINIC W180 N8085 TOWN HALL ROAD MENOMONEE FALLS, WI 53051	39-1743056	501(C)(3)	0.	10,030.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY VOLUNTEERS IN MEDICINE 300 B LAWRENCE DRIVE WEST CHESTER, PA 19380	23-2944553	501(C)(3)	0.	13,671.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMWELL HEALTH PO BOX 227 NEWTON GROVE, NC 28366-0227	58-1319204	501(C)(3)	0.	47,112.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMPASSIONATE CARE CLINIC 102 A AIRPORT ROAD MILLEDGEVILLE, GA 31061	74-3157081	501(C)(3)	0.	20,887.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMPASSIONATE CARE OF SHELBY COUNTY - 124 NORTH OHIO AVENUE - SIDNEY, OH 45365	20-8479583	501(C)(3)	0.	82,845.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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COMPASSIONATE HEALTH CENTER, INC 740 N STATE ROAD 25 ROCHESTER, IN 46975	32-0237943	501(C)(3)	0.	5,998.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMPREHENSIVE COMMUNITY 801 S. CHEVY CHASE DRIVE, SUITE 20 GLENDALE, CA 91205	42-1553807	501(C)(3)	0.	74,240.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CONWAY INTERFAITH CLINIC 830 NORTH CREEK CONWAY, AR 72032	41-2058756	501(C)(3)	0.	167,864.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CORNELL SCOTT-HILL HEALTH 400-428 COLUMBUS AVENUE NEW HAVEN, CT 06519	06-0870990	501(C)(3)	0.	5,998.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CORNERSTONE ASSISTANCE NETWORK 3500 NOBLE FORT WORTH, TX 76111	75-2417646	501(C)(3)	0.	15,472.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CORNING AREA HEALTH CENTER, INC. 1300 CREASON ROAD CORNING, AR 72422	71-0715998	501(C)(3)	0.	79,301.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CORPUS CHRISTI METRO MINISTRIES 1919 LEOPARD STREET CORPUS CHRISTI, TX 78408	74-2642761	501(C)(3)	0.	39,723.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COUNCIL ON ALCOHOLISM & DRUG ABUSE 232 E. CANON PERDIDO STREET SANTA BARBARA, CA 93102	95-1878858	501(C)(3)	0.	11,937.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COVENANT COMMUNITY CARE 559 WEST GRAND BLVD DETROIT, MI 48216	38-3533998	501(C)(3)	0.	130,765.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	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
COWLITZ FREE MEDICAL CLINIC 1230 7TH AVE LONGVIEW, WA 98632	91-2016542	501(C)(3)	0.	6,695.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CRISIS CONTROL MINISTRY 200 E. TENTH STREET WINSTON SALEM, NC 27101	23-7348168	501(C)(3)	0.	14,787.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CRISIS MINISTRIES 573 MEETING STREET CHARLESTON, SC 29403	57-0789483	501(C)(3)	0.	225,058.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CROSS AND CROWN CLINIC 1008 NORTH MCKINLEY STREET OKLAHOMA CITY, OK 73106	73-1608071	501(C)(3)	0.	35,651.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CROSS OVER MINISTRY HEALTH CARE 108 COWARDIN AVE. RICHMOND, VA 23224	54-1371067	501(C)(3)	0.	117,460.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CROSS TIMBERS HEALTH CLINICS 1100 REYNOSA DELEON, TX 76444	75-2113670	501(C)(3)	0.	476,249.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CROSSINGS COMMUNITY CLINIC 2208 W. HEFNER ROAD, STE. B OKLAHOMA CITY, OK 73120	86-1115863	501(C)(3)	0.	99,482.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CURTIS V. COOPER PRIMARY HEALTH 106 E BROAD ST SAVANNAH, GA 31401-2917	58-1136296	501(C)(3)	0.	34,715.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DAMIAN FAMILY CARE CENTERS 137-50 JAMAICA AVENUE JAMAICA, NY 11435	22-3433831	501(C)(3)	0.	37,030.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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DAVID RAINES COMMUNITY HEALTH CENTE - 1625 DAVID RAINES ROAD - SHREVEPORT, LA 71107	58-2000630	501(C)(3)	0.	46,773.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DAVIDSON MEDICAL MINISTRIES CLINIC 420 N. SALISBURY STREET LEXINGTON, NC 27292	56-1746266	501(C)(3)	0.	33,458.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DECORAH COMMUNITY FREE CLINIC 604 W. BROADWAY STREET DECORAH, IA 52101	20-1081005	501(C)(3)	0.	5,976.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DENVER HEALTH & HOSPITALITY AUTHORI - 301 WEST 6TH AVENUE - DENVER, CO 80204	74-2480484	501(C)(3)	0.	187,076.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DENVER INDIAN HEALTH AND FAMILY 1633 FILLMORE ST. GL1 DENVER, CO 80206	84-0724261	501(C)(3)	0.	112,886.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DESERT AIDS PROJECT 1695 N. SUNRISE WAY PALM SPRINGS, CA 92262	33-0068583	501(C)(3)	0.	22,842.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DIMOCK COMMUNITY HEALTH CENTER 55 DIMOCK STREET ROXBURY, MA 02119	04-3487835	501(C)(3)	0.	8,997.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DIVERSITY HEALTH CENTER 213 NORTH MCDONALD STREET LUDOWICI, GA 31316	20-5746618	501(C)(3)	0.	93,253.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DOLORES COUNTY HEALTH 495 WEST 4TH STREET DOVE CREEK, CO 81324	84-0674759	501(C)(3)	0.	19,983.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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DOWNRIVER COMMUNITY SERVICES 555 ST. CLAIR RIVER DRIVE ALGONAC, MI 48001	38-2080825	501(C)(3)	0.	424,649.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DOWNTOWN CLINIC 611 SOUTH SECOND STREET LARAMIE, WY 82070	83-0326354	501(C)(3)	0.	11,111.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EAST BAY COMMUNITY ACTION PROGRAM 19 BROADWAY NEWPORT, RI 02840	05-0310024	501(C)(3)	0.	87,853.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EAST GEORGIA HEALTHCARE CENTER 215 NORTH COLEMAN STREET SWAINSBORO, GA 30401	58-2001607	501(C)(3)	0.	11,450.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EAST HARTFORD COMMUNITY HEALTHCARE 94 CONNECTICUT BLVD EAST HARTFORD, CT 06108	06-1416492	501(C)(3)	0.	42,542.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EAST TEXAS COMMUNITY HEALTH SERVICE - 1401 S. UNIVERSITY DRIVE - NACOGDOCHES, TX 75961	75-2184369	501(C)(3)	0.	23,992.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EAST VALLEY COMMUNITY HEALTH CENTER - 420 S. GLENDORA AVENUE - WEST COVINA, CA 91790	23-7068586	501(C)(3)	0.	114,520.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EAU CLAIRE 1228 HARDEN STREET COLUMBIA, SC 29204	57-0965445	501(C)(3)	0.	231,848.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EBENEZER MEDICAL OUTREACH 1448 10TH AVENUE, SUITE 100 HUNTINGTON, WV 25701	55-0745033	501(C)(3)	0.	9,552.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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EDGERTON WOMEN'S HEALTH CENTER 1510 EAST RUSHOLME STREET DAVENPORT, IA 52803	42-1001341	501(C)(3)	0.	23,369.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EISNER PEDIATRIC & FAMILY MEDICAL 1530 S. OLIVE STREET LOS ANGELES, CA 90015	95-1690966	501(C)(3)	0.	114,873.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EL PROYECTO DEL BARRIO 8902 WOODMAN AVENUE ARLETA, CA 91331	95-2662606	501(C)(3)	0.	280,860.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EL RIO SANTA CRUZ 839 W. CONGRESS STREET TUCSON, AZ 85745	86-0285857	501(C)(3)	0.	170,524.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ELLENSBURG COMMUNITY HEALTH CLINIC 2201 W DOLARWAY RD #2 ELLENSBURG, WA 98926	65-1185178	501(C)(3)	0.	149,931.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ESCAMBIA COMMUNITY CLINICS, INC 2200 NORTH PALAFOX STREET PENSACOLA, FL 32501	59-3105246	501(C)(3)	0.	10,149.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ESSENTIAL HEALTH CLINIC 266 WEST MAIN STREET MS 68 HILLSBORO, OR 97123	38-3672046	501(C)(3)	0.	5,886.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ETOWAH BAPTIST CHARITY PHARMACY 18901 E. ETOWAH ROAD NOBLE, OK 73068	73-1637078	501(C)(3)	0.	54,808.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ETOWAH FREE COMMUNITY CLINIC 423 SOUTH 3RD STREET GADSDEN, AL 35901	82-0562064	501(C)(3)	0.	98,841.	PURCHASED PRICE 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)	0.	188,242.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EXCELTH, INC. 1515 POYDRAS STREET, STE. 1070 NEW ORLEANS, LA 70112	72-1193464	501(C)(3)	0.	414,786.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAIRFAX MEDICAL FACILITIES, INC 212 NORTH MAIN STREET FAIRFAX, OK 74637-3023	83-0410970	501(C)(3)	0.	45,896.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAIRVIEW COMMUNITY HEALTH CENTER 615 7TH AVE. BOWLING GREEN, KY 42101	61-1386859	501(C)(3)	0.	64,457.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAITH COMMUNITY PHARMACY 7033 BURLINGTON PIKE, SUITE #4 FLORENCE, KY 41042	61-1378914	501(C)(3)	0.	25,338.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY CARE HEALTH CENTER 401 HOLLY HILLS AVENUE ST. LOUIS, MO 63111	23-7076112	501(C)(3)	0.	357,332.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH - LA CLINICA 400 S. TOWNLINE ROAD WAUTOMA, WI 54982	39-1181480	501(C)(3)	0.	27,484.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH CARE OF NORTHWEST OHI - 1052 S. WASHINGTON STREET - VAN WERT, OH 45891	34-1977316	501(C)(3)	0.	83,112.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH CENTER OF CLARK 1319 DUNCAN AVENUE JEFFERSONVILLE, IN 47130	35-1842342	501(C)(3)	0.	72,414.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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FAMILY HEALTH CENTERS 2232 GRAND AVENUE PHARMACY FORT MYERS, FL 33901	59-1741273	501(C)(3)	0.	58,875.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH CENTERS 1921 SPRING DRIVE LOUISVILLE, KY 40212	61-0716483	501(C)(3)	0.	236,245.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH CLINIC OF CARROLL 901 PRINCE WILLIAM ROAD, SUITE A DELPHI, IN 46923	26-1553382	501(C)(3)	0.	111,436.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH PARTNERSHIP CLINIC 13707 WEST JACKSON STREET WOODSTOCK, IL 60098	36-4277029	501(C)(3)	0.	97,492.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTHCARE 1049 WESTERN AVENUE CHILLICOTHE, OH 45601	31-1155352	501(C)(3)	0.	8,997.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY MEDICAL & DENTAL CENTERS 1302 RIVER STREET PALATKA, FL 32177	59-1792958	501(C)(3)	0.	23,888.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY SERVICE AGENCY OF SB 123 W. GUTIERREZ ST. SANTA BARBARA, CA 93101	95-1644031	501(C)(3)	0.	50,003.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILYCARE HEALTH CENTER 301-6 GREAT TEAYS BLVD. SCOTT DEPOT, WV 25526	55-0691297	501(C)(3)	0.	14,995.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAN FREE CLINIC 1010 N. THOMPSON STREET RICHMOND, VA 23230	54-0927792	501(C)(3)	0.	10,497.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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FAUQUIER FREE CLINIC 210 WEST SHIRLEY AVE. WARRENTON, VA 20186	54-1669652	501(C)(3)	0.	10,497.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FERN CARE FREE CLINIC INC. 445 W. WOODRUFF AVE. HAZEL PARK, MI 48030	32-0246843	501(C)(3)	0.	56,913.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FIRST BAPTIST MEDICAL/DENTAL 1607 CHERRY STREET VICKSBURG, MS 39181	64-0334158	501(C)(3)	0.	39,622.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FIRST CHOICE PRIMARY CARE 770 WALNUT STREET MACON, GA 31201	20-4391090	501(C)(3)	0.	27,679.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FIRST NATIONS COMMUNITY 5608 ZUNI SE ALBUQUERQUE, NM 87108	85-0336893	501(C)(3)	0.	23,992.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FLINT HILLS COMMUNITY CLINIC 401 HOUSTON ST. MANHATTAN, KS 66502	20-2306015	501(C)(3)	0.	5,058.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FOODBANK OF SOUTHERN CALIFORNIA 1444 SAN FRANCISCO AVENUE LONG BEACH, CA 90813	95-3557056	501(C)(3)	0.	448,129.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FORT BEND FAMILY HEALTH CENTER 400 AUSTIN STREET RICHMOND, TX 77469	74-1951476	501(C)(3)	0.	296,256.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FOUR RIVERS HEALTH CLINIC 932 WEST IDAHO AVENUE ONTARIO, OR 97914	93-1304536	501(C)(3)	0.	408,563.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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FOX CITIES COMMUNITY CLINIC 1814 NORTH APPLETON ROAD MENASHA, WI 54952	20-2090446	501(C)(3)	0.	52,011.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FRANKLIN C FETTER FAMILY HEALTH CEN - 51 NASSAU STREET - CHARLESTON, SC 29403	57-0604703	501(C)(3)	0.	156,843.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FRANKLIN COUNTY VOLUNTEERS 109 N. CHURCH STREET LOUISBURG, NC 27549	32-0070225	501(C)(3)	0.	12,983.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FRANKLIN PRIMARY HEALTH CENTER 1303 DR. MARTIN LUTHER KING JR. AV MOBILE, AL 36603	63-0695975	501(C)(3)	0.	10,149.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF CENTRAL VA 1016 MAIN STREET LYNCHBURG, VA 24504	54-1420756	501(C)(3)	0.	6,084.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF GOOCHLAND 1800 SANDY HOOK ROAD, STE. 120 GOOCHLAND, VA 23063	20-2533136	501(C)(3)	0.	59,409.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF SIMI VALLEY 2060 TAPO STREET SIMI VALLEY, CA 93063	23-7108154	501(C)(3)	0.	54,989.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF SW WASHINGTON 4100 PLOMONDON STREET VANCOUVER, WA 98661	91-1707542	501(C)(3)	0.	44,227.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINICS OF IOWA 3200 GRAND AVENUE DES MOINES, IA 50312	42-1428706	501(C)(3)	0.	50,259.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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FREE MEDICAL CLINIC OF DARLINGTON 203 GROVE STREET DARLINGTON, SC 29532	58-2445265	501(C)(3)	0.	35,723.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE MEDICAL CLINIC OF DUBOIS 47 WEST LONG AVENUE DUBOIS, PA 15801	25-1804763	501(C)(3)	0.	5,489.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE MEDICAL CLINIC OF OAK RIDGE, 320 ROBERTSVILLE ROAD OAK RIDGE, TN 37830	90-0715369	501(C)(3)	0.	15,036.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FRIENDS OF FAMILY HEALTH CENTER 501 S. IDAHO STREET, #190 LA HABRA, CA 90631	27-1316512	501(C)(3)	0.	77,882.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
G. A. CARMICHAEL 1668 WEST PEACE STREET CANTON, MS 39046-0588	64-0580940	501(C)(3)	0.	74,286.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GALVESTON COUNTY HEALTH DISTRICT 9850-A EMMETT F. LOWRY EXPY TEXAS CITY, TX 77591	76-0619014	501(C)(3)	0.	341,578.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GASTON FAMILY HEALTH SERVICES 991 W. HUDSON BLVD GASTONIA, NC 28052	58-1958398	501(C)(3)	0.	303,972.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GATEWAY HEALTH CLINIC 100 NORTH TILLOTSON AVE MUNCIE, IN 47304	35-1327507	501(C)(3)	0.	8,056.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GENERATIONS FAMILY HEALTH CENTER 40 MANSFIELD AVENUE WILLIMANTIC, CT 06226	22-3158253	501(C)(3)	0.	94,349.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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GEORGIA FARMWORKER HEALTH PROGRAM 920 SOUTH WEST STREET BAINBRIDGE, GA 39819	58-6000359	501(C)(3)	0.	59,353.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GEORGIA MOUNTAINS HEALTH SERVICES 75 BYPASS ROAD MORGANTON, GA 30560	58-1649042	501(C)(3)	0.	12,096.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GLENDALE COMMUNITY FREE HEALTH CLIN - 134 N. KENWOOD STREET - GLENDALE, CA 91206	87-0732581	501(C)(3)	0.	16,107.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GLIDE HEALTH SERVICES 330 ELLIS STREET SAN FRANCISCO, CA 94102	94-1156481	501(C)(3)	0.	14,892.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOLETA UNION SCHOOL DISTRICT 401 N. FAIRVIEW AVE. GOLETA, CA 93117	77-0068725	501(C)(3)	0.	11,101.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD FAITH CLINIC 711 COOK DRIVE ATHENS, TN 37303	62-1624210	501(C)(3)	0.	47,314.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD HEALTH CLINIC 91555 OVERSEAS HIGHWAY, #2 TAVERNIER, FL 33070	04-3745805	501(C)(3)	0.	13,600.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD NEIGHBOR COMMUNITY HEALTH CLIN - 2282 EAST 32ND AVENUE - COLUMBUS, NE 68602	13-4249732	501(C)(3)	0.	142,811.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD NEWS CARE CENTER 7855 SW 104TH STREET, STE. 210 MIAMI, FL 33156	59-0914210	501(C)(3)	0.	16,266.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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GOOD NEWS CLINICS 810 PINE STREET GAINESVILLE, GA 30501	58-2058853	501(C)(3)	0.	48,906.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN 175 SAMARITAN DRIVE JASPER, GA 30143	58-2576315	501(C)(3)	0.	35,973.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN CARE CLINIC 501 WEST US HIGHWAY 60 MOUNTAINVIEW, MO 65548	56-2418664	501(C)(3)	0.	10,170.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN CLINIC 418 GRAND PARK DRIVE, SUITE 311 PARKERSBURG, WV 26105	55-0708491	501(C)(3)	0.	25,706.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN CLINIC 615 NORTH B STREET FORT SMITH, AR 72901	71-0863639	501(C)(3)	0.	191,708.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN CLINIC OF TUSCALOOSA - 3880 WATERMELON RD., SUITE A - NORTHPORT, AL 35473	63-1199900	501(C)(3)	0.	7,498.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN HEALTH CENTER 1605 ROBERTA DRIVE SOUTHWEST MARIETTA, GA 30008	32-0045238	501(C)(3)	0.	94,087.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN HEALTH CLINIC 312 WEST NEW YORK AVENUE DELAND, FL 32720	30-0408193	501(C)(3)	0.	20,225.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN HEALTH CLINIC 5334 ASPEN STREET NEW PORT RICHEY, FL 34652	59-3072334	501(C)(3)	0.	14,405.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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GOOD SAMARITAN HEALTH SERVICES 1725 E. 19TH STREET TULSA, OK 74104	73-1559561	501(C)(3)	0.	51,578.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN HOUSE 213 N. MAIN STREET DEARING, GA 30808	02-6434516	501(C)(3)	0.	32,878.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SHEPHERD COMMUNITY CLINIC 240 E. WASHINGTON STREET MARTINSVILLE, IN 46151	35-1365963	501(C)(3)	0.	9,762.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SHEPHERD FREE MEDICAL CLINIC 307 NORTH BROAD STREET CLINTON, SC 29325	57-0996466	501(C)(3)	0.	11,596.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SHEPHERD MEDICAL 20 12TH AVE. NW ARDMORE, OK 73401	73-1509801	501(C)(3)	0.	13,518.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRACE CLINIC 800 WEST CANAL DRIVE KENNEWICK, WA 99336	77-0592408	501(C)(3)	0.	34,815.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRACE MEDICAL CLINIC 211 SOUTH 8TH STREET MAYFIELD, KY 42066	61-1351519	501(C)(3)	0.	37,153.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRACE MEDICAL HOME 51 PENNSYLVANIA STREET ORLANDO, FL 32806	26-1817966	501(C)(3)	0.	101,148.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRACE OUTREACH TO HEALTH 837 EAST WALNUT STREET GRAPEVINE, TX 76051	75-2195702	501(C)(3)	0.	34,432.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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GRAND PRAIRIE CHARITABLE 115 NORTH ADAMS STREET DEWITT, AR 72042	71-0851962	501(C)(3)	0.	23,702.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRAND PRAIRIE WELLNESS CENTER 1710 SMALL STREET GRAND PRAIRIE, TX 75050	75-2877107	501(C)(3)	0.	15,037.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRANT PARK CLINIC 1340 BOULEVARD SE ATLANTA, GA 30315	58-1577640	501(C)(3)	0.	236,962.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER BADEN MEDICAL SERVICES 7450 ALBERT ROAD, 3RD FLOOR BRANDYWINE, MD 20613	52-0961414	501(C)(3)	0.	218,737.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER GREENWOOD UNITED MINISTRY 1404 EDGEFIELD STREET GREENWOOD, SC 29646	57-1012393	501(C)(3)	0.	7,934.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER HICKORY COOPERATIVE 31 1ST AVENUE SE HICKORY, NC 28602	56-0934855	501(C)(3)	0.	15,855.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER KILLEEN FREE CLINIC 718 N. 2ND STREET, STE. A KILLEEN, TX 76541	74-2724725	501(C)(3)	0.	11,435.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER PRINCE WILLIAM 4379 RIDGEWOOD CENTER DRIVE WOODBIDGE, VA 22192	83-0435138	501(C)(3)	0.	66,509.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER TEXOMA HEALTH CLINIC 900 N. ARMSTRONG DENISON, TX 75020	81-0584983	501(C)(3)	0.	93,722.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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GREENE COUNTY HEALTH CARE 7 PROFESSIONAL DRIVE SNOW HILL, NC 28580	56-0992353	501(C)(3)	0.	83,894.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREENVILLE FREE MEDICAL CLINIC 600 ARLINGTON AVENUE GREENVILLE, SC 29601	57-0855205	501(C)(3)	0.	183,202.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GUADALUPE SENIOR CENTER 4545 TENTH STREET GUADALUPE, CA 93434	23-7440070	501(C)(3)	0.	5,650.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GUADALUPE UNION SCHOOL 4465 NINTH STREET GUADALUPE, CA 93434	77-0070778	501(C)(3)	0.	8,445.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GULF COAST HEALTH CENTER 2548 MEMORIAL BLVD. PORT ARTHUR, TX 77640	76-0289927	501(C)(3)	0.	428,949.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
H STREET CLINIC 1329 NORTH H STREET SAN BERNARDINO, CA 92405	20-8191393	501(C)(3)	0.	86,006.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
H.E.L.P. CLINIC 1320 LASALLE AVE. HAMPTON, VA 23669	54-1209213	501(C)(3)	0.	61,317.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HAMILTON HEALTH CENTER 110 S 17TH STREET HARRISBURG, PA 17104	23-1858363	501(C)(3)	0.	124,978.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HANNIBAL FREE CLINIC 711 GRAND AVENUE HANNIBAL, MO 63401	14-1979983	501(C)(3)	0.	8,258.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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HARBOR COMMUNITY ADULT CLINIC 593 W. 6TH STREET SAN PEDRO, CA 90731	23-7103245	501(C)(3)	0.	205,781.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HARM REDUCTION SERVICES 4001 12TH AVE SACRAMENTO, CA 95817	68-0300656	501(C)(3)	0.	42,341.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HARMONY HEALTH CLINIC 201 EAST ROOSEVELT ROAD LITTLE ROCK, AR 72206	20-5691313	501(C)(3)	0.	51,220.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HARRISONBURG COMMUNITY HEALTH 563-A NEFF AVENUE HARRISONBURG, VA 22801	02-0813294	501(C)(3)	0.	12,635.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HARRISONBURG/ROCKINGHAM FREE CLINIC - 25 WEST WATER STREET - HARRISONBURG, VA 22801	54-1568909	501(C)(3)	0.	8,574.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALING HANDS MINISTRIES 7475 SKILLMAN, SUITE 103B DALLAS, TX 75231	65-1259379	501(C)(3)	0.	385,669.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH ACCESS WASHOE COUNTY 1055 S. WELLS AVENUE RENO, NV 89502	88-0293149	501(C)(3)	0.	85,408.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH ACCESS, INCORPORATED 489 WASHINGTON AVENUE CLARKSBURG, WV 26301	55-0715066	501(C)(3)	0.	81,628.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH ALLIANCE FOR THE UNINSURED 5929 N. MAY AVENUE, SUITE 511 OKLAHOMA CITY, OK 73112	26-1789292	501(C)(3)	0.	25,461.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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HEALTH AND HOPE CLINIC, INC. 9999 CHEMSTRAND RD. PENSACOLA, FL 32514	26-4336638	501(C)(3)	0.	6,081.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH AND WELLNESS CENTER 1505 E. MAIN, SUITE A STIGLER, OK 74462	20-0368759	501(C)(3)	0.	27,017.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH CARE ACCESS 330 MAINE LAWRENCE, KS 66044	48-1062114	501(C)(3)	0.	157,454.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH CARE FOR THE HOMELESS 711 W. CAPITOL DRIVE MILWAUKEE, WI 53212	39-1353282	501(C)(3)	0.	132,386.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH CARE FOR THE HOMELESS 421 FALLSWAY BALTIMORE, MD 21202	52-1576404	501(C)(3)	0.	23,881.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH CARE NETWORK 904 STATE STREET RACINE, WI 53404	42-1299913	501(C)(3)	0.	6,592.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH HELP DBA WHITE HOUSE CLINICS - 1010 MAIN STREET SOUTH - MCKEE, KY 40447	61-0843731	501(C)(3)	0.	10,159.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH INTERVENTION SERVICES 15 ANDRE SE GRAND RAPIDS, MI 49507	38-3273825	501(C)(3)	0.	17,926.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1596731	501(C)(3)	0.	8,611.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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HEALTH PARTNERS INC 3070 CRAIN HIGHWAY #101 WALDORF, MD 20601	52-1767044	501(C)(3)	0.	54,955.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH PARTNERS OF WESTERN OHIO 441 EAST 8TH STREET LIMA, OH 45804	56-2330309	501(C)(3)	0.	9,193.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH PARTNERSHIP CLINIC OF 7171 WEST 95TH STREET, SUITE 100 OVERLAND PARK, KS 66212	48-1115529	501(C)(3)	0.	94,724.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH REACH COMMUNITY CLINIC 400 EAST STATESVILLE AVENUE MOORESVILLE, NC 28115	20-1020941	501(C)(3)	0.	33,556.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH SERVICES FOR THE HOMELESS 271 CAREW STREET SPRINGFIELD, MA 01104	04-3398280	501(C)(3)	0.	5,698.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH SERVICES, INC. 1845 CHERRY STREET MONTGOMERY, AL 36106	63-0568762	501(C)(3)	0.	116,260.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH WEST - LAVA CLINIC 85 SOUTH 5TH WEST LAVA HOT SPRINGS, ID 83246	82-0324100	501(C)(3)	0.	61,675.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHCARE CONNECTION, INC. 1401 STEFFEN AVENUE CINCINNATI, OH 45215	31-0822524	501(C)(3)	0.	53,192.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHCARE FOR THE HOMELESS 2505 FANNIN STREET, 2ND FLOOR HOUSTON, TX 77002	76-0647934	501(C)(3)	0.	76,170.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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HEALTHFINDERS COLLABORATIVE 710 DIVISION STREET NORTHFIELD, MN 55057	20-1805262	501(C)(3)	0.	34,479.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHLINK PRIMARY CARE CLINIC 2027 PULASKI HIGHWAY, SUITE 206 HAVRE DE GRACE, MD 21078	26-2462359	OTHER	0.	39,191.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHNET OF ROCK COUNTY, INC. 23 W MILWAUKEE STREET JANESVILLE, WI 53548	39-1778804	501(C)(3)	0.	116,365.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHPOINT FAMILY CARE 1401 MADISON AVENUE COVINGTON, KY 41011	61-0729915	501(C)(3)	0.	57,982.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHQUEST OF UNION COUNTY 415 E. FRANKLIN STREET MONROE, NC 28112	56-2117596	501(C)(3)	0.	146,112.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHREACH COMMUNITY 10 HIGHWOOD STREET, SUITE 305 WATERVILLE, ME 04901-5740	01-6023664	501(C)(3)	0.	19,022.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHREACH INC. 804 E PARK AVENUE, SUITE 110 LIBERTYVILLE, IL 60048	36-3816410	501(C)(3)	0.	11,010.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHSOURCE OF OHIO 5400 DUPONT CIRCLE, SUITE A MILFORD, OH 45150	31-0884250	501(C)(3)	0.	14,995.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEART CITY HEALTH CENTER 236 SIMPSON AVENUE ELKHART, IN 46635	35-1875364	501(C)(3)	0.	61,273.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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HEART OF FLORIDA HEALTH CENTER 1025 SW 1ST AVENUE OCALA, FL 34471	59-3060378	501(C)(3)	0.	9,926.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEART OF KANSAS 1905 19TH STREET GREAT BEND, KS 67530	48-1165405	501(C)(3)	0.	9,786.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEARTLAND COMMUNITY HEALTH CLINIC 1701 W. GARDEN STREET PEORIA, IL 61605	37-1270794	501(C)(3)	0.	36,648.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEARTLAND HEALTH OUTREACH 1015 W. LAWRENCE AVENUE CHICAGO, IL 60640	36-3775696	501(C)(3)	0.	196,295.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HELPING HANDS CLINIC 810 HARPER AVENUE LENOIR, NC 28645	56-2076541	501(C)(3)	0.	8,997.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	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)	0.	22,170.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HENRY J. AUSTIN HEALTH 321 NORTH WARREN STREET TRENTON, NJ 08618	22-2682708	501(C)(3)	0.	29,990.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HIGH PLAINS COMMUNITY HEALTH CENTER - 201 KENDALL DRIVE - LAMAR, CO 81052	84-1244224	501(C)(3)	0.	51,568.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HILLTOWN COMMUNITY HEALTH CENTERS 58 OLD NORTH RD WORTHINGTON, MA 01098-9753	04-2161484	501(C)(3)	0.	14,995.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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HOMELESS HEALTH CARE CENTER 717 EAST 11TH STREET CHATTANOOGA, TN 37403	62-6000636	501(C)(3)	0.	13,126.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE CLINIC 1600 5TH AVENUE S JASPER, AL 35501	20-3327980	501(C)(3)	0.	10,458.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE CLINIC 7001 CORPORATE DRIVE, STE. 120 HOUSTON, TX 77036	31-1756818	501(C)(3)	0.	89,270.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE CLINIC 411 E. JEFFERSON STREET WAXAHACHIE, TX 75165	75-2813621	501(C)(3)	0.	23,950.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE CLINIC OF GARLAND TEXAS 808 WEST AVE. A GARLAND, TX 75040	75-2960314	501(C)(3)	0.	49,856.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	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)	0.	29,599.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPKINS COUNTY COMMUNITY CLINIC 638 N. FRANKLIN STREET MADISONVILLE, KY 42431	06-1710391	501(C)(3)	0.	112,325.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HORISONS UNLIMITED HEALTHCARE 164 B STREET LIVINGSTON, CA 95334	72-1532350	501(C)(3)	0.	537,635.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HORIZON HEALTH CARE, INC. 208 SOUTH MAIN STREET HOWARD, SD 57321	46-0341255	501(C)(3)	0.	307,788.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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HOT SPRINGS HEALTH PROGRAM 590 MEDICAL PARK DRIVE MARSHALL, NC 28753	56-0986537	501(C)(3)	0.	10,777.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOUSTON COMMUNITY HEALTH CENTERS 424 HAHLO HOUSTON, TX 77020	76-0622208	501(C)(3)	0.	9,349.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOWARD BROWN HEALTH CENTER 4025 NORTH SHERIDAN ROAD CHICAGO, IL 60613	36-2894128	501(C)(3)	0.	6,260.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
IBERIA COMPREHENSIVE 806 JEFFERSON TERRANCE NEW IBERIA, LA 70560	58-2164455	501(C)(3)	0.	17,955.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INDIAN HEALTH CENTER 1333 MERIDIAN AVENUE SAN JOSE, CA 95125	94-2476242	501(C)(3)	0.	16,495.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INDIANA HEALTH CENTERS, INC. 8003 CASTLEWAY DRIVE INDIANAPOLIS, IN 46250	31-1003977	501(C)(3)	0.	155,106.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INGHAM COUNTY HEALTH DEPARTMENT 5656 SOUTH CEDAR STREET, SUITE 110 LANSING, MI 48911	38-6005629	501(C)(3)	0.	12,439.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INHEALTH COMMUNITY WELLNESS FREE CL - 109 EAST BLUFF STREET - BOSCOBEL, WI 53805	33-1170597	501(C)(3)	0.	215,605.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INNIS COMMUNITY HEALTH CENTER 6450 LA HIGHWAY 1 INNIS, LA 70747	72-1505179	501(C)(3)	0.	29,058.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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IPFW - LAFAYETTE STREET FAMILY 2700 SOUTH LAFAYETTE STREE, SUITE FT. WAYNE, IN 46806	35-6002041	501(C)(3)	0.	17,686.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ISABEL COMMUNITY CLINIC 118 N. MAIN STREET ISABEL, SD 57633	46-0348705	501(C)(3)	0.	149,028.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ISLA VISTA YOUTH PROJECTS 6842 PHELPS ROAD GOLETA, CA 93117	95-3007419	501(C)(3)	0.	23,159.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ISLANDS COMMUNITY MEDICAL SERVICES 15 MEDICAL CENTER LOOP VINALHAVEN, ME 04863	01-6012835	501(C)(3)	0.	12,093.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JACKSON-HINDS COMPREHENSIVE 3502 WEST NORTHSIDE DRIVE JACKSON, MS 39213	64-0506107	501(C)(3)	0.	81,482.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JC LEWIS HEALTH CENTER 125 FAHM STREET SAVANNAH, GA 31401	58-0827524	501(C)(3)	0.	156,115.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JEANIE SCHMIDT FREE CLINIC 13525 DULLES TECHNOLOGY DRIVE HERNDON, VA 20172	71-0877944	501(C)(3)	0.	17,320.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JEFFERSON COMPREHENSIVE HEALTH 225 COMMUNITY DRIVE FAYETTE, MS 39069	64-0667610	501(C)(3)	0.	218,972.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JESSIE HOPKINS HINCHEE FOUND. 825 N. KELLOG AVE. SANTA BARBARA, CA 93111	95-3489222	501(C)(3)	0.	5,435.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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JESSIE TRICE COMMUNITY HEALTH 5607 N W 27TH AVE, SUITE 1 MIAMI, FL 33142	59-1235617	501(C)(3)	0.	94,819.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JOHNSON CITY DOWNTOWN CLINIC 207 E. MYRTLE AVENUE JOHNSON CITY, TN 37601	62-6021046	501(C)(3)	0.	25,156.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JOHNSTOWN FREE MEDICAL CLINIC 320 MAIN STREET, 3D FL. JOHNSTOWN, PA 15901	23-2922409	501(C)(3)	0.	19,232.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JONESBORO CHURCH HEALTH CENTER 500 KITCHEN JONESBORO, AR 72401	71-0707863	501(C)(3)	0.	25,342.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JOY-SOUTHFIELD COMMUNITY HEALTH 18917 JOY ROAD DETROIT, MI 48228	38-3622930	501(C)(3)	0.	8,944.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JWCH INSTITUTE, INC. 1910 W. SUNSET BLVD., SUITE 650 LOS ANGELES, CA 90026	95-2289916	501(C)(3)	0.	15,011.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KANSAS CITY FREE HEALTH CLINIC 3515 BROADWAY KANSAS CITY, MO 64111	43-0967292	501(C)(3)	0.	287,744.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KATY TRAIL COMMUNITY HEALTH CENTER 821 WESTWOOD DRIVE SEDALIA, MO 65301	43-1879853	501(C)(3)	0.	42,352.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KERN COUNTY PUBLIC HEALTH SERVICES 1800 MOUNT VERNON AVE BAKERSFIELD, CA 93306	95-6000925	GOVT ENTITY	0.	11,845.	PURCHASED PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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KEVIN'S COMMUNITY CENTER 153 SOUTH MAIN STREET NEWTOWN, CT 06470	61-1436909	501(C)(3)	0.	82,393.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KHEIR COMMUNITY CLINIC 3727 WEST SIXTH STREET, SUITE 200 LOS ANGELES, CA 90020	95-4074660	501(C)(3)	0.	16,732.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KIDS COME FIRST 1501-A S. BON VIEW AVENUE ONTARIO, CA 91761	33-0969025	501(C)(3)	0.	53,909.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KLICKITAT VALLEY HEALTH 310 S. ROOSEVELT GOLDENDALE, WA 98620	91-6001738	501(C)(3)	0.	5,938.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LA BIOMED WOMEN'S HEALTH CARE 1124 W. CARSON STREET TORRANCE, CA 90502	95-2138184	501(C)(3)	0.	58,422.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LA CLINICA CRISTIANA 380 WILSON LAKE SHORES MUSCLE SHOALS, AL 35661	20-1624284	501(C)(3)	0.	44,039.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LA CLINICA DEL PUEBLO 2831 15TH STREET NW WASHINGTON, DC 20009	52-1942551	501(C)(3)	0.	23,626.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LA ESPERANZA CLINIC 1610 S. CHADBOURNE SAN ANGELO, TX 76903	74-2699762	501(C)(3)	0.	96,289.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LA FAMILIA MEDICAL CENTER 1035 ALTO STREET SANTA FE, NM 87501	85-0220875	501(C)(3)	0.	154,530.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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LA MAESTRA FAMILY CLINIC, INC. 4060 FAIRMOUNT AVENUE SAN DIEGO, CA 92105	33-0473171	501(C)(3)	0.	245,131.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LACKEY FREE CLINIC 1620 OLD WILLIAMSBURG ROAD YORKTOWN, VA 23690	54-1850915	501(C)(3)	0.	7,116.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAFAYETTE COMMUNITY HEALTH 1317 JEFFERSON STREET LAFAYETTE, LA 70501	72-1221982	501(C)(3)	0.	52,687.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAGUNA BEACH COMMUNITY CLINIC 362 THIRD STREET LAGUNA BEACH, CA 92651	95-2637633	501(C)(3)	0.	46,738.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAKE AREA FREE CLINIC 856 ARMOUR ROAD OCONOMOWOC, WI 53066	39-2006388	501(C)(3)	0.	15,923.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAKE COUNTY PRIMARY CARE 215 S COURT STREET TIPTONVILLE, TN 38079	62-1026947	501(C)(3)	0.	169,617.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LANAI COMMUNITY HEALTH CENTER 624 A HOUSTON STREET LANAI, HI 96763	20-2509287	501(C)(3)	0.	69,784.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAWNDALE CHRISTIAN HEALTH CENTER 3860 W. OGDEN AVENUE CHICAGO, IL 60623	36-3308953	501(C)(3)	0.	30,232.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAWTON COMMUNITY HEALTH CENTER 3811 WEST GORE BLVD STE 6 LAWTON, OK 73505-6328	26-0187688	501(C)(3)	0.	34,629.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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LEE COUNTY VOLUNTEERS IN MEDICINE 1154 LEE BLVD. SUITE 2 LEHIGH ACRES, FL 33936	01-0941498	501(C)(3)	0.	192,972.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LEFLORE COUNTY HEALTH CENTER 706 HWY 82 WEST, SUITE A GREENWOOD, MS 38930	20-0069223	501(C)(3)	0.	253,594.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LEGACY MONTROSE CLINIC 1415 CALIFORNIA STREET HOUSTON, TX 77006	76-0009637	501(C)(3)	0.	101,299.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LEO POCHA CLINIC 435 N. LAST CHANCE GULCH HELENA, MT 59601	81-0304870	501(C)(3)	0.	66,261.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LIFE NETWORK 185 S. PATTERSON AVE #C SANTA BARBARA, CA 93111	77-0116381	501(C)(3)	0.	19,804.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LIFELONG MEDICAL CARE 2344 SIXTH STREET BERKELEY, CA 94710	94-2502308	501(C)(3)	0.	646,588.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LIGHTHOUSE MEDICAL MINISTRIES 2801 S. ROBINSON AVENUE OKLAHOMA CITY, OK 73109	20-0503733	501(C)(3)	0.	18,088.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LINCOLN COMMUNITY HEALTH CENTER 1301 FAYETTEVILLE STREET DURHAM, NC 27707	56-1031244	501(C)(3)	0.	17,296.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LISBON AND EAST LIVERPOOL 7880 LINCOLN PLACE LISBON, OH 44432	34-6565185	501(C)(3)	0.	242,341.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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LITTLE RIVER MEDICAL CENTER 4303 LIVE OAK DRIVE LITTLE RIVER, SC 29566	57-0672117	501(C)(3)	0.	16,780.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LLOYD F. MOSS FREE CLINIC 1301 SAM PERRY BLVD. FREDERICKSBURG, VA 22401	54-1677934	501(C)(3)	0.	5,998.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LONE STAR COMMUNITY HEALTH CENTER 605 S. CONROE MEDICAL DR. CONROE, TX 77304	30-0038860	501(C)(3)	0.	38,949.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LORAIN COUNTY FREE CLINIC 3323 PEARL AVENUE LORAIN, OH 44055	34-1506180	501(C)(3)	0.	24,803.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LOS ANGELES CHRISTIAN 311 WINSTON STREET LOS ANGELES, CA 90013	95-4315734	501(C)(3)	0.	8,991.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LOS BARRIOS UNIDOS COMMUNITY CLINIC - 809 SINGLETON BLVD - DALLAS, TX 75212	75-1378664	501(C)(3)	0.	61,055.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LOUDOUN FREE CLINIC 224 B CORNWALL ST NW LEESBURG, VA 20176-2701	54-1921059	501(C)(3)	0.	63,853.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LOW COUNTRY HEALTH CARE SYSTEM 333 REVOLUTIONARY TRAIL FAIRFAX, SC 29827	58-2366697	501(C)(3)	0.	9,901.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MAMOU HEALTH RESOURCES 300 SOUTH STREET MAMOU, LA 70554	72-0949444	501(C)(3)	0.	107,017.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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MANATEE COUNTY RURAL HEALTH 12271 US HIGHWAY 301 NORTH PARRISH, FL 34219	59-1773262	501(C)(3)	0.	10,149.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MANET COMMUNITY HEALTH CENTER 110 WEST SQUANTUM STREET NORTH QUINCY, MA 02171	04-2646695	501(C)(3)	0.	7,498.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MANISTEE AREA COMMUNITY CLINIC 6433 8 MILE ROAD BEAR LAKE, MI 49614	26-1779673	501(C)(3)	0.	24,486.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MANNA MEDICAL CLINIC 120 STREET A, SUITE A PICAYUNE, MS 39466	20-1788094	501(C)(3)	0.	64,346.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MANTACHIE RURAL HEALTH CARE 5681 HWY 363 MANTACHIE, MS 38855	64-0646692	501(C)(3)	0.	93,709.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MARIN COMMUNITY CLINIC 6100 REDWOOD BLVD NOVATO, CA 94945	94-2237120	501(C)(3)	0.	34,945.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MARIN COUNTY MEDICAL RESERVE CORPS 889 NORTHGATE DR SAN RAFAEL, CA 94903	27-1795730	GOVT ENTITY	0.	15,793.	PURCHASED PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MARTHA'S VILLAGE 83791 DATE AVENUE INDIO, CA 92201	33-0777892	501(C)(3)	0.	39,803.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MARTIN LUTHER KING HEALTH CENTER 827 MARGARET PLACE, SUITE 201 SHREVEPORT, LA 71101	72-1079721	501(C)(3)	0.	38,995.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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MARY'S CENTER 2333 ONTARIO ROAD NW WASHINGTON, DC 20009	52-1594116	501(C)(3)	0.	153,607.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MATAGORDA EPISCOPAL 101 AVENUE F NORTH BAY CITY, TX 77414	20-0537948	501(C)(3)	0.	84,787.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MATTHEW 25 INC. 413 EAST JEFFERSON BLVD. FORT WAYNE, IN 46802	35-1484951	501(C)(3)	0.	14,995.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEDLINK GEORGIA, INC. 11 CHARLIE MORRIS ROAD COLBERT, GA 30628	58-1394645	501(C)(3)	0.	84,819.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEDPLEX CLINICS (SHELBY CNTY HEALTH - 877 JEFFERSON AVENUE - MEMPHIS, TN 38103	62-1113169	501(C)(3)	0.	59,871.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEND MEDICAL CLINIC 10641 N SAN FERNANDO RD PACOIMA, CA 91331	23-7306337	501(C)(3)	0.	141,114.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MERCE MEDICAL CENTER 1831 N FAYETTEVILLE STREET ASHEBORO, NC 27203	56-1799394	501(C)(3)	0.	36,674.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MERCY HEALTH CENTER 767 OGLETHORPE AVENUE ATHENS, GA 30606	58-2603523	501(C)(3)	0.	42,121.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MERCY MEDICAL CLINIC 300 ARLINGTON DRIVE VIDALIA, GA 30474	27-1107136	501(C)(3)	0.	23,040.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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MERCY MEDICAL CLINIC 802 WASHINGTON STREET SHELBYVILLE, KY 40065	61-1211189	501(C)(3)	0.	35,568.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
METRO FAMILY PRACTICE 901 B WEST STREET PITTSBURGH, PA 15221	25-1844246	501(C)(3)	0.	39,944.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
METROCREST FAMILY MEDICAL CLINIC ONE MEDICAL PARKWAY, STE.149 FARMERS BRANCH, TX 75234	75-2616002	501(C)(3)	0.	181,772.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
METROPOLITAN COMMUNITY HEALTH SERVI - 120 W. MARTIN LUTHER KING DR. - WASHINGTON, NC 27889-1886	56-2143419	501(C)(3)	0.	11,611.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
METROWEST FREE MEDICAL PROGRAM 105 HUDSON ROAD SUDBURY, MA 01776	04-3822273	501(C)(3)	0.	20,245.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MIAMI BEACH COMMUNITY HEALTH CENTER - 710 ALTON ROAD - MIAMI BEACH, FL 33139	59-1829984	501(C)(3)	0.	79,668.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MID DELTA HEALTH SYSTEMS 245 MADISON STREET CLARENDON, AR 72029	71-0638760	501(C)(3)	0.	45,392.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MIDDLETOWN COMM HEALTH CENTER 10 BENTON AVENUE MIDDLETOWN, NY 10940	14-1588402	501(C)(3)	0.	75,095.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSION ARLINGTON MEDICAL CLINIC 210 W. SOUTH STREET ARLINGTON, TX 76010	75-2354962	501(C)(3)	0.	304,870.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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MISSION CITY COMMUNITY NETWORK INC. - 15206 PARTHENIA STREET - NORTH HILLS, CA 91343	95-4226189	501(C)(3)	0.	5,330.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSION FORT WORTH 4401 VERMONT AVENUE FORT WORTH, TX 76115	75-2720337	501(C)(3)	0.	7,192.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSION OF MERCY ADMINISTRATION 22 S. MARKET STREET, SUITE 6D FREDERICK, MD 21701	86-0704883	501(C)(3)	0.	111,476.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSOURI HIGHLANDS HEALTH CARE 110 SOUTH SECOND STREET ELLINGTON, MO 63638	43-1068291	501(C)(3)	0.	16,459.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOBILE CLINIC PROJECT AT UCLA 12-139, CENTER FOR THE HEALTH SCIE LOS ANGELES, CA 90095	95-6006143	501(C)(3)	0.	8,905.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOBILE COUNTY HEALTH 251 N. BAYOU STREET MOBILE, AL 36652	63-6001641	GOVT ENTITY	0.	261,133.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MORENO VALLEY FAMILY HEALTH CENTER 22675 ALESSANDRO BLVD MORENO VALLEY, CA 92553	33-0056551	501(C)(3)	0.	51,339.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MORTON COMPREHENSIVE HEALTH 1334 N LANSING AVE TULSA, OK 74106-5907	73-1177858	501(C)(3)	0.	147,697.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOSES LAKE COMMUNITY HEALTH CENTER 605 COOLIDGE DRIVE MOSES LAKE, WA 98837	91-1537371	501(C)(3)	0.	119,918.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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MOUNTAIN FAMILY COMMUNITY HEALTH CE - 1905 BLAKE AVENUE SUITE 101 - GLENWOOD SPRINGS, CO 81601	84-0742145	501(C)(3)	0.	118,096.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOUNTAIN HEALTH & COMMUNITY SERVICE - 31115 HIGHWAY 94 - CAMPO, CA 91906	33-0164420	501(C)(3)	0.	125,343.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOUNTAIN HOME CHRISTIAN CLINIC 421 WEST WADE STREET MOUNTAIN HOME, AR 72653	71-0835511	501(C)(3)	0.	35,801.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOUNTAINLANDS COMMUNITY 589 SOUTH STATE STREET PROVO, UT 84606	87-0515716	501(C)(3)	0.	9,737.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
M-POWER MINISTRIES 4022 FOURTH AVENUE S BIRMINGHAM, AL 35222	31-1639601	501(C)(3)	0.	369,532.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MQVN COMMUNITY DEVELOPMENT CORP ALCEE FORTIER BLVD. NEW ORLEANS, LA 70129	20-4929600	501(C)(3)	0.	13,820.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MULTIPRACTICE CLINIC 281 WEST 4TH STREET INDEPENDENCE, LA 70443	30-0069627	501(C)(3)	0.	29,947.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MUSLIM COMMUNITY CENTER 7600 GLENVIEW DRIVE RICHLAND HILLS, TX 76180-8341	75-2580088	501(C)(3)	0.	129,198.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
N.E.W. COMMUNITY CLINIC 622 BODART STREET GREEN BAY, WI 54301	39-1200636	501(C)(3)	0.	62,801.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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NATHANIEL MISSION 616 DERODE STREET LEXINGTON, KY 40508	30-0303716	501(C)(3)	0.	16,784.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NATIONAL ASSOCIATION OF CHRISTIAN 1106 COLLEGE STREET, SUITE C BASTROP, TX 78602	20-5077098	501(C)(3)	0.	19,112.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NATIONAL ASSOCIATION OF FREE 1800 DIAGONAL ROAD, SUITE 600 ALEXANDRIA, VA 22314	56-2273242	501(C)(3)	0.	9,518.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NATIONAL ORGANIZATION FOR RENAL 11018 AQUA VISTA STREET #19 STUDIO CITY, CA 91602-3162	95-4738511	501(C)(3)	0.	7,883.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NATIVE AMERICAN HEALTH CENTER 1151 HARBOR BAY PARKWAY, SUITE 203 ALAMEDA, CA 94501	23-7135928	501(C)(3)	0.	17,328.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEIGHBORCARE HEALTH 905 SPRUCE STREET, STE. 300 SEATTLE, WA 98104	91-0893287	501(C)(3)	0.	21,131.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEIGHBORHOOD HEALTHCARE 425 N. DATE STREET, SUITE 203 ESCONDIDO, CA 92025	95-2796316	501(C)(3)	0.	5,680.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEW HANOVER COMMUNITY HEALTH CENTER - 925 N 4TH ST - WILMINGTON, NC 28401-3450	58-2003803	501(C)(3)	0.	23,369.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEW HEIGHTS CLINIC 8000 NE 58TH AVENUE VANCOUVER, WA 98665	91-2009672	501(C)(3)	0.	67,821.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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NEW HOPE CLINIC 201 WEST BOILING SPRING ROAD SOUTHPORT, NC 28461	31-1614379	501(C)(3)	0.	12,939.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEW HORIZON FAMILY HEALTH SERVICES 130 MALLARD STREET GREENVILLE, SC 29601	57-0932597	501(C)(3)	0.	7,225.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEWARK COMMUNITY HEALTH CENTERS 101 LODLOW STREET NEWARK, NJ 07114	22-2747589	501(C)(3)	0.	319,330.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEWHOPE CLINIC 41 S. COURT STREET OWINGSVILLE, KY 40360	61-1363437	501(C)(3)	0.	44,078.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NHAN HOA 7761 GARDEN GROVE BLVD. GARDEN GROVE, CA 92841	33-0477323	501(C)(3)	0.	213,969.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NOAH - NEIGHBORHOOD OUTREACH 3634 NORTH DRINKWATER BLVD SCOTTSDALE, AZ 85251	27-3188239	501(C)(3)	0.	23,030.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH BY NORTHEAST COMMUNITY 3030 NE M.L.K. JR. BLVD. PORTLAND, OR 97212	72-1618287	501(C)(3)	0.	17,376.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH CENTRAL TEXAS P.O. BOX 720 WICHITA FALLS, TX 76307	75-2429644	501(C)(3)	0.	37,999.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH COUNTY HEALTH SERVICES 150 VALPREDA ROAD SAN MARCOS, CA 92069	95-2847102	501(C)(3)	0.	119,794.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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NORTH DALLAS SHARED MINISTRIES 2875 MERRELL ROAD DALLAS, TX 75229	75-1908563	501(C)(3)	0.	9,205.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH EAST MEDICAL SERVICES 1520 STOCKTON STREET SAN FRANCISCO, CA 94133	94-1722562	501(C)(3)	0.	235,215.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH HUDSON COMMUNITY ACTION 800 31 STREET UNION CITY, NJ 07087	22-1818699	501(C)(3)	0.	24,457.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHEAST COMMUNITY CLINIC 2250 W MAIN STREET, SUITE 301 ALHAMBRA, CA 91801-1758	95-2687213	501(C)(3)	0.	278,750.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHEAST MISSISSIPPI HEALTHCARE, 12 EAST BRUNSWICK AVE. BYHALIA, MS 38611	64-0620763	501(C)(3)	0.	50,554.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHEAST MISSOURI HEALTH COUNCIL 1416 CROWN DRIVE KIRKSVILLE, MO 63501	43-1606173	501(C)(3)	0.	90,770.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHEAST VALLEY HEALTH CORPORATION - 1172 NORTH MACLAY AVE. - SAN FERNANDO, CA 91340	23-7120632	501(C)(3)	0.	19,200.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHEASTERN OKLAHOMA 116 E. MAIN STREET HULBERT, OK 74441	73-1622831	501(C)(3)	0.	150,608.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHERN GREENBRIER HEALTH CLINIC RT 9 SINKING CREEK ROAD WILLIAMSBURG, WV 24991	55-0593134	501(C)(3)	0.	52,463.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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NORTHERN HEALTH CENTERS, INC. 15397 STATE HIGHWAY 32 LAKEWOOD, WI 54138	39-1550213	501(C)(3)	0.	25,765.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHERN NECK FREE HEALTH CLINIC 51 WILLIAM B GRAHAM COURT KILMARNOCK, VA 22482	54-1679279	501(C)(3)	0.	21,243.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHERN OSWEGO COUNTY HEALTH 61 DELANO STREET PULASKI, NY 13142	16-1022661	501(C)(3)	0.	49,547.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHLAND COMMUNITY HEALTH CENTER 104 N. MAIN STREET TURTLE LAKE, ND 58575	33-1029318	501(C)(3)	0.	35,035.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHWEST ARKANSAS FREE HEALTH CENT - 10 SOUTH COLLEGE AVENUE - FAYETTEVILLE, AR 72701	59-1691790	501(C)(3)	0.	27,063.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHWEST HEALTH SERVICES 2303 VILLAGE DRIVE ST. JOSEPH, MO 64506	43-1323669	501(C)(3)	0.	66,280.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHWEST LOUISIANA INTERFAITH PHAR - 909 OLIVE - SHREVEPORT, LA 71104	72-1479289	501(C)(3)	0.	20,561.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NOVA SCRIPTS CENTRAL 6400 ARLINGTON BLVD. SUITE 120 FALLS CHURCH, VA 22042	65-1275162	501(C)(3)	0.	17,994.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OAKHURST MEDICAL CENTER 770 VILLAGE SQUARE DR. STONE MOUNTAIN, GA 30083	58-1413957	501(C)(3)	0.	25,503.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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OAKLAND PRIMARY HEALTH SERVICES 46 NORTH SAGINAW PONTIAC, MI 48342	76-0710111	501(C)(3)	0.	29,479.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OASIS HEALTH CENTER 66 BARIBEAU DRIVE, STE. 9/10 BRUNSWICK, ME 04011	01-0497587	501(C)(3)	0.	14,916.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OASIS OF HOPE CENTER 522 LEONARD STREET NW GRAND RAPIDS, MI 49504	20-2781312	501(C)(3)	0.	16,142.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OCEAN HEALTH INITIATIVES 101 2ND ST. LAKEWOOD TOWNSHIP, NJ 08701	06-1691342	501(C)(3)	0.	16,213.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OCRM HEALTH CARE SERVICES ONE HOPE DRIVE TUSTIN, CA 92782	33-0906866	501(C)(3)	0.	140,959.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OKANOGAN FAMILY PLANNING 127 N. JUNIPER STREET OMAK, WA 98841	91-1013303	501(C)(3)	0.	19,474.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ONEWORLD COMMUNITY HEALTH CENTER 4920 SOUTH 30TH STREET, STE. 103 OMAHA, NE 68107	47-0548990	501(C)(3)	0.	65,039.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ONSLOW COMMUNITY OUTREACH 600 COURT STREET JACKSONVILLE, NC 28540	56-1705813	501(C)(3)	0.	10,871.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN ARMS CLINIC 5013 N. MERIDIAN AVE. OKLAHOMA CITY, OK 73122	73-1448149	501(C)(3)	0.	10,876.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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OPEN BIBLE MEDICAL CLINIC 824 SOUTH UNION BLVD COLORADO SPRINGS, CO 80910	84-1345520	501(C)(3)	0.	7,608.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN DOOR COMMUNITY 670 NINTH ST., SUITE 203 ARCATA, CA 95521	95-2671433	501(C)(3)	0.	148,911.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN DOOR HEALTH CENTER 1350 SW FOURTH STREET HOMESTEAD, FL 33030	83-0375996	501(C)(3)	0.	115,247.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN DOOR HEALTH SERVICES 3715 S. MADISON ST. MUNCIE, IN 47302	35-2018494	501(C)(3)	0.	23,269.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN DOOR URBAN MINISTRIES 1390 CAPITAL BLVD RALEIGH, NC 27603	58-1422700	501(C)(3)	0.	40,711.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPTIMUS HEALTH CARE 982 E. MAIN STREET BRIDGEPORT, CT 06608	06-0972166	501(C)(3)	0.	29,746.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ORANGE COUNTY FREE CLINIC 13296-A JAMES MADISON HIGHWAY ORANGE, VA 22960	25-1922019	501(C)(3)	0.	22,356.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ORANGEBURG-CALHOUN FREE MEDICAL 860 HOLLY STREET ORANGEBURG, SC 29116	26-3762573	501(C)(3)	0.	9,794.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OUR LADY OF GUADALUPE 227 N. NOPAL ST SANTA BARBARA, CA 93103	95-2158892	501(C)(3)	0.	16,860.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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OUTLOOK HEALTH SERVICES 11725 STINSON AVENUE CHISAGO CITY, MN 55013	41-1707647	501(C)(3)	0.	9,737.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OUTREACH HEALTH SERVICES 130 N. HIGH STREET SHUBUTA, MS 39360	64-0736857	501(C)(3)	0.	118,056.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OWENSBORO MEDICAL HEALTH SYSTEM 811 E. PARISH AVE. OWENSBORO, KY 42303	61-1286361	501(C)(3)	0.	119,258.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OZANAM CHARITABLE PHARMACY 571 DAUPHIN STREET MOBILE, AL 36602	72-1386236	501(C)(3)	0.	31,886.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PALMETTO HEALTH COUNCIL, INC. 643 MAIN STREET PALMETTO, GA 30268	58-1307597	501(C)(3)	0.	178,981.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PANCARE OF FLORIDA, INC. 431 OAK AVENUE PANAMA CITY, FL 32401	91-2189932	501(C)(3)	0.	378,127.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARISH NURSING 2323 DE LA VINA STREET SUITE 104 SANTA BARBARA, CA 93102	95-1644629	501(C)(3)	0.	10,811.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARK DUVALLE COMMUNITY HEALTH CENTE - 3015 WILSON AVENUE - LOUISVILLE, KY 40211	61-0666209	501(C)(3)	0.	61,129.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARTNERING FOR HEALTH 501 HOWARD AVENUE SUITE 204B ALTOONA, PA 16601	25-1842308	501(C)(3)	0.	69,319.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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PARTNERS FOR HEALING 109 W. BLACKWELL STREET TULLAHOMA, TN 37388	62-1834800	501(C)(3)	0.	26,145.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARTNERSHIP HEALTH CENTER 323 W. ALDER ST. MISSOULA, MT 59802	36-3843543	501(C)(3)	0.	40,540.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARTNERSHIP HEALTH CENTER 205 WOODROW WILSON DRIVE VALDOSTA, GA 31602	58-2405825	501(C)(3)	0.	7,756.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PASADENA HEALTH CENTER 908 SOUTHMORE AVE, SUITE 100 PASADENA, TX 77502	20-0462905	501(C)(3)	0.	89,679.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PCC COMMUNITY WELLNESS CENTER 14 WEST LAKE STREET OAK PARK, IL 60302	36-3828320	501(C)(3)	0.	32,447.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PENINSULA COMMUNITY 230 E MARYDALE AVENUE, SUITE 3 SOLDOTNA, AK 99669-7648	92-0177803	501(C)(3)	0.	13,294.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PENINSULA COMMUNITY HEALTH SERVICES - 616 SIXTH STREET - BREMERTON, WA 98337	94-3079770	501(C)(3)	0.	5,481.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PENINSULA INSTITUTE 4714 MARSHALL AVE NEWPORT NEWS, VA 23607-2247	54-1083954	501(C)(3)	0.	91,318.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PENOBSCOT COMMUNITY HEALTH CARE 103 MAINE AVENUE BANGOR, ME 04401	01-0514750	501(C)(3)	0.	17,343.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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PEOPLE'S COMMUNITY HEALTH CENTER 2524 KIRK AVENUE BALTIMORE, MD 21218	52-0905681	501(C)(3)	0.	64,847.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PEOPLE'S HEALTH & WELLNESS CLINIC 553 N. MAIN STREET BARRE, VT 05641	03-0343290	501(C)(3)	0.	11,261.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PEOPLE'S HEALTH CENTER 1021 NORTH 27TH STREET LINCOLN, NE 68503	41-2056863	501(C)(3)	0.	105,117.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PEOPLE'S HEALTH CLINIC 650 ROUND VALLEY DRIVE PARK CITY, UT 84068	87-0638042	501(C)(3)	0.	24,319.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PERCISION VALLEY FREE CLINIC 268 RIVER STREET SPRINGFIELD, VT 05156	03-0364846	501(C)(3)	0.	6,823.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PERSON FAMILY MEDICAL CENTER 702 NORTH MAIN STREET ROXBORO, NC 27573	58-1387324	501(C)(3)	0.	62,166.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PETALUMA HEALTH CENTER 1179 NORTH MCDOWELL BLVD PETALUMA, CA 94954	68-0437840	501(C)(3)	0.	74,463.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PHILADELPHIA DEPARTMENT OF PUBLIC 500 S. BROAD STREET PHILADELPHIA, PA 19146-1613	23-6003047	GOVT ENTITY	0.	128,172.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PHILADELPHIA HEALTH MANAGEMENT CORP - 260 S BROAD ST - PHILADELPHIA, PA 19102-5021	23-7221025	501(C)(3)	0.	26,618.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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PIEDMONT HEALTH SERVICES 299 LLOYD STREET CARRBORO, NC 27510	56-0952737	501(C)(3)	0.	120,917.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PLAINS MEDICAL CENTER 820 FIRST STREET LIMON, CO 80828	84-1125934	501(C)(3)	0.	70,997.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PLANO CHILDREN'S MEDICAL CLINIC 1407 14TH STREET PLANO, TX 75074	75-2391166	501(C)(3)	0.	38,650.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
POINT REYES COMMUNITY HEALTH CENTER - 3 SIXTH STREET - POINT REYES STATION, CA 94956	68-0172541	501(C)(3)	0.	18,486.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PORTLAND COMMUNITY FREE CLINIC 103 INDIA STREET PORTLAND, ME 04101	01-6000032	501(C)(3)	0.	9,737.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PREMIER COMMUNITY HEALTHCARE 37912 CHURCH AVENUE DADE CITY, FL 33525	59-1964612	501(C)(3)	0.	25,517.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRESBYTERIAN MEDICAL CARE MISSION 1857 PINE STREET, SUITE 100 ABILENE, TX 79601	75-1910600	501(C)(3)	0.	10,497.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRESTON-TAYLOR 725 N. PIKE STREET GRAFTON, WV 26354	55-0665614	501(C)(3)	0.	65,293.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRIMARY CARE AND HOPE CLINIC 1453A HOPE WAY MURFREESBORO, TN 37129	62-1482091	501(C)(3)	0.	133,934.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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PRIMARY CARE OF SOUTHWEST GEORGIA 360 COLLEGE ST BLAKELY, GA 39823-2554	31-1840668	501(C)(3)	0.	48,201.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRIMARY HEALTH SERVICES CENTER 2913 BETIN AVENUE MONROE, LA 71201	72-1347028	501(C)(3)	0.	48,685.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROGRAM FOR HEALTH CARE UPMC MONTEFIORE HOSPITAL PITTSBURGH, PA 15213	23-2919472	501(C)(3)	0.	21,702.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROHEALTH RURAL HEALTH SERVICES, IN - 1325 WEST MAIN STREET - FRANKLIN, TN 37064	62-1779945	501(C)(3)	0.	388,985.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROJECT VIDA 3607 RIVERA EL PASO, TX 79905	68-0541648	501(C)(3)	0.	54,871.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROVIDENCE COMMUNITY HEALTH CENTERS - 375 ALLENS AVENUE - PROVIDENCE, RI 02905	05-0368134	501(C)(3)	0.	35,022.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PUEBLO COMMUNITY HEALTH CENTER 110 EAST ROUTT AVENUE PUEBLO, CO 81004	84-0921521	501(C)(3)	0.	21,495.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
QUEENSCARE FAMILY CLINICS 1300 N. VERMONT AVENUE #505 LOS ANGELES, CA 90027	95-3702136	501(C)(3)	0.	29,990.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RAMBO MEMORIAL HEALTH CENTER 711 MAIN STREET ZANESVILLE, OH 43701	20-8814374	501(C)(3)	0.	74,514.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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RAPHA CLINIC OF WEST GEORGIA 253 HIGHWAY 78 TEMPLE, GA 30179	27-1188932	501(C)(3)	0.	5,998.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RAPHAEL COMMUNITY FREE CLINIC 1807 WATER STREET KERRVILLE, TX 78028	74-2819628	501(C)(3)	0.	71,160.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RAPHAEL HEALTH CENTER 401 EAST 34TH STREET INDIANAPOLIS, IN 46205	35-1948768	501(C)(3)	0.	15,192.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RAPIDES PRIMARY HEALTH CARE CENTER 1217 WILLOW GLEN RIVER ROAD ALEXANDRIA, LA 71302	72-1252422	501(C)(3)	0.	80,217.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
REAL HOPE 4115 5TH AVENUE TUSCALOOSA, AL 35405	63-0875310	501(C)(3)	0.	56,246.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
REDWOOD COAST MEDICAL SERVICES 46900 OCEAN DRIVE GUALALA, CA 95445	94-2395606	501(C)(3)	0.	49,054.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
REDWOODS RURAL HEALTH CENTER 101 WEST COAST ROAD REDWAY, CA 95560	94-2337367	501(C)(3)	0.	38,687.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
REGENCE HEALTH NETWORK 200 S. TYLER AMARILLO, TX 79101	75-1414940	501(C)(3)	0.	52,756.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
REGENESIS HEALTH CARE 1220 JOHN B. WHITE BLVD. SPARTANBURG, SC 29306	57-1084051	501(C)(3)	0.	11,996.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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RICHMOND AREA HIGH BLOOD PRESSURE 1200 WEST CARY STREET RICHMOND, VA 23220	52-1303481	501(C)(3)	0.	32,423.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RITTER CENTER 16 RITTER STREET SAN RAFAEL, CA 94901	94-2675517	501(C)(3)	0.	48,920.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RIVER CITY MEDICAL CLINIC 1021 E. WASHINGTON AVENUE NORTH LITTLE ROCK, AR 72114	71-0786539	501(C)(3)	0.	9,881.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RIVERSIDE COUNTY DEPARTMENT OF 3900 SHERMAN DRIVE RIVERSIDE, CA 92513	95-6000930	GOVT ENTITY	0.	9,476.	PURCHASED PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RIVERVIEW HEALTH SERVICES 722 REYNOLDS AVENUE KANSAS CITY, KS 66101	48-1072716	501(C)(3)	0.	225,916.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RKM PRIMARY CARE 11990 JACKSON STREET CLINTON, LA 70722	72-1443732	501(C)(3)	0.	276,678.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROANE COUNTY FAMILY HEALTH CARE 146 WILLIAMS DRIVE SPENCER, WV 25276	55-0627933	501(C)(3)	0.	7,436.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROANOKE CHOWAN 113 HERTFORD COUNTY HIGH ROAD AHOSKIE, NC 27910	42-1638714	501(C)(3)	0.	31,894.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROBESON HEALTH CARE CORPORATION 60 COMMERCE PLAZA PEMBROKE, NC 28372	58-1622664	501(C)(3)	0.	24,750.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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ROTACARE BAY AREA, INC. P.O. BOX 18430 SAN JOSE, CA 95158-8430	77-0328723	501(C)(3)	0.	273,970.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RURAL MEDICAL SERVICE, INC. 613 WEST BROADWAY NEWPORT, TN 37821	62-1102683	501(C)(3)	0.	270,293.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RUSK COUNTY COMMUNITY 1115 US HWY 259 S. HENDERSON, TX 75654	43-2016287	501(C)(3)	0.	736,586.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RUTHERFORD COMMUNITY HEALTH CENTER 187 WEST MAIN STREET SPINDALE, NC 28160	56-2478341	501(C)(3)	0.	38,079.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RUTH'S PLACE CLINIC 1411 CRAWFORD AVENUE GRANBURY, TX 76048	20-4594680	501(C)(3)	0.	17,458.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RUTLAND FREE CLINIC 145 STATE STREET RUTLAND, VT 05701	83-0427544	501(C)(3)	0.	99,197.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RXPARTNERS 2300 FRUGE LAKE CHARLES, LA 70601	02-0675336	501(C)(3)	0.	45,855.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SABAN FREE CLINIC 8405 BEVERLY BLVD. LOS ANGELES, CA 90048	95-2539105	501(C)(3)	0.	130,636.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SACRAMENTO REGIONAL CITIZENS CORP 3720 DUDLEY BLVD. MCCLELLAN, CA 95652	20-0371304	GOVT ENTITY	0.	15,793.	PURCHASED PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SACRED HEART COMMUNITY CLINIC 620 ROUND ROCK WEST DR. BLD #8 ROUND ROCK, TX 78681	27-2901548	501(C)(3)	0.	75,435.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SADLER HEALTH CENTER 100 NORTH HANOVER STREET CARLISLE, PA 17013	54-2082673	501(C)(3)	0.	14,995.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAFE HARBOR FREE CLINIC 693 ISLAND VIEW DR. CAMANO ISLAND, WA 98282	26-3825107	501(C)(3)	0.	223,662.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAFER ALTERNATIVES 8015 FREEPORT BLVD. SACRAMENTO, CA 95832	94-3390723	501(C)(3)	0.	54,787.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SALVATION ARMY - SANTA BARBARA 423 CHAPALA STREET SANTA BARBARA, CA 93101	94-1156347	501(C)(3)	0.	10,879.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAMARITAN HOMELESS CLINIC 921 SOUTH EDWIN C MOSES BLVD DAYTON, OH 45417	13-1053698	501(C)(3)	0.	25,835.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAMUEL DIXON FAMILY HEALTH CENTER 30257 SAN MARTINEZ ROAD CASTAIC, CA 91384	95-4278726	501(C)(3)	0.	144,426.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAN DIEGO COUNTY 6255 MISSION GORGE RD SAN DIEGO, CA 92120	95-6000934	GOVT ENTITY	0.	11,845.	PURCHASED PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAN DIEGO FAMILY CARE 6973 LINDA VISTA ROAD SAN DIEGO, CA 92111	95-2700856	501(C)(3)	0.	16,244.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SAN FRANCISCO FREE CLINIC 4900 CALIFORNIA STREET SAN FRANCISCO, CA 94118	94-3186248	501(C)(3)	0.	73,418.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAN JOSE FOOTHILL FAMILY COMMUNITY 2680 SOUTH WHITE RD., SUITE 170 SAN JOSE, CA 95148	77-0440944	501(C)(3)	0.	226,624.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA BARBARA COUNTY EXECUTIVE 105 EAST ANAPAMU STREET, SUITE 3 SANTA BARBARA, CA 93103	95-6002833	GOV'T ENTITY	0.	408,070.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA BARBARA NEIGHBORHOOD CLINICS 915 N. MILPAS STREET SANTA BARBARA, CA 93103	77-0496382	501(C)(3)	0.	129,435.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA BARBARA RESCUE MISSION 535 E. YANONALI STREET SANTA BARBARA, CA 93103	95-6134271	501(C)(3)	0.	21,056.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA BARBARA STREET MEDICINE 300 N. SAN ANTONIO RD. SANTA BARBARA, CA 93110	33-1210731	501(C)(3)	0.	27,543.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA CRUZ COUNTY MEDICAL SOCIETY 1975 SOQUEL DR #215 SANTA CRUZ, CA 95065	94-1641637	OTHER	0.	15,793.	PURCHASED PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA MARIA VALLEY 105 N. LINCOLN ST. SANTA MARIA, CA 93458	95-3144808	OTHER	0.	8,534.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA MARIA'S CHILDREN AND FAMILY 9209 COLIMA ROAD, SUITE 4400 WHITTIER, CA 90605	27-1879748	501(C)(3)	0.	147,178.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SAVE A LIFE WELLNESS CENTER 2580 PABLO AVE. OAKLAND, CA 94612	71-0902919	501(C)(3)	0.	8,412.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SB COUNTY OFFICE OF EDUCATION 4400 CATHEDRAL OAKS ROAD SANTA BARBARA, CA 93160	95-6000940	GOVT ENTITY	0.	15,691.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SEA MAR COMMUNITY HEALTH CENTER 1040 SOUTH HENDERSON STREET SEATTLE, WA 98108	91-1020139	501(C)(3)	0.	74,370.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SECOND HARVEST FOOD BANK 700 EDWARDS AVE. NEW ORLEANS, LA 70123	72-0956468	501(C)(3)	0.	147,888.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SEMO HEALTH NETWORK 311 MAIN STREET NEW MADRID, MO 63869	43-1253101	501(C)(3)	0.	777,508.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SERVICE CENTER OF CATHOLIC SOCIAL 555 DAUPHIN STREET MOBILE, AL 36602	63-0627699	501(C)(3)	0.	66,891.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHACKELFORD COUNTY 725 PATE STREET ALBANY, TX 76430	75-2541970	501(C)(3)	0.	167,096.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHALOM FREE CLINIC 1190 E. FIRST AVENUE CHICO, CA 95926	71-1023304	501(C)(3)	0.	11,996.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHARE OUR SELVES FREE MEDICAL 1550 SUPERIOR AVENUE COSTA MESA, CA 92627	95-3222316	501(C)(3)	0.	22,172.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SHASTA COMMUNITY HEALTH CENTER 1035 PLACER STREET REDDING, CA 96001	68-0165855	501(C)(3)	0.	30,022.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHELBY COMMUNITY HEALTH CENTER 1640 E. STATE ROAD 44, STE. B SHELBYVILLE, IN 46176	30-0174146	501(C)(3)	0.	6,208.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHEPHERD'S HOPE, INC 4851 S. APOPKA VINELAND ROAD ORLANDO, FL 32819	59-3420727	501(C)(3)	0.	29,990.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHEPHERDS CARE MEDICAL CLINIC 304 PONY ROAD ZEBULON, NC 27597	26-2757593	501(C)(3)	0.	14,693.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHEPHERDS HOPE ONE CHILDREN'S WAY SLOT 512-12 LITTLE ROCK, AR 72202	20-8811505	501(C)(3)	0.	62,842.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHOSHONE COMMUNITY HEALTH CLINIC 114 W. RIVERSIDE AVENUE KELLOGG, ID 83837	82-0498125	501(C)(3)	0.	75,739.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SIERRA FAMILY MEDICAL CLINIC 15301 TYLER FOOTE ROAD NEVADA CITY, CA 95959	68-0320801	501(C)(3)	0.	19,474.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SIERRA HEALTH CENTER-FULLERTON 501 S. BROOKHURST ROAD FULLERTON, CA 92833	95-3447973	501(C)(3)	0.	23,843.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SISKIYOU COMMUNITY HEALTH CLINIC 1701 NW HAWTHORNE AVE., STE 201 GRANTS PASS, OR 97526	93-0628804	501(C)(3)	0.	13,794.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SMITH MEDICAL CLINIC 116 BASKERVILL DRIVE PAWLEYS ISLAND, SC 29585	57-0786699	501(C)(3)	0.	35,792.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SNAKE RIVER COMMUNITY CLINIC 215 TENTH STREET LEWISTON, ID 83501	31-1726460	501(C)(3)	0.	207,235.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH BAY FAMILY HEALTHCARE CENTER 23430 HAWTHORNE BLVD., STE. 210 TORRANCE, CA 90505	23-7049937	501(C)(3)	0.	76,940.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH CENTRAL FAMILY HEALTH CENTER 1111 E. VERNON AVE. LOS ANGELES, CA 90011	95-3877793	501(C)(3)	0.	194,743.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH CENTRAL PRIMARY CARE CENTER 609 1/2 N IRWIN AVENUE OCILLA, GA 31774	58-2019024	501(C)(3)	0.	445,294.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH COUNTY COMMUNITY CLINIC 101 PINE MANOR DRIVE CONROE, TX 77385	75-2634623	501(C)(3)	0.	55,995.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH GEORGIA 1462 CLIFTON ROAD, SUITE 280 ATLANTA, GA 30322	58-0566256	501(C)(3)	0.	9,879.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH OF MARKET HEALTH CENTER 229 7TH STREET SAN FRANCISCO, CA 94103	23-7304921	501(C)(3)	0.	153,946.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH PLAINS RURAL HEALTH 1000FM 300 LEVELLAND, TX 79336	75-2123252	501(C)(3)	0.	190,758.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SOUTHEAST COMMUNITY HEALTH SYSTEMS 490 SITMAN STREET GREENSBURG, LA 70441	72-1212880	501(C)(3)	0.	161,546.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHEAST MISSISSIPPI RURAL 5488 US HWY 49 HATTIESBURG, MS 39401	64-0625076	501(C)(3)	0.	869,592.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHWEST VIRGINIA 319 FIFTH AVENUE SALTVILLE, VA 24370-0729	54-2046110	501(C)(3)	0.	1,037,491.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SQUIRREL HILL HEALTH CENTER 4516 BROWNS HILL ROAD PITTSBURGH, PA 15217-2950	20-1163755	501(C)(3)	0.	91,988.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST PETERSBURG FREE CLINIC 863 THIRD AVENUE N ST PETERSBURG, FL 33701	23-7208280	501(C)(3)	0.	33,561.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST VINCENT DE PAUL CHARITABLE PHARM - 1125 BANK ST. - CINCINNATI, OH 45214	30-0272954	501(C)(3)	0.	119,165.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. ANTHONY FREE MEDICAL CLINIC 150 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	94-1513140	501(C)(3)	0.	41,057.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. GABRIEL EASTSIDE 5760 MONTICELLO STREET ST. GABRIEL, LA 70776	72-1241592	501(C)(3)	0.	255,954.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. JAMES-SANTEE FAMILY HEALTH CENT - 1189 TIBWIN ROAD - MCCLELLANVILLE, SC 29458	57-0722653	501(C)(3)	0.	9,604.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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ST. JOHN'S WELL CHILD AND FAMILY CE - 5701 S. HOOVER STREET - LOS ANGELES, CA 90037	95-4067758	501(C)(3)	0.	217,034.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. JOSEPH SOCIAL WELFARE BOARD 904 S. 10TH, SUITE A ST. JOSEPH, MO 64503	80-0308973	501(C)(3)	0.	53,180.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. JOSEPH'S/CANDLER HEALTH 11705 MERCY BLVD. SAVANNAH, GA 31419	58-2288758	501(C)(3)	0.	162,420.	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)	0.	42,747.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. LUKE'S FREE MEDICAL CLINIC 162 N. DEAN STREET SPARTANBURG, SC 29302	57-0943232	501(C)(3)	0.	10,497.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. MARTIN'S HEALTHCARE SERVICES 1359 SOUTH RANDOLPH STREET GARRETT, IN 46738	20-8609620	501(C)(3)	0.	33,716.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. MARY'S HEALTH WAGON 233 CHASE STREET, SUITE 100 CLINTWOOD, VA 24228	04-3739083	501(C)(3)	0.	214,452.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. THOMAS CLINIC 600 PAUL HAND BOULEVARD FRANKLIN, IN 46131	35-1449379	501(C)(3)	0.	32,184.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. THOMAS COMMUNITY HEALTH CENTER 1936 MAGAZINE STREET NEW ORLEANS, LA 70130	14-1958494	501(C)(3)	0.	57,181.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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ST. VINCENT COMMUNITY CLINIC 2 ST. VINCENT CIRCLE LITTLE ROCK, AR 72205	71-0502872	501(C)(3)	0.	29,248.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT DE PAUL CLINIC 420 W. WATKINS PHOENIX, AZ 85003	86-0096789	501(C)(3)	0.	37,940.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT DE PAUL VILLAGE 1501 IMPERIAL AVENUE SAN DIEGO, CA 92101	33-0492302	501(C)(3)	0.	18,203.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT DEPAUL COMMUNITY 21450 GIBRALTER DRIVE PORT CHARLOTTE, FL 33952	65-0958642	501(C)(3)	0.	14,995.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT DEPAUL COMMUNITY 502 GRAMMONT STREET MONROE, LA 71201	90-0014479	501(C)(3)	0.	39,151.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT'S HOUSE CLINIC 2817 POST OFFICE STREET GALVESTON, TX 77550	74-1384864	501(C)(3)	0.	220,634.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
STANISLAUS COUNTY MEDICAL RESERVE 830 SCENIC DRIVE MODESTO, CA 95350	94-6000540	GOVT ENTITY	0.	11,845.	PURCHASED PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
STAYWELL HEALTH CENTER 80 PHOENIX AVENUE WATERBURY, CT 06702-1516	22-3160873	501(C)(3)	0.	11,996.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
STEPHEN F. AUSTIN CHC 1111 W. ADOUE STREET ALVIN, TX 77511	41-2273820	501(C)(3)	0.	5,998.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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STERLING AREA HEALTH CENTER 725 E STATE ST STERLING, MI 48659-9548	38-2205859	501(C)(3)	0.	76,490.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SU CLINICA FAMILIAR 1706 TREASURE HILLS BLVD HARLINGEN, TX 78550	74-2357970	501(C)(3)	0.	23,949.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SULZBACHER HEALTH CENTER 611 EAST ADAMS STREET JACKSONVILLE, FL 32202	59-3229898	501(C)(3)	0.	184,716.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SUMTER FAMILY HEALTH CENTER 1278 N. LAFAYETTE DRIVE SUMTER, SC 29150	57-1095992	501(C)(3)	0.	68,421.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SUNCOAST COMMUNITY HEALTH CENTERS 13110 ELK MOUNTAIN DRIVE RIVERVIEW, FL 33579	59-1741303	501(C)(3)	0.	59,980.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SUNRISE MONFORT FAMILY CLINIC 2930 11TH AVENUE EVANS, CO 80620	84-0613289	501(C)(3)	0.	140,219.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SUNSET COMMUNITY HEALTH CENTER 2060 W. 24TH STREET YUMA, AZ 85364	86-0893305	501(C)(3)	0.	16,137.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SUNSHINE COMMUNITY HEALTH CENTER 34300 TALKEETNA SPUR ROAD TALKEETNA, AK 99676	92-0117838	501(C)(3)	0.	154,046.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SWOPE HEALTH SERVICES CENTRAL 3801 BLUE PARKWAY KANSAS CITY, MO 64130	43-0957840	501(C)(3)	0.	39,606.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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TAMPA FAMILY HEALTH CENTER 1502 EAST FOWLER AVENUE TAMPA, FL 33612	59-2420282	501(C)(3)	0.	388,787.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TAPESTRY HEALTH 296 NONOTUCK STREET FLORENCE, MA 01062	23-7303142	501(C)(3)	0.	38,948.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TARZANA TREATMENT CENTER 8330 RESEDA BLVD NORTHRIDGE, CA 91324	94-2219349	501(C)(3)	0.	93,132.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TECHE ACTION CLINIC 1115 WEBER STREET FRANKLIN, LA 70538	72-6073441	501(C)(3)	0.	62,970.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TEEN XPRESS 601 WEST MICHIGAN STREET ORLANDO, FL 32805-6203	59-1726273	501(C)(3)	0.	6,657.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE ATHENS NURSES CLINIC 496 REESE STREET ATHENS, GA 30601	58-2490925	501(C)(3)	0.	48,059.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE CHILDREN'S CLINIC 2790 ATLANTIC AVENUE LONG BEACH, CA 90806	95-1643332	501(C)(3)	0.	105,475.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE CHRISTIAN HEALTH CENTER 501 WEST MAIN, PMB #233 HEBER SPRINGS, AR 72543	71-0852792	501(C)(3)	0.	11,742.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE CLINIC INC. 3834 S. WESTERN AVENUE LOS ANGELES, CA 90062	23-7351622	501(C)(3)	0.	85,435.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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THE COMMUNITY FREE CLINIC 528 A LAKE CONCORD ROAD CONCORD, NC 28025	58-2131301	501(C)(3)	0.	36,425.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE COMMUNITY FREE CLINIC OF NEWPOR - 727 25TH STREET - NEWPORT NEWS, VA 23607	27-3510814	501(C)(3)	0.	106,973.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE COPE CENTER, INC. 3686 US HWY 331 SOUTH DEFUNIAK SPRINGS, FL 32435	59-1469145	501(C)(3)	0.	5,476.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE DR. ALBERT B. CLEAGE, SR. MEMOR - 700 SEWARD - DETROIT, MI 48202	11-3754940	501(C)(3)	0.	36,270.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE EFFORT COMMUNITY HEALTH CENTER 1820 J STREET SACRAMENTO, CA 95811	94-1713704	501(C)(3)	0.	276,435.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE FLOATING HOSPITAL 41-40 27TH STREET LONG ISLAND CITY, NY 11101	13-1624169	501(C)(3)	0.	386,009.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE GREAT PHYSICIAN'S PHARMACY 1925 W. MAIN DURANT, OK 74701	73-0768828	501(C)(3)	0.	50,463.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE HOPE PROJECT 157 WALL STREET TENAH, TX 75974	32-0086739	501(C)(3)	0.	181,659.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE MEDINA HEALTH MINISTRY 970 E. WASHINGTON STREET SUITE 104 MEDINA, OH 44256	30-0092944	501(C)(3)	0.	11,706.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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THE NEIGHBORHOOD CHRISTIAN CLINIC 1929 W. FILLMORE PHOENIX, AZ 85009	86-0839580	501(C)(3)	0.	218,008.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE OPEN DOOR CLINIC 130 WEST CENTRAL CHIPPEWA FALLS, WI 54729	20-3673759	501(C)(3)	0.	38,783.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE PEOPLE'S CITY MISSION 401 N. 2ND STREET LINCOLN, NE 68508	26-3819766	501(C)(3)	0.	16,563.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE WAY FREE MEDICAL CLINIC, INC. 479 HOUSTON STREET GREEN COVE SPRINGS, FL 32043	76-0828154	501(C)(3)	0.	8,997.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THOMAS E. LANGLEY MEDICAL CENTER 1425 SOUTH US 301 SUMTERVILLE, FL 33585	59-1664577	501(C)(3)	0.	15,163.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TOMAGWA HEALTHCARE MINISTRIES 455 SCHOOL STREET SUITE 30 TOMBALL, TX 77375	76-0280324	501(C)(3)	0.	5,998.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TOWNHALL II MEDICAL CLINIC 155 NORTH WATER KENT, OH 44240	34-1091439	501(C)(3)	0.	5,090.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRANSITION HOUSE 425 E. COTA STREET SANTA BARBARA, CA 93101	77-0099755	501(C)(3)	0.	12,351.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRAVERSE HEALTH CLINIC 3155 LOGAN VALLEY ROAD TRAVERSE CITY, MI 49684	30-0224028	501(C)(3)	0.	85,259.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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TREASURE COAST COMMUNITY HEALTH 12196 COUNTY ROAD 512 FELLSMERE, FL 32948	59-3219191	501(C)(3)	0.	32,642.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRIAD HEALTH SYSTEMS 872 US 42 WEST WARSAW, KY 41095	20-8963925	501(C)(3)	0.	85,400.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRI-AREA COMMUNITY HEALTH 14558 DANVILLE PIKE LAUREL FORK, VA 24352	54-1112330	501(C)(3)	0.	49,157.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRI-CITY HEALTH CENTER 39500 LIBERTY STREET FREMONT, CA 94538	23-7255435	501(C)(3)	0.	98,967.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRI-COUNTY MEDICAL CENTER, INC. 316 S MAIN ST EVERGREEN, AL 36401-3313	63-1056564	501(C)(3)	0.	146,077.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRINITY CLINIC OF CALVIN 507 4TH STREET CALVIN, OK 74531	62-0535346	501(C)(3)	0.	47,939.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRI-TOWN COMMUNITY ACTION AGENCY 1126 HARTFORD AVENUE JOHNSTON, RI 02919	05-0309695	501(C)(3)	0.	10,837.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TROUP CARES CLINIC 301 MEDICAL DR., SUITE 501 LAGRANGE, GA 30240-4144	20-8176300	501(C)(3)	0.	142,668.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UBI CARITAS 4450 HIGHLAND AVENUE BEAUMONT, TX 77705	76-0558225	501(C)(3)	0.	265,420.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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UCI FAMILY HEALTH CENTER 800 N. MAIN STREET SANTA ANA, CA 92701	95-2226406	501(C)(3)	0.	60,094.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UMMA COMMUNITY CLINIC 711 WEST FLORENCE AVENUE LOS ANGELES, CA 90044	95-4666712	501(C)(3)	0.	46,372.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UMPQUA COMMUNITY HEALTH CENTER 150 KENNETH FORD DRIVE ROSEBURG, OR 97470	93-1070304	501(C)(3)	0.	161,979.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNION GOSPEL MISSION CLINIC 1300 NORTH 1ST STREET YAKIMA, WA 98901	23-7050061	501(C)(3)	0.	5,379.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNITED AMERICAN INDIAN INVOLVEMENT 1125 W. SIXTH STREET, STE. 103 LOS ANGELES, CA 90017	95-2917933	501(C)(3)	0.	5,895.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNITED NEIGHBORHOOD HEALTH SERVICES - 617 S. EIGHTH STREET - NASHVILLE, TN 37206	62-1032792	501(C)(3)	0.	54,231.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNIVERSAL HEALTH FOUNDATION 2020 EAST 1ST STREET LOS ANGELES, CA 90033	91-2167533	501(C)(3)	0.	382,979.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNIVERSITY COMMUNITY HEALTH 601 BENTON AVENUE NASHVILLE, TN 37204	62-1438461	501(C)(3)	0.	71,807.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNIVERSITY OF MIAMI 1601 NW 12TH AVENUE MIAMI, FL 33136	59-0624458	501(C)(3)	0.	17,860.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	0.	212,999.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
URBAN HEALTH PLAN, INC 1065 SOUTHERN BLVD. BRONX, NY 10459	23-7360305	501(C)(3)	0.	35,988.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VALLEY COMMUNITY CLINIC 6801 COLDWATER CYN AVENUE NORTH HOLLYWOOD, CA 91605	23-7050082	501(C)(3)	0.	93,736.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VALLEY FAMILY HEALTH CARE 1441 NE 10TH AVENUE PAYETTE, ID 83661	82-0371383	501(C)(3)	0.	27,154.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VALLEY WIDE HEALTH SYSTEMS 1710 1ST STREET ALAMOSA, CO 81101	84-0706945	501(C)(3)	0.	5,989.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VENICE FAMILY CLINIC 604 ROSE AVENUE VENICE, CA 90291	95-2769432	501(C)(3)	0.	722,837.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VERNON J. HARRIS EAST END CHC 2025 E. MAIN STREET RICHMOND, VA 23223	54-1884190	501(C)(3)	0.	44,985.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VIOLA STARTZMAN FREE CLINIC 1874 CLEVELAND ROAD WOOSTER, OH 44691	34-1758151	501(C)(3)	0.	5,501.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VNCOC ASIAN HEALTH CENTER 9862 CHAPMAN AVENUE, SUITE B GARDEN GROVE, CA 92841	95-3403526	501(C)(3)	0.	26,219.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEER HEALTHCARE CLINIC 4215 MEDICAL PARKWAY AUSTIN, TX 78756	74-6082464	501(C)(3)	0.	13,477.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE 1039 SOUTH DUCHESNE ST. CHARLES, MO 63301	43-1791543	501(C)(3)	0.	10,817.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE 15 NORTHRIDGE DRIVE HILTON HEAD, SC 29926	57-0959206	501(C)(3)	0.	29,532.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE 41 EAST DUVAL STREET JACKSONVILLE, FL 32202	75-3002172	501(C)(3)	0.	42,613.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE CLINIC 417 SE BALBOA AVENUE STUART, FL 34994	65-1115793	501(C)(3)	0.	28,839.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE CLINIC 2260 MARCOLA ROAD SPRINGFIELD, OR 97477	93-1276816	501(C)(3)	0.	93,181.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE OF BARTHOLOM - 836 JACKSON STREET - COLUMBUS, IN 47201	35-1907774	501(C)(3)	0.	9,521.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE OF MONROE 811 WEST 2ND STREET BLOOMINGTON, IN 47403	20-4383915	501(C)(3)	0.	96,279.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WARREN COUNTY FREE CLINIC 546 W. RIDGEWAY STREET WARRENTON, NC 27589	20-4307481	501(C)(3)	0.	52,496.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATERMAN COMMUNITY CLINIC 2300 KURT STREET EUSTIS, FL 32726	59-3140669	501(C)(3)	0.	30,150.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WELLNESS POINTE 1107 E. MARSHALL AVENUE LONGVIEW, TX 75601	75-2723993	501(C)(3)	0.	68,883.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WESLEY HEALTH CENTER 1300 SOUTH 10TH STREET PHOENIX, AZ 85034	86-0133770	501(C)(3)	0.	34,545.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WEST OAKLAND HEALTH COUNCIL 700 ADELINE STREET OAKLAND, CA 94607	94-1667294	501(C)(3)	0.	11,988.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WEST PLAINS CHRISTIAN CLINIC 1115 ALASKA ST., SUITE 212 WEST PLAINS, MO 65775	27-1307333	501(C)(3)	0.	39,298.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WEST SIDE COMMUNITY HEALTH SERVICES - 153 CESAR CHAVEZ STREET - ST. PAUL, MN 55107	23-7156236	501(C)(3)	0.	17,994.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WEST VIRGINIA HEALTH RIGHT 1520 WASHINGTON STREET E. CHARLESTON, WV 25311	31-1066881	501(C)(3)	0.	155,703.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WESTERN SIERRA MEDICAL CLINIC 209 NEVADA STREET DOWNIEVILLE, CA 95936	94-2279011	501(C)(3)	0.	14,810.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WESTMINSTER FREE CLINIC 2103 MONTROSE AVENUE, STE. E MONTROSE, CA 91020	77-0563241	501(C)(3)	0.	93,485.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTSIDE FAMILY HEALTH CENTER 1711 OCEAN PARK BLVD SANTA MONICA, CA 90405	95-2931931	501(C)(3)	0.	188,972.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WHATLEY HEALTH SERVICES, INC. 2731 M. L. KING, JR. BLVD TUSCALOOSA, AL 35401	63-0727781	501(C)(3)	0.	86,299.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WHEELING HEALTH RIGHT 61-29TH STREET WHEELING, WV 26003	31-1149085	501(C)(3)	0.	22,822.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WHITE BIRD MEDICAL CLINIC 341 E. 12TH AVENUE EUGENE, OR 97401	93-0585814	501(C)(3)	0.	134,308.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WHITMAN WALKER CLINIC 1701 14TH STREET NW WASHINGTON, DC, DC 20009	52-1122122	501(C)(3)	0.	8,997.	ESTIMATED WHOLESALE PRICE	MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WILL BRIDGE SANTA BARBARA 2904 STATE STREET, SUITE A SANTA BARBARA, CA 93105	57-1194195	501(C)(3)	0.	13,468.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WILMINGTON COMMUNITY CLINIC 1009 N. AVALON BLVD. WILMINGTON, CA 90744	95-3137803	501(C)(3)	0.	90,043.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WOMEN'S CLINIC 9911 W. PICO BLVD., #500 LOS ANGELES, CA 90035	95-2800022	501(C)(3)	0.	38,948.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WOMEN'S HEALTH CONNECTIONS 404 NORTH MAGNOLIA PALESTINE, TX 75801	20-0776090	501(C)(3)	0.	409,134.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL VOUCHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOOD RIVER HEALTH SERVICES 823 MAIN STREET HOPE VALLEY, RI 02832	05-0378071	501(C)(3)	0.	11,724.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
YAP DEPARTMENT OF HEALTH SERVICES 1 HOSPITAL DRIVE COLONIA, FM 96943		GOVT ENTITY	0.	23,569.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
YOUNGSTOWN COMMUNITY HEALTH CENTER 726 WICK AVENUE YOUNGSTOWN, OH 44505	34-1609341	501(C)(3)	0.	99,694.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ZAREPHATH HEALTH CENTER 595 WESTON CANAL ROAD SOMERSET, NJ 08873	31-1812810	501(C)(3)	0.	357,846.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ZUFALL HEALTH CENTER 17 SOUTH WARREN STREET DOVER, NJ 07801	22-3125397	501(C)(3)	0.	25,688.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV**

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

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

WHERE THE TIMELINESS OF OUR RESPONSE IS PARAMOUNT, GRANT RECIPIENTS SIGN

MEMORANDUMS OF UNDERSTANDING OUTLINING THE RESPONSIBILITIES OF DIRECT

RELIEF AND THE GRANTEE. REPORTING BY THE GRANTEE VARIES BASED ON THE SIZE,

SCOPE, AND TYPE OF PROGRAM, RANGING FROM MONTHLY, QUARTERLY, OR ANNUAL

REPORTING, WITH A FINAL REPORT DUE UPON COMPLETION OF THE PROJECT. DIRECT

RELIEF ALSO HAS THE RIGHT TO AND DOES MAKE SITE VISITS TO GRANTEES TO

ENSURE COMPLIANCE WITH THE PROJECT PROPOSAL; THIS IS ESPECIALLY THE CASE

WHEN IT COMES TO THE MONITORING OF OUR SUPPORT OF GRANTEES IN EMERGENCY

<b>Part IV</b>	<b>Supplemental Information</b>
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RESPONSE SITUATIONS.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

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

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

DIRECT RELIEF INTERNATIONAL

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and 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. Explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

**c** Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> THOMAS E. TIGHE	(i)	344,097.	0.	0.	12,250.	17,609.	373,956.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
<b>2</b> BHUPI SINGH	(i)	282,301.	0.	0.	12,250.	8,532.	303,083.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
<b>3</b> KERRI MURRAY	(i)	213,657.	0.	0.	9,850.	7,395.	230,902.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
<b>4</b> ANTHOULA RANDOPOULOS	(i)	142,444.	0.	0.	7,122.	10,832.	160,398.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
<b>5</b> ROSS COMSTOCK	(i)	135,892.	0.	0.	6,795.	10,974.	153,661.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
<b>6</b>	(i)							
	(ii)							
<b>7</b>	(i)							
	(ii)							
<b>8</b>	(i)							
	(ii)							
<b>9</b>	(i)							
	(ii)							
<b>10</b>	(i)							
	(ii)							
<b>11</b>	(i)							
	(ii)							
<b>12</b>	(i)							
	(ii)							
<b>13</b>	(i)							
	(ii)							
<b>14</b>	(i)							
	(ii)							
<b>15</b>	(i)							
	(ii)							
<b>16</b>	(i)							
	(ii)							

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

OMB No. 1545-0047

**2011**

**Open To Public  
Inspection**

Name of the organization

DIRECT RELIEF INTERNATIONAL

Employer identification number

95-1831116

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ..... ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

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

Schedule L (Form 990 or 990-EZ) 2011

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
J. MICHAEL GILES	BOARD MEMBER	258,816.	BANK ACCOUN		X
GEORGE SHORT	BOARD MEMBER	3,861.	LEGAL SERVI		X

**Part V Supplemental Information**

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

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

(A) NAME OF PERSON: J. MICHAEL GILES

(D) DESCRIPTION OF TRANSACTION: BANK ACCOUNT

FUNDS HELD AT FINANCIAL INSTITUTION WHERE MR. GILES IS ALSO A BOARD

MEMBER. ACCOUNTS WERE ESTABLISHED BEFORE HE WAS ON DIRECT RELIEF

INTERNATIONAL'S BOARD.

(A) NAME OF PERSON: GEORGE SHORT

(D) DESCRIPTION OF TRANSACTION: LEGAL SERVICES

DIRECT RELIEF INTERNATIONAL MADE PAYMENTS FOR LEGAL SERVICES TO THE LAW

FIRM WHERE MR. SHORT IS A SHAREHOLDER. THIS FIRM ALSO PROVIDED DIRECT

RELIEF INTERNATIONAL WITH PRO BONO SERVICES WHICH AMOUNTED TO AN

ESTIMATED \$17,512 IN VALUE.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

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

Name of the organization **DIRECT RELIEF INTERNATIONAL** 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	38	218,261.	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	1,128	286,119,555.	EST. WHOLESALE PRICE
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ► ( SOFTWARE ) .....	X	5	82,240.	FMV
26 Other ► ( MISC SUPPLIES ) .....	X	5	3,268.	FMV
27 Other ► ( ) .....				
28 Other ► ( ) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

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

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

Schedule M (Form 990) (2011)



Part II

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

SCHEDULE M, PART I, COLUMN (B): THE AMOUNTS LISTED REFLECT THE NUMBER

OF CONTRIBUTIONS RECEIVED DURING THE TAX YEAR.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

DIRECT RELIEF INTERNATIONAL

Employer identification number

95-1831116

FORM 990, PART VI, SECTION B, LINE 11: DIRECT RELIEF INTERNATIONAL'S CHIEF

FINANCIAL OFFICER DISTRIBUTES A COPY OF THE FINAL VERSION OF THE 990 TO ALL

CURRENT BOARD MEMBERS REQUESTING THEY REVIEW THE 990 PRIOR TO FILING. THE

BOARD MEMBERS ARE GIVEN AN OPPORTUNITY AND ASKED TO REVIEW, RAISE ISSUES

AND REQUEST CLARIFICATIONS, IF ANY. ONCE THIS PROCESS IS COMPLETE AND BOARD

APPROVAL IS OBTAINED, THE 990 IS FILED. DOCUMENTATION OF THE DISTRIBUTION

TO THE BOARD AND THE RESPONSES AND QUESTIONS, IF ANY, ARE MAINTAINED BY THE

CHIEF FINANCIAL OFFICER.

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

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

Schedule O (Form 990 or 990-EZ) (2011)

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

THE BOARD OR APPLICABLE BOARD OR OTHER COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OVERSEES ALL COMPENSATION MATTERS ON BEHALF OF THE BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE REVIEWS COMPENSATION BENCHMARKING ANALYSIS AND MAKES RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE REGARDING COMPENSATION PAID TO EXECUTIVE STAFF (CEO, COO/CFO) AND OTHER KEY STAFF POSITIONS AS THEY MAY DETERMINE ARE APPROPRIATE. THE BENCHMARKING REVIEW INCLUDES A COMPARATIVE ANALYSIS OF COMPENSATION PAID BY DIRECT RELIEF TO COMPENSATION PAID BY LOCAL, SECTOR, AND NATIONAL NONPROFIT ORGANIZATIONS AS WELL AS LOCAL FOR-PROFIT ENTITIES. DECISIONS REGARDING EXECUTIVE STAFF'S COMPENSATION ARE THE SOLE RESPONSIBILITY OF THE BOARD OF DIRECTORS. NO MEMBER OF THE STAFF, INCLUDING THE CHIEF EXECUTIVE OFFICER AND THE CHIEF OPERATING OFFICER/CHIEF FINANCIAL OFFICER, IS A MEMBER OF THE BOARD OF DIRECTORS, AND THE BOARD OF DIRECTORS MAY NOT DELEGATE THE AUTHORITY TO SET EXECUTIVE COMPENSATION TO A MEMBER OF THE EXECUTIVE STAFF. COMPENSATION OF THE CHIEF EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER/CHIEF FINANCIAL OFFICER WAS LAST REVIEWED BY THE COMPENSATION COMMITTEE AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IN JULY 2012.

FORM 990, PART VI, SECTION C, LINE 19: DIRECT RELIEF MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, COMPENSATION POLICY, DONATION POLICY, AND ITS FINANCIAL STATEMENTS AND FORM 990 (BOTH GOING BACK TO FY 2001) AVAILABLE TO THE PUBLIC ON ITS WEBSITE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AK, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN,  
MO, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA,

Name of the organization	Employer identification number
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WV, WI

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

THE COMPENSATION REPORTED IS FOR THE CALENDAR YEAR 2011 IN LINE WITH

THE FORM 990 REQUIREMENTS OF REPORTING COMPENSATION PAID OR EARNED FOR

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

STAFF COMPENSATION IS GOVERNED BY ORGANIZATIONAL POLICY AND IS

AVAILABLE FOR REFERENCE ON OUR WEBSITE AT

([HTTP://WWW.DIRECTRELIEF.ORG/ABOUT/FINANCE/COMPENSATION/](http://WWW.DIRECTRELIEF.ORG/ABOUT/FINANCE/COMPENSATION/))

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

BOARD OF DIRECTORS. 100% OF THE CEO'S COMPENSATION AND 75% OF THE

COO/CFO'S COMPENSATION WAS PAID FROM FUNDS PROVIDED BY THE DIRECT

RELIEF FOUNDATION.

FORM 990, PART VIII, LINE 1G

VALUATION OF IN-KIND RESOURCES (NONCASH CONTRIBUTIONS):

DIRECT RELIEF IS THE ONLY NONPROFIT ORGANIZATION IN THE UNITED STATES

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

AND IS AMONG THE LARGEST-VOLUME PROVIDERS OF MEDICAL DONATIONS TO ITS

PARTNERS WORLDWIDE. DIRECT RELIEF'S PROGRAMS INVOLVE A WIDE RANGE OF

FUNCTIONS, SEVERAL OF WHICH REQUIRE SPECIALIZED EXPERTISE AND

LICENSING. AMONG THESE FUNCTIONS ARE IDENTIFYING KEY LOCAL PROVIDERS OF

HEALTH SERVICES IN SUCH AREAS; WORKING TO IDENTIFY THE UNMET NEEDS OF

PEOPLE IN THE AREAS; MOBILIZING ESSENTIAL MEDICINES, SUPPLIES, AND

Name of the organization	Employer identification number
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EQUIPMENT THAT ARE REQUESTED AND APPROPRIATE FOR THE CIRCUMSTANCES; AND

MANAGING THE MANY DETAILS INHERENT IN STORING, TRANSPORTING, AND

DISTRIBUTING SUCH GOODS TO THE PARTNER ORGANIZATIONS IN THE MOST

EFFICIENT MANNER POSSIBLE.

WHEN DIRECT RELIEF RECEIVES AN IN-KIND DONATION, ACCOUNTING STANDARDS

REQUIRE A "FAIR MARKET VALUE" TO BE ASSIGNED TO THE DONATION. DONATIONS

OF MEDICINES, MEDICAL EQUIPMENT, AND MEDICAL SUPPLIES HAVE LONG BEEN AN

INTEGRAL PART OF DIRECT RELIEF'S HUMANITARIAN ASSISTANCE PROGRAMS. IN

ASSIGNING A FAIR MARKET VALUE TO THE IN-KIND MEDICAL DONATIONS

RECEIVED, DIRECT RELIEF USES A CAREFUL, CONSERVATIVE APPROACH THAT

COMPLIES WITH THE RELEVANT ACCOUNTING STANDARDS, AND THE SPIRIT AND

PURPOSE OF DISCLOSURE, TRANSPARENCY, AND ACCOUNTABILITY TO THE PUBLIC.

SPECIFICALLY, DIRECT RELIEF USES THE FOLLOWING METHODOLOGY IN

DETERMINING THE FAIR MARKET VALUE OF IN-KIND MEDICAL DONATIONS:

FOR U.S. FOOD AND DRUG ADMINISTRATION (FDA)-APPROVED PHARMACEUTICALS,

BRANDED AND GENERIC, THE VALUATION BASIS IS THE "WHOLESALE ACQUISITION

COST" (WAC) AS PUBLISHED IN THE THOMSON REUTERS REDBOOK, AN

INDUSTRY-RECOGNIZED DRUG AND PRICING REFERENCE GUIDE FOR

PHARMACEUTICALS IN THE UNITED STATES.

WAC IS THE STANDARD USED BY MANY U.S. STATES AS THE FEDERAL UPPER LIMIT

PRICING FOR DRUGS PURCHASED UNDER THE MEDICAID PROGRAM. ALTERNATIVE

METHODS OF VALUING A DRUG DONATION WOULD RESULT IN A HIGHER VALUATION.

FOR EXAMPLE, THE COMMONLY CITED AVERAGE WHOLESALE PRICE (AWP), WHICH

ALSO IS PUBLISHED IN THE REDBOOK, IS APPROXIMATELY TWENTY PERCENT

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HIGHER THAN WAC FOR A PARTICULAR PRODUCT ACCORDING TO THE REDBOOK.

DIRECT RELIEF DETERMINED THAT WAC IS THE MORE APPROPRIATE MEASURE.

BECAUSE PRICING DIFFERENCES EXIST FOR GENERIC AND BRANDED PRODUCTS, IT

IS IMPORTANT TO NOTE DIRECT RELIEF APPLIES WAC VALUE TO EACH SPECIFIC

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

MANUFACTURER AND FORMULATION OF A DRUG. THIS DISTINCTION IS SIGNIFICANT

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

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

HIGHER-PRICED BRANDED PRODUCT.

FOR NON-FDA-APPROVED PHARMACEUTICALS, FOR EXAMPLE PRODUCTS MANUFACTURED

FOR USE IN NON-U.S. MARKETS, THE ORGANIZATION USES INDEPENDENT PRICING

GUIDES TO DETERMINE THE FAIR MARKET VALUE OF THE PARTICULAR

MANUFACTURER'S SPECIFIC FORMULATION. AS IS THE CASE WITH FDA-APPROVED

FORMULATIONS, THE VALUE RELATES TO THE SPECIFIC PRODUCT FROM THE

SPECIFIC MANUFACTURER. THE SOURCES OF SUCH PRICING INFORMATION VARY,

BUT RELEVANT INFORMATION MAY INCLUDE THE PRICE PAID BY WHOLESALERS OR

OTHER THIRD-PARTY BUYERS, A PRICE NEGOTIATED BY AN ORGANIZATION (SUCH

AS THE CLINTON FOUNDATION) FOR A PARTICULAR DRUG, OR OTHER SUCH

REASONABLE BASES.

FOR MEDICAL SUPPLIES AND EQUIPMENT, THE ORGANIZATION DETERMINES

WHOLESALE VALUE BY REVIEWING THE PRICING INFORMATION ON THE SPECIFIC

ITEM LISTED FOR SALE IN TRADE PUBLICATIONS, THROUGH ONLINE PRICING, AND

THROUGH ITS OWN PROCUREMENT HISTORY WHEN PURCHASING. SUCH VALUATIONS

TYPICALLY ARE SUBSTANTIALLY LOWER THAN PUBLISHED RETAIL PRICES.

Name of the organization	Employer identification number
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DIFFERENT PRICES OF SIMILAR PRODUCTS OR SERVICES IN DIFFERENT

GEOGRAPHIC AREAS CAN CAUSE CONFUSION. THE SPECIFICS OF DIRECT RELIEF'S

VALUATION METHODOLOGY ARE NOTED HERE IN RECOGNITION OF THE CONFUSION

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

SERVICES.

ONE SOURCE OF CONFUSION STEMS FROM THE SIGNIFICANT PRICING (AND

THEREFORE VALUATION) DIFFERENCES THAT EXIST IN DIFFERENT PARTS OF THE

WORLD FOR SIMILAR PRODUCTS. WITH REGARD TO PHARMACEUTICAL PRODUCTS,

SIGNIFICANT DIFFERENCES EXIST BETWEEN A BRANDED DRUG AND A GENERIC

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

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

BE CONSIDERED AND REFLECTED IN THE ACCOUNTING AND REPORTING OF

CONTRIBUTIONS.

OF COURSE, SIMILAR PRICING AND VALUATION DIFFERENCES ALSO EXIST FOR

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

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

PRICE THAT IS PAID FOR THE SAME COMPOUND, H<sub>2</sub>O, RANGES FROM FREE IN A

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

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

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

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

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

DIFFERENT COUNTRIES.

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

DISCLOSURES ENSURE THAT THESE DISTINCTIONS ARE CLEARLY DOCUMENTED AND

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

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.

FORM 990, PART IX, LINE 24A:

THE \$26,199,816 INVENTORY ADJUSTMENT WAS DUE TO THE REQUIRED



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

DESTRUCTION OF EXPIRED DONATED PRODUCT.

FORM 990, PART X, LINE 15

OTHER ASSETS

THE AMOUNT FOR OTHER ASSETS SHOWN ON FORM 990, PART X, LINE 15 INCLUDES

AN INTERCOMPANY RECEIVABLE OF \$3,558,379 FROM DIRECT RELIEF FOUNDATION,

A SUPPORTING ORGANIZATION OF DIRECT RELIEF INTERNATIONAL. DIRECT RELIEF

FOUNDATION HAS COMMITTED TO PROVIDE FUNDING TO PAY FOR ALL OF DIRECT

RELIEF INTERNATIONAL'S FUNDRAISING EXPENSES AND SOME OF ITS MANAGEMENT

AND GENERAL EXPENSES. THE ACCUMULATED FUNDS COMMITTED BY THE FOUNDATION

TO DIRECT RELIEF INTERNATIONAL ARE HELD BY THE FOUNDATION UNTIL DIRECT

RELIEF INTERNATIONAL NEEDS THEM FOR CASH FLOW PURPOSES.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 105.

NET TRANSFERS FROM DIRECT RELIEF FOUNDATION FEIN 20-5983698 1,420,637.

TOTAL TO FORM 990, PART XI, LINE 5 1,420,742.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

THE AMOUNT REPORTED FOR NET TRANSFERS FROM DIRECT RELIEF FOUNDATION

INCLUDES:

PRIOR YEARS' APPROVED TRANSFERS FROM FOUNDATION (A) 1,540,695

CURRENT YEAR APPROVED TRANSFERS FROM FOUNDATION (A) 2,468,800

BEQUESTS/OTHER ASSETS TRANSFERRED TO FOUNDATION (B) (2,141,250)

ACCRUED BEQUESTS/OTHER ASSETS RECEIVABLE (B) (447,608)

\$ 1,420,637

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

(A) THE PURPOSE OF THE DIRECT RELIEF FOUNDATION IS TO PROVIDE A RESERVE FOR CURRENT AND FUTURE OPERATIONS. THE FOUNDATION ALSO HAS AGREED TO PROVIDE FUNDS FOR ALL OF DIRECT RELIEF INTERNATIONAL'S FUNDRAISING EXPENSES AND ANY PORTION OF ITS MANAGEMENT AND GENERAL EXPENSES NOT COVERED BY ANNUAL DONATIONS RECEIVED BY DIRECT RELIEF INTERNATIONAL. THIS YEAR, THE FOUNDATION APPROVED TO PROVIDE FUNDS COVERING 30% OF DIRECT RELIEF INTERNATIONAL'S MANAGEMENT AND GENERAL EXPENSES. THIS INCLUDES THE FULL COMPENSATION OF THE CEO, 75% OF THE COMPENSATION OF THE COO/CFO, FULL COMPENSATION OF FUNDRAISING PERSONNEL, AND CERTAIN CAPITAL EXPENDITURES. DIRECT RELIEF INTERNATIONAL ACCRUES THE AMOUNTS RECEIVABLE FROM THE FOUNDATION TO PAY FOR THESE EXPENSES ON A MONTHLY BASIS. OF THE \$4,009,495 TOTAL APPROVED TRANSFERS AS OF JUNE 30, 2012, DIRECT RELIEF INTERNATIONAL RECEIVED \$451,115.

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

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.

## Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

**2011**  
**Open to Public**  
**Inspection**

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

[illegible]

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

[illegible]

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

Schedule R (Form 990) 2011

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) Disproportion- ate 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" to 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

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Sale of assets to related organization(s) .....	<b>1f</b>	X
<b>g</b> Purchase of assets from related organization(s) .....	<b>1g</b>	X
<b>h</b> Exchange of assets with related organization(s) .....	<b>1h</b>	X
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1j</b>	X
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1l</b>	X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of paid employees with related organization(s) .....	<b>1n</b>	X
<b>o</b> Reimbursement paid to related organization(s) for expenses .....	<b>1o</b>	X
<b>p</b> Reimbursement paid by related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Other transfer of cash or property to related organization(s) .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property from related organization(s) .....	<b>1r</b>	X

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) DIRECT RELIEF FOUNDATION - SEE PART VII	Q	2,141,250.	CASH VALUE
(2) DIRECT RELIEF FOUNDATION - SEE PART VII	R	451,115.	CASH VALUE
(3) DIRECT RELIEF FOUNDATION	P	8,836.	CASH VALUE
(4)			
(5)			
(6)			

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

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

## PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

## NAME OF RELATED ORGANIZATION:

DIRECT RELIEF FOUNDATION

## PRIMARY ACTIVITY: OPERATES SOLELY AND EXCLUSIVELY FOR THE BENEFIT OF

DIRECT RELIEF INTL

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

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

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

FUNDING PROVIDED BY DIRECT RELIEF FOUNDATION TO PAY FOR ALL OF DIRECT  
RELIEF INTERNATIONAL'S FUNDRAISING EXPENSES AND 30% OF MANAGEMENT AND  
GENERAL EXPENSES. THIS INCLUDES THE FULL COMPENSATION OF THE CEO, 75%  
OF THE COMPENSATION OF THE COO/CFO, FULL COMPENSATION OF FUNDRAISING  
PERSONNEL, AND CERTAIN CAPITAL EXPENDITURES. IN THE FISCAL YEAR ENDED  
JUNE 30, 2012, \$2,468,800 OF TRANSFERS TO DIRECT RELIEF INTERNATIONAL  
WERE APPROVED. \$451,115 WAS TRANSFERRED DURING THE YEAR, AND THE  
BALANCE OF \$2,017,685 IS RECEIVABLE ON DEMAND.