

Return of Organization Exempt From Income Tax

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

2015 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: DIRECT RELIEF. D Employer identification number: 95-1831116. E Telephone number: 805-964-4767. G Gross receipts \$: 772,544,476. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. H(c) Group exemption number. I Tax-exempt status: 501(c)(3). J Website: www.DIRECTRELIEF.ORG. K Form of organization: Corporation. L Year of formation: 1948. M State of legal domicile: CA.

Part I Summary

Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows 1-22 detailing mission, revenue, expenses, and assets.

Part II Signature Block

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

Sign Here: Signature of officer (BHUPI SINGH, EVP, COO & CFO), Date (12/13/16). Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

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

SCANNED JAN 06 2017

1914

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code) (Expenses \$ 887,377,810. including grants of \$ 765,979,698.) (Revenue \$ 201,462.) DIRECT RELIEF PROVIDES HUMANITARIAN HEALTH ASSISTANCE TO PEOPLE AFFECTED BY POVERTY AND DISASTERS. APOLITICAL, PRIVATELY FUNDED, AND SECULAR IN CHARACTER, DIRECT RELIEF'S PROGRAMS ARE CONDUCTED IN A STRICTLY NONDISCRIMINATORY MANNER THAT RESPECTS AND INVOLVES THE PEOPLE SERVED IN FOUR PROGRAMMATIC AREAS: 1.) EMERGENCY PREPAREDNESS AND RESPONSE 2.) INVESTING IN COMMUNITY HEALTH 3.) MATERNAL AND CHILD HEALTH 4.) DISEASE PREVENTION AND TREATMENT. THROUGH EXPANSIVE USE OF TECHNOLOGY AND INFORMATION SYSTEMS, DIRECT RELIEF ADVANCES ITS MISSION WITH PRECISION, TRANSPARENCY, AND EFFICIENCY THROUGH FINE-GRAINED PROFILING OF HUMANITARIAN MEDICAL NEEDS THAT INFORM AND GUIDE RESPONSES TO RAPIDLY EVOLVING CRISES AND DETAILED REPORTING OF AID ACTIVITIES AND RESULTS.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 1.) RESPONDING TO EMERGENCIES - DIRECT RELIEF'S PROGRAMS ADDRESS THE NEEDS OF VULNERABLE COMMUNITIES BEFORE A DISASTER STRIKES AND AFTER EMERGENCIES BY: PRE-POSITIONING EMERGENCY MEDICAL MATERIALS WITH HEALTHCARE FACILITIES IN AREAS VULNERABLE TO NATURAL DISASTERS, EQUIPPING MEDICAL RESPONDERS WITH EMERGENCY RESPONSE PACKS, AND PROVIDING FINANCIAL SUPPORT TO LOCAL HEALTH FACILITIES TO ASSIST WITH LONG-TERM RECOVERY. 2.) INVESTING IN COMMUNITY HEALTH - DIRECT RELIEF SUPPORTS HEALTHCARE FACILITIES IN MORE THAN 70 COUNTRIES WITH DONATIONS OF MEDICINES, MEDICAL SUPPLIES, AND EQUIPMENT. IT OPERATES THE LARGEST CHARITABLE MEDICINES PROGRAM IN THE U.S. AND IS THE ONLY NONPROFIT LICENSED TO DISTRIBUTE PRESCRIPTION MEDICINES TO MORE THAN 4000 COMMUNITY CLINICS AND HEALTH CENTER SITES IN ALL 50 STATES.

4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 3.) IMPROVING MATERNAL HEALTH - IN HIGH-NEED AREAS, DIRECT RELIEF ASSISTS WOMEN DURING PREGNANCY AND CHILDBIRTH THROUGH THREE KEY INITIATIVES: INCREASING ACCESS TO EMERGENCY OBSTETRIC CARE, SUPPORTING OBSTETRIC FISTULA REPAIR, AND EQUIPPING MIDWIVES WITH DIRECT RELIEF-DESIGNED MIDWIFE KITS, WHICH HAVE BEEN ENDORSED BY THE INTERNATIONAL CONFEDERATION OF MIDWIVES AS THE GLOBAL STANDARD. 4.) PREVENTING & TREATING DISEASES - THE RISE OF NON-COMMUNICABLE DISEASES ARE OF SERIOUS PUBLIC HEALTH CONCERN WORLDWIDE. THERE ALSO REMAINS A SIGNIFICANT BURDEN OF COMMUNICABLE DISEASE SUCH AS HIV/AIDS IN LOW AND MIDDLE-INCOME COUNTRIES. DIRECT RELIEF IDENTIFIES AND SUPPORTS HEALTH PROVIDERS IN LOW-RESOURCE SETTINGS THAT ARE MEETING THESE PUBLIC HEALTH CHALLENGES AND EQUIPS THEM WITH ESSENTIAL MEDICAL RESOURCES.

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

4e Total program service expenses 887,377,810.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		x
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	x	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		x
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	x	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		x
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		x
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		x
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		x
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		x
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		x
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		x
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		x
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	x	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		x
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		x
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		x
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	x	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	x	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	x	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	x	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		x
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		x
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	x	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business income, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

- 1a Enter the number of voting members of the governing body at the end of the tax year
1b Enter the number of voting members included in line 1a, above, who are independent
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
5 Did the organization become aware during the year of a significant diversion of the organization's assets?
6 Did the organization have members or stockholders?
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
8a The governing body?
8b Each committee with authority to act on behalf of the governing body?
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

Table with columns for line numbers (1a, 1b, 2-9) and Yes/No checkboxes. Values: 1a: 32, 1b: 32, 2: X, 3: X, 4: X, 5: X, 6: X, 7a: X, 7b: X, 8a: X, 8b: X, 9: X

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

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

Table with columns for line numbers (10a-16b) and Yes/No checkboxes. Values: 10a: X, 11a: X, 12a: X, 12b: X, 12c: X, 13: X, 14: X, 15a: X, 15b: X, 16a: X, 16b: X

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
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records

DIRECT RELIEF, BHUPI SINGH, EVP, COO & CFO - 805-964-4767
27 SOUTH LA PATERA LANE, GOLETA, CA 93117

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RITA MOYA CHAIR	10.00 1.00	X		X				0.	0.	0.
(2) ANGEL ISCOVICH, M.D. VICE CHAIR/COMMITTEE CHAIR	5.00 1.00	X		X				0.	0.	0.
(3) LINDA GLUCK TREASURER	5.00 1.00	X		X				0.	0.	0.
(4) MARI MITCHEL SECRETARY	5.00 5.00	X		X				0.	0.	0.
(5) MARK SCHWARTZ ASSISTANT SECRETARY	5.00 5.00	X		X				0.	0.	0.
(6) PATRICIA AOYAMA COMMITTEE CHAIR	5.00 5.00	X						0.	0.	0.
(7) ERNEST J. GETTO COMMITTEE CHAIR	5.00 5.00	X						0.	0.	0.
(8) LAWRENCE W. DAM COMMITTEE CHAIR	5.00 1.00	X						0.	0.	0.
(9) DOROTHY GARDNER COMMITTEE CHAIR	5.00 5.00	X						0.	0.	0.
(10) STEVE AINSLEY DIRECTOR	2.00 2.00	X						0.	0.	0.
(11) BITSY BECTON BACON DIRECTOR	2.00 2.00	X						0.	0.	0.
(12) KENDALL BISHOP DIRECTOR	2.00 2.00	X						0.	0.	0.
(13) DANTE DI LORETO DIRECTOR	2.00 2.00	X						0.	0.	0.
(14) DAVID GIBBS DIRECTOR	2.00 2.00	X						0.	0.	0.
(15) BERT GREEN, M.D. DIRECTOR	2.00 2.00	X						0.	0.	0.
(16) JOANNA KERNS DIRECTOR	2.00 2.00	X						0.	0.	0.
(17) NANCY KOPPELMAN DIRECTOR	2.00 2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JULIE RABINOVITZ DIRECTOR	2.00	X						0.	0.	0.
(19) MARY-LOUISE SCULLY, M.D. DIRECTOR	2.00	X						0.	0.	0.
(20) STEVE WEINTRAUB DIRECTOR	2.00	X						0.	0.	0.
(21) DAVID BROWN DIRECTOR	2.00	X						0.	0.	0.
(22) LES CHARLES DIRECTOR	2.00	X						0.	0.	0.
(23) PATRICK FITZGERALD DIRECTOR	2.00	X						0.	0.	0.
(24) ELIZABETH GREEN DIRECTOR	5.00	X						0.	0.	0.
(25) CHARLES FENZI DIRECTOR	2.00	X						0.	0.	0.
(26) GREGG FOSTER DIRECTOR	2.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,624,390.	0.	167,819.
d Total (add lines 1b and 1c)								1,624,390.	0.	167,819.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
SUNGARD AVAILABILITY SERVICES, 91233 COLLECTION CENTER DRIVE, CHICAGO, IL 60693	SAP PROGRAM APPLICATIONS	255,138.
CROWE HOROWATH LLP PO BOX 51660, LOS ANGELES, CA 90051	REPLENISHMENT PROGRAM AUDITS	194,279.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2015)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) PAMELA GANN DIRECTOR	2.00	X						0.	0.	0.
(28) J. MICHAEL GILES DIRECTOR	2.00	X						0.	0.	0.
(29) MARK LINEHAN DIRECTOR	2.00	X						0.	0.	0.
(30) SIRI MARSHALL DIRECTOR	2.00	X						0.	0.	0.
(31) JAMES SELBERT DIRECTOR	2.00	X						0.	0.	0.
(32) THOMAS WEISENBURGER DIRECTOR	2.00	X						0.	0.	0.
(33) THOMAS E. TIGHE PRESIDENT & CEO	40.00 5.00			X				384,276.	0.	38,252.
(34) BHUPI SINGH EVP, COO & CFO	40.00 5.00			X				321,178.	0.	21,510.
(35) DONALD ROANE DIR, STRATEGIC INITIATIVES	40.00				X			191,906.	0.	31,346.
(36) KERRI MURRAY VP, MARKETING, DEVELOPMENT	40.00				X			199,120.	0.	15,731.
(37) DAWN LONG DIRECTOR, IT & QUALITY	40.00				X			188,530.	0.	16,295.
(38) ANDREW SCHROEDER DIRECTOR, RESEARCH & ANALYSIS	40.00				X			187,427.	0.	23,506.
(39) JUDY PARTCH DIRECTOR, ADMINISTRATION & COMPLIANC	40.00				X			151,953.	0.	21,179.
Total to Part VII, Section A, line 1c								1,624,390.		167,819.

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 335,668.				
	b Membership dues	1b				
	c Fundraising events	1c 139,695.				
	d Related organizations	1d 4,898,593.				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 766,689,812.				
	g Noncash contributions included in lines 1a-1f \$	746,992,745.				
	h Total. Add lines 1a-1f	772,063,768.				
Program Service Revenue	Business Code					
	2 a PROGRAM MANAGEMENT FEE	541610	201,462.	201,462.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f	201,462.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		18,743.		18,743.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
			260,503.			
	b Less: cost or other basis and sales expenses		260,519.			
	c Gain or (loss)		-16.			
d Net gain or (loss)		-16.		-16.		
8 a Gross income from fundraising events (not including \$ 139,695. of contributions reported on line 1c) See Part IV, line 18	a	0.				
	b Less: direct expenses	b	21,773.			
	c Net income or (loss) from fundraising events		-21,773.		-21,773.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		772,262,184.	201,462.	0.	-3,046.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	126,853,820.	126,853,820.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	639,125,878.	639,125,878.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	775,973.	84,211.	478,608.	213,154.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,264,374.	3,577,946.	871,344.	815,084.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	209,853.	140,832.	32,203.	36,818.
9 Other employee benefits	735,731.	468,973.	150,844.	115,914.
10 Payroll taxes	375,535.	239,316.	81,821.	54,398.
11 Fees for services (non-employees):				
a Management				
b Legal	63,487.	56.	63,431.	
c Accounting	67,618.	5,888.	60,484.	1,246.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,070,606.	849,380.	172,486.	48,740.
12 Advertising and promotion	88,264.	4,056.	71,939.	12,269.
13 Office expenses	88,232.	32,309.	15,961.	39,962.
14 Information technology	242,597.	176,740.	8,098.	57,759.
15 Royalties				
16 Occupancy	888,619.	833,583.	31,134.	23,902.
17 Travel	597,333.	503,968.	61,077.	32,288.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	111,215.	57,693.	39,606.	13,916.
20 Interest	41,484.	35,284.	3,721.	2,479.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	814,041.	656,425.	98,933.	58,683.
23 Insurance	83,331.	65,102.	16,331.	1,898.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a INVENTORY ADJ-SEE SCH O	110,222,528.	110,222,528.		
b FREIGHT/TRANSPORTATION	2,471,759.	2,471,759.		
c SUPPLIES	461,369.	417,924.	27,312.	16,133.
d WEB HOSTING	263,056.	242,158.	19,730.	1,168.
e All other expenses	472,396.	311,981.	142,403.	18,012.
25 Total functional expenses. Add lines 1 through 24e	891,389,099.	887,377,810.	2,447,466.	1,563,823.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	2,179,998.	1	632,131.
	2	Savings and temporary cash investments	4,751,182.	2	3,827,691.
	3	Pledges and grants receivable, net	982,712.	3	2,091,940.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7	Notes and loans receivable, net	3,968.	7	25,922.
	8	Inventories for sale or use	265,978,529.	8	144,776,390.
	9	Prepaid expenses and deferred charges	312,662.	9	453,807.
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 12,669,954.		
	b	Less: accumulated depreciation	10b 6,914,835.		
	10c		5,512,322.	10c	5,755,119.
	11	Investments - publicly traded securities	1,021,635.	11	1,990,491.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	3,039,526.	15	5,068,159.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	283,782,534.	16	164,621,650.	
Liabilities	17	Accounts payable and accrued expenses	1,086,211.	17	635,091.
	18	Grants payable	50,000.	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,293,362.	23	1,251,791.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,148,623.	25	1,289,989.
	26	Total liabilities. Add lines 17 through 25	3,578,196.	26	3,176,871.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	268,769,005.	27	149,323,363.
	28	Temporarily restricted net assets	11,435,333.	28	12,121,416.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	280,204,338.	33	161,444,779.	
34	Total liabilities and net assets/fund balances	283,782,534.	34	164,621,650.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	772,262,184.
2	Total expenses (must equal Part IX, column (A), line 25)	2	891,389,099.
3	Revenue less expenses. Subtract line 2 from line 1	3	-119,126,915.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	280,204,338.
5	Net unrealized gains (losses) on investments	5	-1,799.
6	Donated services and use of facilities	6	1,098.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	368,057.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	161,444,779.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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 (2015)

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	299,222,205.	387,953,377.	449,601,155.	888,544,226.	772,063,768.	2797384731.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	299,222,205.	387,953,377.	449,601,155.	888,544,226.	772,063,768.	2797384731.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1630646230.
6 Public support. Subtract line 5 from line 4						1166738501.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	299,222,205.	387,953,377.	449,601,155.	888,544,226.	772,063,768.	2797384731.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,818.	966.	14,682.	19,017.	18,743.	63,226.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						2797447957.
12 Gross receipts from related activities, etc. (see instructions)					12	1,517,176.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	41.71	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	42.63	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

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

(Complete only if you checked the box on line 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions.	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7:	\$		
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7.			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI

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

Lined area for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

DIRECT RELIEF

Employer identification number

95-1831116

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	34,758,148.	34,001,482.	30,566,600.	30,256,901.	29,274,496.
b Contributions	919,851.	412,770.	452,180.	863,913.	1,992,728.
c Net investment earnings, gains, and losses	-19,740.	1,435,924.	4,597,850.	3,682,539.	-497,517.
d Grants or scholarships	6,348,440.	895,187.	1,430,993.	4,108,626.	450,787.
e Other expenditures for facilities and programs					
f Administrative expenses	222,839.	196,841.	184,155.	128,127.	62,019.
g End of year balance	29,086,980.	34,758,148.	34,001,482.	30,566,600.	30,256,901.

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

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment %
- c Temporarily restricted endowment %

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,363,950.		1,363,950.
b Buildings		3,365,306.	1,581,797.	1,783,509.
c Leasehold improvements				
d Equipment		2,251,314.	1,639,973.	611,341.
e Other		5,689,384.	3,693,065.	1,996,319.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,755,119.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DISTRIBUTION PAYABLE-ANNUITIES	12,243.
(3) CAPITAL LEASE OBLIGATION	34,604.
(4) OTHER CURRENT LIABILITIES	102,761.
(5) ACCRUED PAYROLL EXPENSES	1,121,620.
(6) DEFERRED COMPENSATION	18,761.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

Part XIII Supplemental Information.

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

PART V, LINE 4:

BOARD DESIGNATED ENDOWMENT: DIRECT RELIEF FOUNDATION MAINTAINS CUSTODY OF

THE BOARD RESTRICTED INVESTMENT FUND (BRIF), WHICH IS A BOARD DESIGNATED

ENDOWMENT. DIRECT RELIEF FOUNDATION WAS FORMED AS A SUPPORTING

ORGANIZATION OF DIRECT RELIEF. THE FOUNDATION IS ORGANIZED TO OPERATE

SOLELY AND EXCLUSIVELY TO SUPPORT, BENEFIT, OR CARRY OUT THE PURPOSES OF

DIRECT RELIEF. THE PURPOSE OF THE BRIF IS TO PROVIDE A RESERVE FOR CURRENT

AND FUTURE OPERATIONS OF DIRECT RELIEF. THE BRIF ALSO PROVIDES FUNDING TO

PAY FOR ALL OF DIRECT RELIEF'S FUNDRAISING EXPENSES AND SOME MANAGEMENT

AND GENERAL EXPENSES. FOR THE YEAR ENDED JUNE 30, 2016, THE DIRECT RELIEF

FOUNDATION TRUSTEES APPROVED FOR THE BRIF TO PROVIDE FUNDS COVERING ALL OF

DIRECT RELIEF'S FUNDRAISING EXPENSES AS WELL AS 100% OF THE COMPENSATION

Part XIII Supplemental Information (continued)

OF THE CEO.

PART X, LINE 2:

THE ORGANIZATION, UNDER THE PROVISIONS OF ASC 740, INCOME TAXES, HAD NO
UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL AS OF JUNE 30, 2016 AND 2015.

THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY
FEDERAL AND STATE AUTHORITIES. THE ORGANIZATION IS NO LONGER SUBJECT TO
INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE JUNE 2013
FOR ITS FEDERAL FILING AND FOR YEARS BEFORE JUNE 2012 FOR ITS STATE
FILINGS.

PART X, LINE 6:

THE ORGANIZATION IS PARTY TO A NON-QUALIFIED DEFERRED COMPENSATION
AGREEMENT WITH THE SURVIVING SPOUSE OF A CO-FOUNDER OF THE ORGANIZATION.
UNDER THE TERMS OF THE AGREEMENT, BEGINNING JANUARY 1, 1971, THE
ORGANIZATION IS OBLIGATED TO MAKE MONTHLY PAYMENTS IN ACKNOWLEDGEMENT OF
HIS 23 YEARS OF SERVICE. AS OF JUNE 30, 2016, THE PRESENT VALUE OF THE
FUTURE ESTIMATED PAYMENTS DUE WAS \$18,761.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2015

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Open to Public Inspection

Name of the organization

Employer identification number

DIRECT RELIEF

95-1831116

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN		0	GRANT MAKING		72,807.
EAST ASIA AND THE PACIFIC		0	GRANT MAKING		467,425.
EUROPE		0	GRANT MAKING		5,000.
MIDDLE EAST AND NORTH AFRICA		0	GRANT MAKING		180,075.
NORTH AMERICA		0	GRANT MAKING		1,009.
SOUTH AMERICA		0	GRANT MAKING		80,743.
SOUTH ASIA		0	GRANT MAKING		2,097,564.
SUB-SAHARAN AFRICA		0	GRANT MAKING		319,105.
3 a Sub-total	0	0			3,223,728.
b Total from continuation sheets to Part I	4	7			636,824,165.
c Totals (add lines 3a and 3b)	4	7			640,047,893.

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

Schedule F (Form 990) 2015

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
SUB-SAHARAN AFRICA	1	1	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN AFRICA	92,313.
SOUTH AMERICA		1	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN SOUTH AMERICA	27,263.
CENTRAL AMERICA AND THE CARIBBEAN	1	2	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN HAITI	100,346.
NORTH AMERICA	1	1	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN MEXICO	537,892.
SOUTH ASIA		1	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN INDIA	70,000.
EAST ASIA AND THE PACIFIC	1	1	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN THE ASEAN REGION	57,354.
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	183,146,607.
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	17,869,031.
EUROPE			PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	3,350,249.
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	16,629,591.
Totals					

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
NORTH AMERICA			PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	12,397,700.
RUSSIA AND THE NEWLY INDEPENDENT STATES			PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	7,043,567.
SOUTH AMERICA			PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	50,575,854.
SOUTH ASIA			PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	48,248,308.
SUB-SAHARAN AFRICA			PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	296,678,090.
Totals	4	7			636,824,165.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	MATERNAL & CHILD HEALTH PROGRAM	511,285	WIRE	0		
		SOUTH ASIA	HEALTH SECTOR REHABILITATION PROGRAM	498,948	WIRE	0		
		SOUTH ASIA	WEST AFRICA EBOLA OUTBREAK RELIEF & RECOVERY	208,225	WIRE	0		
		EAST ASIA AND THE PACIFIC	TEMODAR ANTI-CANCER MEDICINE	206,997	WIRE	0		
		SOUTH ASIA	SPINAL INJURIES REHABILITATION PROGRAM	200,000	WIRE	0		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	182,800	WIRE	0		
		SOUTH ASIA	HEALTHY COMMUNITY CLINIC PROJECT	180,000	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA	NEPAL EARTHQUAKE RELIEF & RECOVERY	137,969	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 266

3 Enter total number of other organizations or entities 94

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	120,000	WIRE	0.		
			SOUTH ASIA	MATERNAL & CHILD HEALTH EDUCATION	117,513	WIRE	0.		
			EAST ASIA AND THE PACIFIC	PHILIPPINES TYPHOON RELIEF & RECOVERY	85,000	WIRE	0.		
			SOUTH ASIA	VASELINE HEALING MISSIONS PROGRAM	71,395	WIRE	0.		
			SOUTH ASIA	ONGOING PATIENT SUPPORT	70,000	WIRE	0.		
			EAST ASIA AND THE PACIFIC	MALNUTRITION PROJECT	49,583	WIRE	0.		
			SOUTH ASIA	WEST AFRICA EBOLA OUTBREAK RELIEF & RECOVERY	46,400	WIRE	0.		
			EAST ASIA AND THE PACIFIC	MATERNAL & CHILD HEALTH PROGRAM	45,000	WIRE	0.		
			SOUTH AMERICA	CERVICAL CANCER PROGRAM	40,000	WIRE	0.		

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	HEALTH FACILITY CONSTRUCTION	40,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	VASELINE HEALING MISSIONS PROGRAM	35,480.	WIRE	0.		
		SOUTH ASIA	VASELINE HEALING MISSIONS PROGRAM	34,646.	WIRE	0.		
		SOUTH ASIA	CHILDHOOD PNEUMONIA PROGRAM	32,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	MIDWIFE KIT PROGRAM	30,845.	WIRE	0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	30,793.	WIRE	0.		
		SOUTH AMERICA	RIO BENI HEALTHCARE PROJECT, BOLIVIA	30,278.	WIRE	0.		
		SOUTH ASIA	AFGHANISTAN AND PAKISTAN EARTHQUAKE RELIEF & RECOVERY	30,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	MIDWIFERY PROGRAM	30,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		SOUTH ASIA	UPGRADE HOSPITAL FACILITIES	27,000	WIRE	0			
		SOUTH ASIA	CERVICAL & BREAST CANCER EDUCATION PROGRAM	25,000	WIRE	0			
		CENTRAL AMERICA AND THE CARIBBEAN	HERNIA MEDICAL MISSION PROGRAM	22,666	WIRE	0			
		CENTRAL AMERICA AND THE CARIBBEAN	MATERNAL & CHILD HEALTH PROGRAM	20,000	WIRE	0			
		SUB-SAHARAN AFRICA	NEPAL EARTHQUAKE RELIEF & RECOVERY	17,000	WIRE	0			
		CENTRAL AMERICA AND THE CARIBBEAN	CERVICAL CANCER PROGRAM	16,341	WIRE	0			
		SUB-SAHARAN AFRICA	BREAST CANCER AWARENESS PROGRAM	15,000	WIRE	0			
		SOUTH AMERICA	MATERNAL & CHILD HEALTH PROGRAM	10,000	WIRE	0			
		SUB-SAHARAN AFRICA	OBSTETRIC FISTULA REPAIR/PREVENTION PROGRAM	7,000	WIRE	0			

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	VASELINE HEALING MISSIONS PROGRAM	6,300	WIRE	0		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	6,000	WIRE	0		
		EUROPE	ONGOING PATIENT SUPPORT	5,000	WIRE	0		
		CENTRAL AMERICA AND THE CARIBBEAN	MIDWIFERY PROGRAM	5,000	WIRE	0		
		NORTH AMERICA	SUPPORT OF RELATED PARTY ORGANIZATION IN MEXICO	515,000	WIRE	0		
		EAST ASIA AND THE PACIFIC	SUPPORT OF RELATED PARTY ORGANIZATION IN SOUTH AFRICA	70,713	WIRE	0		
		SOUTH ASIA	VASELINE HEALING MISSIONS PROGRAM	7,829	WIRE	0		
		CENTRAL AMERICA AND THE CARIBBEAN		0		14,869,009	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0		12,463,126	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

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

(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.		9,249,701.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		8,087,773.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		7,238,853.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		6,154,375.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		4,556,576.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		3,493,006.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		2,900,437.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		2,704,266.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		2,399,275.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		2,340,487.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		2,282,182.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		2,196,628.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		2,103,048.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		2,051,103.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		2,048,764.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,580,117.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,571,543.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,562,456.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,531,115.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE	
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,443,955.	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE	
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,413,825.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE	
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,371,729.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE	
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,345,279.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE	
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,327,253.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE	
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,322,645.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE	
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,266,877.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE	
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,137,185.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE	

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,097,216	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		851,447	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		750,891	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		745,506	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		706,066	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		694,666	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		634,288	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		624,646	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		624,278	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE

Schedule F (Form 990) Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN		0.		618,299.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		615,904.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		538,841.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		508,524.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		477,199.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		397,289.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		382,106.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		367,350.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		361,672.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990) Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN		0.		356,541.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		339,264.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		326,575.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		318,145.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		307,978.	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESAL PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		290,396.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		253,823.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		227,067.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		219,768.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN		0.		207,016.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		200,764.	PHARMACEUTICALS	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		170,162.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		143,111.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		140,598.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		135,736.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		118,466.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		114,820.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		100,859.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE

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

(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.		98,831.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		93,354.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		80,194.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		71,132.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		54,555.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		54,251.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		50,627.	PHARMACEUTICALS	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		48,547.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		45,637.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN		0.		39,230.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		29,099.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		27,296.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		27,093.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		22,200.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		21,574.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		20,890.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		17,993.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		13,035.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE

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

(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.		11,078.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		9,601.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		8,991.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		6,324.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		8,864,708.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		1,696,424.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		1,608,995.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		887,749.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		752,076.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA AND THE PACIFIC		0.		512,917.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
			EAST ASIA AND THE PACIFIC		0.		353,738.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
			EAST ASIA AND THE PACIFIC		0.		339,848.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
			EAST ASIA AND THE PACIFIC		0.		221,189.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
			EAST ASIA AND THE PACIFIC		0.		158,538.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
			EAST ASIA AND THE PACIFIC		0.		157,148.	EQUIPMENT	PURCHASED PRICE
			EAST ASIA AND THE PACIFIC		0.		122,189.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
			EAST ASIA AND THE PACIFIC		0.		101,858.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
			EAST ASIA AND THE PACIFIC		0.		94,624.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC		0.		88,529	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		86,561	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		81,536	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		64,438	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		59,185	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		37,465	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		31,851	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		28,938	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		26,272	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC		0.		23,883.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC		0.		16,200.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC		0.		11,028.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		EUROPE		0.		1,100,339.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		EUROPE		0.		1,040,218.	PHARMACEUTICALS	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		EUROPE		0.		894,025.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EUROPE		0.		126,138.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		EUROPE		0.		42,853.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		7,126,401.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA		0.		3,727,906	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		1,725,345	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		1,303,134	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		1,053,868	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		341,385	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		302,940	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		250,614	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		250,614	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		183,486	EQUIPMENT	ESTIMATED WHOLESAL PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		MIDDLE EAST AND NORTH AFRICA		0.		156,137.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE	
		MIDDLE EAST AND NORTH AFRICA		0.		107,406.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE	
		MIDDLE EAST AND NORTH AFRICA		0.		44,666.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE	
		MIDDLE EAST AND NORTH AFRICA		0.		25,540.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE	
		MIDDLE EAST AND NORTH AFRICA		0.		11,552.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE	
		MIDDLE EAST AND NORTH AFRICA		0.		11,267.	MEDICAL SUPPLIES, MEDICAL EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE	
		MIDDLE EAST AND NORTH AFRICA		0.		7,332.	EQUIPMENT	PURCHASED PRICE	
		NORTH AMERICA		0.		8,010,376.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE	
		NORTH AMERICA		0.		1,551,812.	EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE	

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA		0.		972,063.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		NORTH AMERICA		0.		883,865.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		NORTH AMERICA		0.		562,966.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		NORTH AMERICA		0.		196,971.	EQUIPMENT	ESTIMATED WHOLESAL PRICE
		NORTH AMERICA		0.		71,804.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		NORTH AMERICA		0.		51,365.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		NORTH AMERICA		0.		40,515.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		NORTH AMERICA		0.		25,708.	MEDICAL SUPPLIES	PURCHASED PRICE
		NORTH AMERICA		0.		21,686.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE

Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			NORTH AMERICA		0.		7,543	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE	
			RUSSIA AND THE NEWLY INDEPENDENT STATES		0.		1,936,748	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE	
			RUSSIA AND THE NEWLY INDEPENDENT STATES		0.		1,420,112	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE	
			RUSSIA AND THE NEWLY INDEPENDENT STATES		0.		1,223,755	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE	
			RUSSIA AND THE NEWLY INDEPENDENT STATES		0.		836,544	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE	
			RUSSIA AND THE NEWLY INDEPENDENT STATES		0.		636,174	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE	
			RUSSIA AND THE NEWLY INDEPENDENT STATES		0.		531,207	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE	
			RUSSIA AND THE NEWLY INDEPENDENT STATES		0.		351,650	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE	
			RUSSIA AND THE NEWLY INDEPENDENT STATES		0.		45,526	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE	

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND THE NEWLY INDEPENDENT STATES		0.		36,574.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		RUSSIA AND THE NEWLY INDEPENDENT STATES		0.		14,613.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		RUSSIA AND THE NEWLY INDEPENDENT STATES		0.		10,665.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		16,023,466.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		11,555,473.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		5,555,254.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		4,695,821.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		2,033,697.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		1,851,349.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA		0.		1,607,347.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		1,327,930.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		1,236,376.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		969,955.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		920,791.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		500,743.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		381,618.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		317,852.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		267,937.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA		0.		250,906.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		223,166.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		155,191.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		127,773.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		121,673.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		103,245.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		89,429.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		88,624.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		54,052.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH AMERICA		0.		45,948.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
			SOUTH AMERICA		0.		32,338.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
			SOUTH AMERICA		0.		27,044.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
			SOUTH AMERICA		0.		10,857.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
			SOUTH ASIA		0.		19,601,263.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
			SOUTH ASIA		0.		6,931,768.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
			SOUTH ASIA		0.		5,879,190.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
			SOUTH ASIA		0.		3,526,848.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
			SOUTH ASIA		0.		1,912,802.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA		0.		1,658,980.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SOUTH ASIA		0.		1,262,903.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SOUTH ASIA		0.		627,166.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SOUTH ASIA		0.		615,105.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SOUTH ASIA		0.		590,733.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SOUTH ASIA		0.		583,105.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SOUTH ASIA		0.		558,281.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SOUTH ASIA		0.		470,374.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SOUTH ASIA		0.		464,676.	MEDICAL SUPPLIES	ESTIMATED WHOLESale PRICE

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA		0.		431,262.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		395,690.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		387,855.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		313,583.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		313,583.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		225,995.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		198,200.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		196,911.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		196,911.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA		0.		136,220.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SOUTH ASIA		0.		135,261.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SOUTH ASIA		0.		126,697.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESale PRICE
		SOUTH ASIA		0.		96,420.	MEDICAL SUPPLIES	ESTIMATED WHOLESale PRICE
		SOUTH ASIA		0.		89,505.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SOUTH ASIA		0.		89,505.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SOUTH ASIA		0.		78,114.	MEDICAL SUPPLIES	PURCHASED PRICE
		SOUTH ASIA		0.		34,705.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SOUTH ASIA		0.		29,809.	PHARMACEUTICALS	PURCHASED PRICE, ESTIMATED WHOLESale PRICE

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA		0.		18,992.	MEDICAL SUPPLIES	PURCHASED PRICE
		SOUTH ASIA		0.		18,279.	PHARMACEUTICALS, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		12,718.	MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		11,704.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		9,843.	MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		6,156.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		107,903,689.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		47,412,211.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		33,486,675.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.		22,199,748.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		18,396,911.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		13,235,090.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		6,523,075.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		6,152,553.	PHARMACEUTICALS	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		4,975,461.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		4,414,386.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		3,943,740.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		3,198,725.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE

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

(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.		3,113,867.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		2,776,149.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		2,087,324.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		1,800,763.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		1,241,540.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		1,199,257.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		1,188,174.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		1,179,209.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		802,726.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

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

(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.		797,065	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		743,409	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		722,557	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		615,141	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		492,816	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		449,251	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		389,634	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		388,541	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		383,243	MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE

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

(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.		377,181.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		368,159.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		338,247.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		273,953.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		238,683.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		232,373.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		204,160.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		200,290.	EQUIPMENT	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		193,383.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESale PRICE

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

(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.		186,281	MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		175,565	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		136,141	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		133,859	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		126,822	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		125,214	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		108,932	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		81,749	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		77,008	EQUIPMENT	ESTIMATED WHOLESale PRICE

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.		62,879.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		62,476.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		55,248.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		53,525.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		49,082.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		45,416.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		42,934.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		41,256.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		39,682.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE

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

(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.		33,490.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		33,007.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		29,806.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		22,889.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		22,040.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		21,750.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		21,420.	MEDICAL SUPPLIES	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		21,420.	MEDICAL SUPPLIES	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		20,957.	MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESale PRICE

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA		0.		18,218.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
			SUB-SAHARAN AFRICA		0.		17,032.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
			SUB-SAHARAN AFRICA		0.		16,399.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
			SUB-SAHARAN AFRICA		0.		12,790.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
			SUB-SAHARAN AFRICA		0.		10,758.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
			SUB-SAHARAN AFRICA		0.		10,557.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
			SUB-SAHARAN AFRICA		0.		10,107.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
			SUB-SAHARAN AFRICA		0.		8,589.	MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
			SUB-SAHARAN AFRICA		0.		5,700.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE

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

(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.		5,606.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		22,306.481.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		17,543.789.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		12,910.860.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		4,965.192.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		4,145.956.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		1,432.015.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		286.619.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		228.698.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN		0.		143,879.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
			EUROPE		0.		143,438.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		62,400.	EQUIPMENT	ESTIMATED WHOLESALE PRICE
			SUB-SAHARAN AFRICA		0.		30,624.	MEDICAL SUPPLIES	PURCHASED PRICE
			SUB-SAHARAN AFRICA		0.		29,418.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		25,613.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		22,567.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
			CENTRAL AMERICA AND THE CARIBBEAN		0.		14,164.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
			SUB-SAHARAN AFRICA		0.		10,323.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE

Part V Supplemental Information

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

PART I, LINE 2:

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.

Part IV Foreign Forms

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

Schedule F (Form 990) 2015

**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" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization

Employer identification number

DIRECT RELIEF

95-1831116

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FREE MEDICAL CLINIC, INC 1875 HARDEN STREET COLUMBIA, SC 29204	57-0779279	501C3	13,409.	0.			FLOOD & STORM RECOVERY SUPPORT
ACCESS FAMILY CARE 475 NELSON AVENUE NEOSHO, MO 64850	43-1752799	501C3	32,175.	0.			FLOOD & STORM RECOVERY SUPPORT
ERIC B. CHANDLER HEALTH CENTER 277 GEORGE STREET NEW BRUNSWICK, NJ 08901	22-1980408	501C3	45,000.	0.			HURRICANE SANDY GENERATOR PROJECT
HAMILTON COMMUNITY HEALTH CENTER 225 E FIFTH STREET, #300 FLINT, MI 48502	38-2406558	501C3	50,000.	0.			FLINT WATER CRISIS SUPPRT
BEAUFORT JASPER HAMPTON 721 OKATIE HIGHWAY 170 RIDGELAND, SC 29936	57-0523586	501C3	100,000.	0.			HELPING BUILD HEALTHY COMMUNITIES INNOVATIONS IN CARE AWARDS
INDIAN HEALTH CENTER 1333 MERIDIAN AVENUE SAN JOSE, CA 95125	94-2476242	501C3	100,000.	0.			HELPING BUILD HEALTHY COMMUNITIES INNOVATIONS IN CARE AWARDS

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

852

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

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

Schedule I (Form 990) (2015)

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
ASIAN PACIFIC HEALTH CARE VENTURE 4216 FOUNTAIN AVENUE LOS ANGELES, CA 90029	95-4177752	501C3	100,000.	0.			HELPING BUILD HEALTHY COMMUNITIES INNOVATIONS IN CARE AWARDS
JERICHO ROAD COMMUNITY HEALTH CTR 184 BARTON STREET BUFFALO, NY 14213	42-1571876	501C3	100,000.	0.			HELPING BUILD HEALTHY COMMUNITIES INNOVATIONS IN CARE AWARDS
ACCESS COMMUNITY HEALTH 83 MAIDEN LANE, 6TH FLOOR NEW YORK, NY 10038	13-4032078	501C3	100,000.	0.			HELPING BUILD HEALTHY COMMUNITIES INNOVATIONS IN CARE AWARDS
CORNELL SCOTT-HILL HEALTH CORP 400 COLUMBUS AVENUE NEW HAVEN, CT 06519	06-0870990	501C3	100,000.	0.			HELPING BUILD HEALTHY COMMUNITIES INNOVATIONS IN CARE AWARDS
NEIGHBORHOOD HEALTHCARE 425 N DATE STREET ESCONDIDO, CA 95025	95-2796316	501C3	100,000.	0.			HELPING BUILD HEALTHY COMMUNITIES INNOVATIONS IN CARE AWARDS
NATIONAL ASSOCIATION OF FREE CLINICS - 1800 DIAGONAL RD #600 - ALEXANDRIA, VA 22314	56-2273242	501C3	40,000.	0.			VASELINE HEALING MISSION CLINIC SUPPORT
DIRECT RELIEF FOUNDATION 27 SOUTH LA PATERA LANE GOLETA, CA 93117	20-5983698	501C3	5,858,742.	0.			TO INCREASE THE ASSETS IN THE ENDOWMENT OF DIRECT RELIEF FOUNDATION
NC MEDASSIST 4428 TAGGART CREEK ROAD, SUITE 101 CHARLOTTE, NC 28208	56-2018957	501C3	0.	6,963,196.	PURCHASED PRICE ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHEASTERN OKLAHOMA 116 E. MAIN STREET HULBERT, OK 74441	73-1622831	501C3	0.	2,907,012.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DR. VIRGIL GIANELLI MEDICAL CLINIC 545 W. SONORA STREET STOCKTON, CA 95203	94-2687280	501C3	0.	2,780,634	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH MISSISSIPPI PRIMARY HEALTH CA - 15921 BOUNDARY DRIVE - ASHLAND, MS 38603	64-0686443	501C3	0.	1,808,933	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OAKLAND PRIMARY HEALTH SERVICES 46156 WOODWARD AVENUE PONTIAC, MI 48342	76-0710111	501C3	0.	1,461,060	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PALMETTO HEALTH COUNCIL, INC. 643 MAIN STREET PALMETTO, GA 30268	58-1307597	501C3	0.	1,430,169	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SEMO HEALTH NETWORK 311 MAIN STREET NEW MADRID, MO 63869	43-1253101	501C3	0.	1,429,083	PURCHASED PRICE 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	501C3	0.	1,361,511	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH 13245 KESSLER ROAD CAIRO, IL 62914	37-1100482	501C3	0.	1,325,385	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRUMAN MEDICAL CENTERS 2301 HOLMES STREET KANSAS CITY, MO 64108	44-0661018	501C3	0.	1,299,171	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EXCELTH, INC. 1515 POYDRAS STREET, STE. 1070 NEW ORLEANS, LA 70112	72-1193464	501C3	0.	1,124,003	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SULZBACHER HEALTH CENTER 611 EAST ADAMS STREET JACKSONVILLE, FL 32202	59-3229898	501C3	0.	1,062,585.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROHEALTH RURAL HEALTH SERVICES, IN - 1325 WEST MAIN STREET - FRANKLIN, TN 37064	62-1779945	501C3	0.	1,016,719.	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	501C3	0.	1,002,807.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PANCARE OF FLORIDA, INC. 403 EAST 11TH STREET PANAMA CITY, FL 32401	91-2189932	501C3	0.	1,001,776.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENLA MEDICATION ACCESS PROGRAM 1101 4TH STREET, SUITE 203 ALEXANDRIA, LA 71301	02-0751416	501C3	0.	999,240.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WEST VIRGINIA HEALTH RIGHT 1520 EAST WASHINGTON STREET CHARLESTON, WV 25311	31-1066881	501C3	0.	943,622.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. MARY'S HEALTH WAGON 233 CHASE STREET, SUITE 100 CLINTWOOD, VA 24228	04-3739083	501C3	0.	924,432.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ALL CARE ONE 7300 SANTA FE AVENUE HUNTINGTON PARK, CA 90255	27-2701910	501C3	0.	897,780.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS 229 SAINT GEORGE STREET GONZALES, TX 78629	74-1548089	501C3	0.	893,075.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH BAY FAMILY HEALTH CARE CENTER - 23430 HAWTHORNE BLVD., STE. 210 - TORRANCE, CA 90505	23-7049937	501C3	0.	887,411	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST VINCENT DE PAUL 1125 BANK ST. CINCINNATI, OH 45214	30-0272954	501C3	0.	846,917	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AGAPE CLINIC 4105 JUNIUS STREET DALLAS, TX 75246	14-1847977	501C3	0.	823,022	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UPPER VALLEY COMMUNITY HEALTH SERVI - 20 NORTH 3RD EAST - SAINT ANTHONY, ID 83445	82-0527562	501C3	0.	821,978	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DBA VIRGINIA B. ANDES VOLUNTEER 21297 OLEAN BLVD UNIT B FORT CHARLOTTE, FL 33952	65-0958642	501C3	0.	811,890	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMILLUS HEALTH CONCERN, INC. 336 NW 5TH STREET MIAMI, FL 33128	53-0196617	501C3	0.	782,184	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GULF COAST HEALTH CENTER 2548 MEMORIAL BLVD. PORT ARTHUR, TX 77640	76-0289927	501C3	0.	765,325	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. JOSEPH SOCIAL WELFARE BOARD 904 S. 10TH, SUITE A ST. JOSEPH, MO 64503	80-0308973	501C3	0.	757,445	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNIVERSITY HOSPITAL 2390 W CONGRESS STREET LAFAYETTE, LA 70506	46-2605366	501C3	0.	751,220	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

DIRECT RELIEF

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990) Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSLIM COMMUNITY CENTER 7600 GLENVIEW DRIVE RICHLAND HILLS, TX 76180-8341	75-2580088	501C3	0.	739,763	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GASTON FAMILY HEALTH SERVICES, INC. - 991 W. HUDSON BLVD - GASTONIA, NC 28052	58-1958398	501C3	0.	738,782	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	501C3	0.	736,277	PURCHASED PRICE 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	501C3	0.	714,822	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS, INC. 12716 NE 36TH STREET SPENCER, OK 73084	73-0930123	501C3	0.	696,229	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREENVILLE FREE MEDICAL CLINIC 600 ARLINGTON AVENUE GREENVILLE, SC 29601	57-0855205	501C3	0.	688,429	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE FREE MEDICAL CLINIC 1875 HARDEN STREET COLUMBIA, SC 29204	57-0779279	501C3	0.	662,731	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FOUR RIVERS HEALTHCARE CLINIC 932 WEST IDAHO AVENUE ONTARIO, OR 97914	93-1304536	501C3	0.	653,602	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH SERVICES, INC. 1845 CHERRY STREET MONTGOMERY, AL 36106	63-0568762	501C3	0.	642,062	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERSHIP HEALTH CENTER 205 WOODROW WILSON DRIVE VALDOSTA, GA 31602	58-2405825	501C3	0.	629,955.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRIST CLINIC 25722 KINGSLAND BLVD., SUITE 101 KATY, TX 77494	35-2179708	501C3	0.	621,260.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GUADALUPE CLINIC 940 S. ST. FRANCIS WICHITA, KS 67211	53-0196617	501C3	0.	619,351.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COVENANT COMMUNITY CARE 559 WEST GRAND BLVD DETROIT, MI 48216	38-3533998	501C3	0.	603,396.	PURCHASED PRICE 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	501C3	0.	602,936.	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	501C3	0.	591,321.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN ARMS CLINIC 109 BIG A ROAD TOCCOA, GA 30577	20-3296577	501C3	0.	575,217.	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	501C3	0.	572,511.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EL DORADO COUNTY 4327 GOLDEN CENTER DRIVE PLACERVILLE, CA 95667	42-1533531	501C3	0.	567,195.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHACKELFORD COUNTY 725 PATE STREET ALBANY, TX 76430	75-2541970	501C3	0.	562,028.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLINICA MSR. OSCAR A ROMERO 123 S ALVARADO STREET LOS ANGELES, CA 90057	95-3881333	501C3	0.	561,042.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER KILLEEN FREE CLINIC 718 N. 2ND STREET, STE. A KILLEEN, TX 76541	74-2724725	501C3	0.	533,679.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WELLNESS POINTE 1107 E. MARSHALL AVENUE LONGVIEW, TX 75601	75-2723993	501C3	0.	531,872.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EUNICE COMMUNITY HEALTH CENTER 450 MOOSA BLVD, STE. E EUNICE, LA 70535	27-0213992	501C3	0.	530,832.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN DOOR HEALTH CENTER 151 NW 11 STREET HOMESTEAD, FL 33030	83-0375996	501C3	0.	525,401.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN HEALTH SERVICES 7501 SOUTH RIVERSIDE PARKWAY TULSA, OK 74136	73-1559561	501C3	0.	523,586.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA MARIA'S CHILDREN AND FAMILY 9209 COLIMA ROAD, SUITE 4400 WHITTIER, CA 90605	27-1879748	501C3	0.	508,848.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RURAL MEDICAL SERVICE, INC. 207 MURRAY DRIVE NEWPORT, TN 37821	62-1102683	501C3	0.	508,271.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORANGE COUNTY FREE CLINIC 13296-A JAMES MADISON HIGHWAY ORANGE, VA 22960	25-1922019	501C3	0.	497,908	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA BARBARA NEIGHBORHOOD CLINICS 915 NORTH MILPAS STREET SANTA BARBARA, CA 93103		501C3	0.	489,437	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ONSLow COMMUNITY OUTREACH 600 COURT STREET JACKSONVILLE, NC 28540	56-1705813	501C3	0.	485,465	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VISTA COMMUNITY HEALTH CENTER 14117 HUBBARD STREET, SUITE M SYLMAR, CA 91342	45-4642549	501C3	0.	476,132	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHEAST COMMUNITY HEALTH SYSTEMS 6351 MAIN STREET ZACHARY, LA 70791	72-1212880	501C3	0.	472,566	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHEAST MISSISSIPPI RURAL 5488 US HWY 49 HATTIESBURG, MS 39401	64-0625076	501C3	0.	468,610	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MERCY MEDICAL CLINIC 802 WASHINGTON STREET SHELBYVILLE, KY 40065	61-1211189	501C3	0.	464,969	PURCHASED PRICE 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	501C3	0.	462,946	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HORIZON HEALTH CARE, INC. 109 NORTH MAIN STREET HOWARD, SD 57349	46-0341255	501C3	0.	457,214	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MATTHEW 25, INC. 413 EAST JEFFERSON BLVD. FORT WAYNE, IN 46802	35-1484951	501C3	0.	456,605.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BROTHER BILL'S HELPING HAND 3906 N. WESTMORELAND RD. DALLAS, TX 75212	75-6027740	501C3	0.	453,150.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINICS OF HENDERSON COUNTY 841 CASE STREET HENDERSONVILLE, NC 28792	56-2212024	501C3	0.	452,609.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLEAVER FAMILY WELLNESS CLINIC 4368 SANTA ANITA AVENUE EL MONTE, CA 91731	95-1765149	501C3	0.	452,485.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE HALEY CENTER 122 WEST CENTRAL AVENUE WINTER HAVEN, FL 33880	59-0766974	501C3	0.	447,540.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ASIAN PACIFIC HEALTH CARE VENTURES 1530 HILLHURST AVENUE LOS ANGELES, CA 90027	95-4177752	501C3	0.	442,955.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH WEST - LAVA CLINIC 85 SOUTH 5TH WEST LAVA HOT SPRINGS, ID 83246	82-0324100	501C3	0.	440,307.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN CLINIC 615 NORTH B STREET FORT SMITH, AR 72901	71-0863639	501C3	0.	426,813.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JUNIPER HEALTH, INC. 265 HWY 15 SOUTH, SUITE 3 JACKSON, KY 41339	04-3779582	501C3	0.	426,489.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARITABLE PHARMACY OF CENTRAL OHIO - 200 EAST LIVINGSTON AVENUE - COLUMBUS, OH 43215	27-0147099	501C3	0.	417,980.	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	501C3	0.	417,709.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOUNTAIN COMPREHENSIVE 226 MEDICAL PLAZA LANE WHITESBURG, KY 41858	61-0712406	501C3	0.	415,843.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BLAND COUNTY MEDICAL CLINIC 12301 GRAPEFIELD ROAD BASTIAN, VA 24314	54-1074890	501C3	0.	395,728.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MIDDLETOWN COMMUNITY 21 ORCHARD STREET MIDDLETOWN, NY 10940	14-1588402	501C3	0.	395,404.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CARE SYSTEMS 116 SMITH STREET TENNILLE, GA 31089	58-2001101	501C3	0.	395,204.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BROWNSVILLE COMMUNITY HEALTH CENTER - 191 EAST PRICE ROAD - BROWNSVILLE, TX 78521	74-2176836	501C3	0.	391,408.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CABIN CREEK HEALTH CENTER 5722 CABIN CREEK DRIVE DAWES, WV 25054	55-0709223	501C3	0.	386,134.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAWTON COMMUNITY HEALTH CENTER 5404 SW LEE BOULEVARD LAWTON, OK 73505	26-0187688	501C3	0.	386,008.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST CHOICE PRIMARY CARE 770 WALNUT STREET MACON, GA 31201	20-4391090	501C3	0.	380,129	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BAYOU CLINIC 13833 TAPIA LANE BAYOU LA BATRE, AL 36509	63-1270951	501C3	0.	364,839	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
G. A. CARMICHAEL 1668 WEST PEACE STREET CANTON, MS 39046-0588	64-0580940	501C3	0.	361,131	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHWEST BOULEVARD 300 SOUTHWEST BLVD. KANSAS CITY, KS 66103	48-1067752	501C3	0.	355,608	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHEYENNE HEALTH AND WELLNESS CENTER - 2508 E. FOX FARM ROAD - CHEYENNE, WY 82007	87-0718984	501C3	0.	348,307	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JERICHO ROAD COMMUNITY 184 BARTON STREET BUFFALO, NY 14213	42-1571876	501C3	0.	347,333	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY ACTION CORPORATION 700 FLOURNEY ROAD, SUITE 2A ALICE, TX 78332	74-1679824	501C3	0.	342,492	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER PRINCE WILLIAM 4379 RIDGEWOOD CENTER DRIVE WOODBIDGE, VA 22192	83-0435138	501C3	0.	333,859	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HORISONS UNLIMITED HEALTHCARE 164 B STREET LIVINGSTON, CA 95334	72-1532350	501C3	0.	331,967	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOODBANK OF SOUTHERN CALIFORNIA 1444 SAN FRANCISCO AVENUE LONG BEACH, CA 90813	95-3557056	501C3	0.	330,046	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BROCK HUGHES FREE CLINIC 450 WEST MONROE STREET WYTHEVILLE, VA 24382	20-2353144	501C3	0.	329,050	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	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	501C3	0.	328,545	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BETHESDA HEALTH CLINIC 409 W. FERGUSON TYLER, TX 75702	26-0036674	501C3	0.	326,888	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAPE FEAR CLINIC, INC 1605 DOCTORS CIRCLE WILMINGTON, NC 28401	56-1984630	501C3	0.	326,846	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RAPHA CLINIC OF WEST GEORGIA 253 HIGHWAY 78 TEMPLE, GA 30179	27-1188932	501C3	0.	326,012	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
QUEENSCARE FAMILY CLINICS 950 SOUTH GRAND AVENUE LOS ANGELES, CA 90015	95-3702136	501C3	0.	321,804	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRACE MEDICAL HOME 51 PENNSYLVANIA STREET ORLANDO, FL 32806	26-1817966	501C3	0.	317,598	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COASTAL COMMUNITY HEALTH SERVICES, 106 SHOPPERS WAY, STE. 1 BRUNSWICK, GA 31525	46-1859206	501C3	0.	316,830	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SHEPHERD MINISTRIES OF OKLAHOM - 222 NW 12TH STREET - OKLAHOMA CITY, OK 73103	20-0526892	501C3	0.	315,205.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH CENTER OF CLARK COUNT - 1319 DUNCAN AVENUE - JEFFERSONVILLE, IN 47130	35-1842342	501C3	0.	315,158.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNIVERSITY COMMUNITY HEALTH 601 BENTON AVENUE NASHVILLE, TN 37204	62-1438461	501C3	0.	312,851.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SIERRA HEALTH CENTER-FULLERTON 501 S. BROOKHURST ROAD FULLERTON, CA 92833	95-3447973	501C3	0.	312,392.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPELIGHT MEDICAL CLINIC 1351 COLLYER STREET LONGMONT, CO 80501	46-4657471	501C3	0.	310,583.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BREAD OF HEALING CLINIC 1821 NORTH 16TH STREET MILWAUKEE, WI 53205	81-0669867	501C3	0.	306,037.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LIFELONG MEDICAL CARE 2344 SIXTH STREET BERKELEY, CA 94710	94-2502308	501C3	0.	303,952.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHI - ST. VINCENT INTERFAITH CLINIC - 830 NORTH CREEK DRIVE - CONWAY, AR 72032	71-0830696	501C3	0.	301,515.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FUNDACION MANOS JUNTAS 1330 N. CLASSEN BLVD, SUITE 105 OKLAHOMA CITY, OK 73106	73-1523135	501C3	0.	300,455.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH ALLIANCE OF 1855 N. FAIR OAKS AVENUE, SUITE 20 PASADENA, CA 91103	95-4536824	501C3	0.	300,146	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OAKHURST MEDICAL CENTER 5582 MEMORIAL DRIVE STONE MOUNTAIN, GA 30083	58-1413957	501C3	0.	299,144	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER HICKORY COOPERATIVE 31 1ST AVENUE SE HICKORY, NC 28602	56-0934855	501C3	0.	294,875	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSION ARLINGTON MEDICAL CLINIC 210 W. SOUTH STREET ARLINGTON, TX 76010	75-2354962	501C3	0.	294,211	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NOVA SCRIPTS CENTRAL 6400 ARLINGTON BLVD. SUITE 120 FALLS CHURCH, VA 22042	65-1275162	501C3	0.	294,099	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ASI SOUTHWEST CHAPTER 777 S. BURLESON BLVD BURLESON, TX 76028	52-1302275	501C3	0.	288,727	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARKVIEW OUTREACH COMMUNITY 1205 DR. MARTIN LUTHER KING JR. WA HAINES CITY, FL 33844	01-0790991	501C3	0.	288,199	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEDLINK GEORGIA, INC. 11 CHARLIE MORRIS ROAD COLBERT, GA 30628	58-1394645	501C3	0.	267,533	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CARE CLINIC OF DARE 425 HEALTH CENTER DRIVE NAGS HEAD, NC 27959	20-2230717	501C3	0.	262,156	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRANT PARK CLINIC 1340 BOULEVARD SE ATLANTA, GA 30315	58-1577640	501C3	0.	261,192.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TREASURE COAST COMMUNITY HEALTH 12196 COUNTY ROAD 512 FELLSMERE, FL 32948	59-3219191	501C3	0.	257,453.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE FLOATING HOSPITAL 41-40 27TH STREET LONG ISLAND CITY, NY 11101	13-1624169	501C3	0.	257,266.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OZANAM CHARITABLE PHARMACY 109 S. CEDAR STREET MOBILE, AL 36602	72-1386236	501C3	0.	251,542.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRO SAN VICENTE 8061 ALAMEDA AVENUE EL PASO, TX 79915	74-2505561	501C3	0.	243,985.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ICNA RELIEF USA PROGRAMS INC 1092 JOHNNIE DODDS BLVD, SUITE 108 MOUNT PLEASANT, SC 29464	04-3810161	501C3	0.	243,592.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT DE PAUL CLINIC 420 W. WATKINS PHOENIX, AZ 85003	86-0096789	501C3	0.	243,243.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH CENTER OF SOUTHEAST TEXAS 307 N. WILLIAM BARNETT AVE CLEVELAND, TX 77327	56-2508501	501C3	0.	241,043.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
1ST CHOICE HEALTHCARE 1300 CREASON ROAD CORNING, AR 72422	71-0715998	501C3	0.	240,182.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD NEWS CLINICS 810 PINE STREET GAINESVILLE, GA 30501	58-2058853	501C3	0.	240,013.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE CLINIC 203 NORTH STREET BAYBORO, NC 28515	56-2114681	501C3	0.	237,004.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLAIBORNE COUNTY FAMILY HEALTH 2045 HIGHWAY 61 NORTH PORT GIBSON, MS 39150-4262	64-0651149	501C3	0.	236,040.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JOHNSTOWN FREE MEDICAL CLINIC 340 MAIN STREET JOHNSTOWN, PA 15901	23-2922409	501C3	0.	232,526.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH SERVICES OF NORTH TEXAS 4401 N I-35, SUITE 312 DENTON, TX 76207	75-2252866	501C3	0.	231,509.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COASTAL MEDICAL ACCESS PROJECT 2605 PARKWOOD DRIVE BRUNSWICK, GA 31520	01-0576945	501C3	0.	231,473.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN ARMS HEALTH CLINIC 3921 W GREEN OAKS BLVD, SUITE D ARLINGTON, TX 76016	45-0621201	501C3	0.	230,649.	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	501C3	0.	230,228.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VNCOC ASIAN HEALTH CENTER 9862 CHAPMAN AVENUE, SUITE B GARDEN GROVE, CA 92841	95-3403526	501C3	0.	228,502.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITYHEALTH 2611 W. CHICAGO AVENUE CHICAGO, IL 60622	36-3831793	501C3	0.	228,353	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ZAREPHATH HEALTH CENTER 595 WESTON CANAL ROAD SOMERSET, NJ 08873	31-1812810	501C3	0.	224,576	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	501C3	0.	223,641	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	501C3	0.	222,568	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLEARWATER FREE CLINIC 707 NORTH FT. HARRISON AVENUE CLEARWATER, FL 33755	59-1852871	501C3	0.	222,195	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH SYSTEMS, INC. 252 RURAL ACRES DRIVE BECKLEY, WV 25801	55-0490878	501C3	0.	221,082	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRIMARY HEALTH SERVICES CENTER 2913 BETIN AVENUE MONROE, LA 71201	72-1347028	501C3	0.	220,332	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY FREE CLINIC 249 MILL STREET HAGERSTOWN, MD 21740	52-1772594	501C3	0.	219,207	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VALLEY COMMUNITY HEALTHCARE 6801 COLDWATER CYN AVENUE NORTH HOLLYWOOD, CA 91605	23-7050082	501C3	0.	218,921	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS COME FIRST 1556 S. SULTANA AVE. ONTARIO, CA 91761	33-0969025	501C3	0.	218,648	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP SWEENEY 10687 FM 678 WHITESBORO, TX 76273	75-6002547	501C3	0.	218,315	WHOLESALE PRICE	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	501C3	0.	216,877	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WOMEN'S HEALTH CONNECTIONS 205 EAST BRAZOS STREET PALESTINE, TX 75801	20-0776090	501C3	0.	216,559	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INDIANA HEALTH CENTERS, INC. 8003 CASTLEWAY DRIVE INDIANAPOLIS, IN 46250	31-1003977	501C3	0.	214,202	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRAL FLORIDA HEALTH CARE 1129 NORTH MISSOURI AVENUE LAKELAND, FL 33805	59-1404594	501C3	0.	213,305	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	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	GOVERNMENT ENTIT	0.	211,503	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FIRST REFUGE MINISTRIES MEDICAL CLI - 1701 BROADWAY STREET - DENTON, TX 76201	45-5606427	501C3	0.	210,944	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOWARD BROWN HEALTH CENTER 4025 NORTH SHERIDAN ROAD CHICAGO, IL 60613	36-2894128	501C3	0.	208,725	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLAGER COUNTY FREE CLINIC 703 E. MOODY BLVD. BUNNELL, FL 32110	20-5036975	501C3	0.	208,288.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH PLAINS RURAL HEALTH 1000 FM 300, UNIT A LEVELLAND, TX 79336	75-2123252	501C3	0.	207,471.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD NEIGHBOR COMMUNITY HEALTH CLIN - 4321 41ST AVENUE - COLUMBUS, NE 68601	13-4249732	501C3	0.	206,689.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTER 2100 WEST 45TH STREET, SUITE A8 WEST PALM BEACH, FL 33407	26-3611337	501C3	0.	205,737.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OUTREACH COMMUNITY HEALTH CENTERS 711 W. CAPITOL DRIVE MILWAUKEE, WI 53206	39-1353282	501C3	0.	202,310.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARE PARTNERSHIP 466 SOUTH BELLVIEW MESA, AZ 85204	86-0844208	501C3	0.	200,879.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KANSAS CITY CARE CLINIC 3515 BROADWAY KANSAS CITY, MO 64111	43-0967292	501C3	0.	200,578.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROSA CLARK MEDICAL CLINIC 210 SOUTH OAK STREET SENECA, SC 29678	58-6076010	501C3	0.	199,534.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTER 3011 N. MICHIGAN PITTSBURG, KS 66762	75-3002264	501C3	0.	198,225.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON-HINDS COMPREHENSIVE 3502 WEST NORTHSIDE DRIVE JACKSON, MS 39213	64-0506107	501C3	0.	196,560	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHEAST, INC. 16 W. LONG STREET COLUMBUS, OH 43215	31-0940189	501C3	0.	196,387	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AVENAL COMMUNITY HEALTH CENTER 1000 SKYLINE BOULEVARD AVENAL, CA 93204	77-0425496	501C3	0.	195,652	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRIMARY CARE MEDICAL PRACTICE OF NY - 82-11 37TH AVENUE, 7TH FLOOR - JACKSON HEIGHTS, NY 11372	46-3181224	501C3	0.	195,072	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TROUP CARES CLINIC 301 MEDICAL DR., SUITE 501 LAGRANGE, GA 30240-4144	20-8176300	501C3	0.	193,590	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FORT BEND FAMILY HEALTH CENTER 400 AUSTIN STREET RICHMOND, TX 77469	74-1951476	501C3	0.	190,418	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRIMARY HEALTHCARE CENTERS 13570 NORTH MAIN STREET TRENTON, GA 30752	58-1410404	501C3	0.	189,529	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. JUDE NEIGHBORHOOD HEALTH CENTER - 731 S. HIGHLAND AVENUE - FULLERTON, CA 92832	45-3977605	501C3	0.	189,514	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPERATION SAMAHAN, INC. 1428 HIGHLAND AVENUE NATIONAL CITY, CA 91950	95-3008798	501C3	0.	187,871	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SHEPHERD MEDICAL 20 12TH AVE. NW ARDMORE, OK 73401	73-1509801	501C3	0.	186,796.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ANTELOPE VALLEY COMMUNITY CLINIC 45074 10TH STREET WEST, SUITE 109 LANCASTER, CA 93534	26-0574826	501C3	0.	186,388.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE PEOPLE'S CITY MISSION 401 N. 2ND STREET LINCOLN, NE 68508	26-3819766	501C3	0.	185,766.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER TEXOMA HEALTH CLINIC 900 N. ARMSTRONG DENISON, TX 75020	81-0584983	501C3	0.	184,701.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH FOR ALL 3030 EAST 29TH STREET, SUITE 111 BRYAN, TX 77802	74-2624477	501C3	0.	184,647.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH CENTRAL NURSING CLINICS 901 PRINCE WILLIAM ROAD, SUITE A DELPHI, IN 46923	26-1553382	501C3	0.	182,744.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROJECT VIDA HEALTH CENTER 14900 GREG STREET EL PASO, TX 79938	68-0541648	501C3	0.	181,740.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE EQUIPMENT	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	501C3	0.	180,549.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SEA MAR COMMUNITY HEALTH CENTERS 1040 SOUTH HENDERSON STREET SEATTLE, WA 98108	91-1020139	501C3	0.	178,373.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH CENTRAL PRIMARY CARE CENTER 406 WEST 5TH STREET OCILLA, GA 31774	58-2019024	501C3	0.	174,954.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHEPHERDS CARE MEDICAL CLINIC 304 PONY ROAD ZEBULON, NC 27597	26-2757593	501C3	0.	173,190.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CARE CLINIC 902 N FRANKLIN AVENUE NORMAL, IL 61761	37-1316328	501C3	0.	172,996.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TAMPA FAMILY HEALTH CENTER 1502 EAST FOWLER AVENUE TAMPA, FL 33612	59-2420282	501C3	0.	171,250.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RAPIDES PRIMARY HEALTH CARE CENTER 1217 WILLOW GLEN RIVER ROAD ALEXANDRIA, LA 71302	72-1252422	501C3	0.	170,765.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRIMARY CARE OF SOUTHWEST GEORGIA 360 COLLEGE ST BLAKELY, GA 39823-2554	31-1840668	501C3	0.	169,490.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHERN GREENBRIER HEALTH CLINIC 8965 SHOESTRING TRAIL WILLIAMSBURG, WV 24991	55-0593134	501C3	0.	166,570.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HELPING HANDS CLINIC 34C COURTHOUSE SQUARE CLEVELAND, GA 30528	64-0950194	501C3	0.	166,251.	PURCHASED PRICE 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	501C3	0.	165,878.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANGELS COMMUNITY CLINIC 1005 POPLAR STREET MURRAY, KY 42071	62-1777249	501C3	0.	164,827.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
POCATELLO FREE CLINIC 429 WASHINGTON AVENUE POCATELLO, ID 83201	82-0351133	501C3	0.	164,799.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH CENTRAL FAMILY HEALTH CENTER 1109 E. VERNON AVE. LOS ANGELES, CA 90011	95-3877793	501C3	0.	162,785.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH ASSN. OF SPOKANE 203 NORTH WASHINGTON SUITE 300 SPOKANE, WA 99201	91-1641797	501C3	0.	162,079.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAN JOSE CLINIC 2615 FANNIN HOUSTON, TX 77002	53-0196617	501C3	0.	162,064.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE MEDICAL & DENTAL CLINIC 111 MEADOW VIEW DRIVE CLERBURNE, TX 76033	75-2953856	501C3	0.	161,767.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAFE HARBOR FREE CLINIC 7209 265TH SUITE 204 STANWOOD, WA 98292	26-3825107	501C3	0.	159,276.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY OUTREACH HEALTH CLINIC W180 N8085 TOWN HALL ROAD MENOMONEE FALLS, WI 53051	39-1743056	501C3	0.	158,786.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE ATHENS NURSES CLINIC 240 NORTH AVENUE ATHENS, GA 30601	58-2490925	501C3	0.	158,710.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

DIRECT RELIEF

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
PENINSULA INSTITUTE 4714 MARSHALL AVE NEWPORT NEWS, VA 23607-2247	54-1083954	501C3	0.	157,289	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEART OF FLORIDA HEALTH CENTER 203 E. SILVER SPRINGS BLVD, #101 OCALA, FL 34470	59-3060378	501C3	0.	155,577	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH HUDSON COMMUNITY ACTION 800 31 STREET UNION CITY, NJ 07087	22-1818699	501C3	0.	154,538	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FCYD CAMP UTADA 1995 WEST 9000 SOUTH WEST JORDAN, UT 84088	87-0642251	501C3	0.	153,642	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE HEALTH AND WELLNESS CENTER 3834 S. WESTERN AVENUE LOS ANGELES, CA 90062	23-7351622	501C3	0.	153,081	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JOHNSON CITY DOWNTOWN CLINIC 2151 CENTURY LANE JOHNSON CITY, TN 37604	62-6021046	501C3	0.	151,433	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHWEST LOUISIANA INTERFAITH PHAR - 909 OLIVE STREET - SHREVEPORT, LA 71104	72-1479289	501C3	0.	151,028	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPKINS COUNTY COMMUNITY CLINIC 638 N. FRANKLIN STREET MADISONVILLE, KY 42431	06-1710391	501C3	0.	150,954	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHQUEST OF UNION COUNTY 415 E. FRANKLIN STREET MONROE, NC 28112	56-2117596	501C3	0.	150,715	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARMONY HEALTH CLINIC 201 EAST ROOSEVELT ROAD LITTLE ROCK, AR 72206	20-5691313	501C3	0.	147,925.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAGUNA BEACH COMMUNITY CLINIC 362 THIRD STREET LAGUNA BEACH, CA 92651	95-2637633	501C3	0.	147,175.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501C3	0.	146,288.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EAST VALLEY COMMUNITY HEALTH CENTER - 276 W. COLLEGE STREET - WEST COVINA, CA 91723	23-7068586	501C3	0.	145,341.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OUTREACH HEALTH SERVICES, INC. 130 NORTH HIGH STREET SHUBUTA, MS 39360	64-0736857	501C3	0.	143,682.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
URBAN HEALTH PLAN, INC. 1065 SOUTHERN BLVD. BRONX, NY 10459	23-7360305	501C3	0.	140,857.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CITRUS HEALTH NETWORK, INC. 4175 W 20TH AVE HIALEAH, FL 33012-5874	59-1865751	501C3	0.	140,716.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PEDIPLACE 502 S. OLD ORCHARD, STE. 126 LEWISVILLE, TX 75067	75-2512752	501C3	0.	139,705.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF FRANKLIN COUNTY 1171 FRANKLIN STREET ROCKY MOUNT, VA 24151	54-1634138	501C3	0.	137,693.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN COMMUNITY ACTION 200 SOUTH MILL STREET LEWISVILLE, TX 75057	23-7319371	501C3	0.	136,725	WHOLESALE 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	501C3	0.	135,608	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHINATOWN SERVICE CENTER 767 N. HILL STREET, SUITE 200B LOS ANGELES, CA 90012	95-2918844	501C3	0.	135,411	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNIVERSAL HEALTH FOUNDATION 2020 EAST 1ST STREET LOS ANGELES, CA 90033	91-2167533	501C3	0.	134,657	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALING HANDS HEALTH CENTER 245 MIDWAY MEDICAL PARK BRISTOL, TN 37620	62-1677000	501C3	0.	133,265	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EISNER PEDIATRIC & 1530 SOUTH OLIVE STREET LOS ANGELES, CA 90015	95-1690966	501C3	0.	133,025	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE 41 EAST DUVAL STREET JACKSONVILLE, FL 32202	75-3002172	501C3	0.	132,889	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. JOSEPH'S/CANDLER HEALTH 11705 MERCY BLVD. SAVANNAH, GA 31419	58-2288758	501C3	0.	132,277	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CITY SQUARE CLINIC 2835 GRAND AVE DALLAS, TX 75215	75-2332948	501C3	0.	132,192	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPEN DOOR URBAN MINISTRIES 1390 CAPITAL BLVD RALEIGH, NC 27603	58-1422700	501C3	0.	130,485.	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	501C3	0.	130,076.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BARTZ-ALTADONNA COMMUNITY HEALTH 43322 GINGHAM AVE. LANCASTER, CA 93535	27-3261289	501C3	0.	129,914.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAN FRANCISCO FREE CLINIC 4900 CALIFORNIA STREET SAN FRANCISCO, CA 94118	94-3186248	501C3	0.	129,794.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROJECT HEALTH, INC. 1425 SOUTH US 301 SUMTerville, FL 33585	59-1664577	501C3	0.	128,443.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHERN NECK FREE HEALTH CLINIC 51 WILLIAM B GRAHAM COURT KILMARNOCK, VA 22482	54-1679279	501C3	0.	127,167.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ASIAN HUMAN SERVICES 2424 W. PETERSON AVENUE CHICAGO, IL 60659	01-0567661	501C3	0.	125,745.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARE RESOURCE - MIAMI 3510 BISCAYNE BLVD., 2ND FLOOR MIAMI, FL 33137	59-2564198	501C3	0.	125,643.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEART OF KANSAS 1905 19TH STREET GREAT BEND, KS 67530	48-1165405	501C3	0.	124,447.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL CITY RESCUE MISSION FREE 259 SOUTH PEARL STREET ALBANY, NY 12202	56-2663290	501C3	0.	122,846.	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	501C3	0.	122,038.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MARTIN LUTHER KING HEALTH CENTER 865 OLIVE STREET SHREVEPORT, LA 71104	72-1079721	501C3	0.	121,538.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SUNRISE MONFORT FAMILY CLINIC 2930 11TH AVENUE EVANS, CO 80620	84-0613289	501C3	0.	121,002.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SCOTLAND COMMUNITY HEALTH CLINIC 1405-B WEST BLVD. LAURINBURG, NC 28352	20-2841940	501C3	0.	120,855.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BOUNDARY REGIONAL 30410 HWY 200 PONDERAY, ID 83852	04-3634356	501C3	0.	120,808.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE GREAT PHYSICIAN'S PHARMACY 1925 W. MAIN DURANT, OK 74701	73-0768828	501C3	0.	120,490.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PASADENA HEALTH CENTER 908 SOUTHWORE AVE, SUITE 100 PASADENA, TX 77502	20-0462905	501C3	0.	119,974.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OCRM HEALTH CARE SERVICES ONE HOPE DRIVE TUSTIN, CA 92782	33-0906866	501C3	0.	119,842.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

DIRECT RELIEF
 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
LAKE COUNTY PRIMARY CARE 710 CARL PARKINS PARKWAY TIPTONVILLE, TN 38079	62-1026947	501C3	0.	119,720.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH AND HOPE CLINIC, INC. 1718 EAST OLIVE ROAD PENSACOLA, FL 32514	26-4336638	501C3	0.	119,266.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
J.C. LEWIS HEALTH CARE CENTER 125 FAHM STREET SAVANNAH, GA 31401	58-0827524	501C3	0.	118,995.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COASTAL VOLUNTEERS IN MEDICINE 249 S. MAIN STREET BARNEGAT, NJ 08005	27-3491473	501C3	0.	118,454.	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	501C3	0.	117,915.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTER FOR FAMILY HEALTH 8727 VAN NUYS BOULEVARD PANORAMA CITY, CA 91402	27-0224623	501C3	0.	117,383.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMONWEALTH HEALTHCARE CORPORATION - 1 LOWER NAVY HILL - SAIPAN, MP 96950	66-0774364	GOVERNMENT ENTIT	0.	117,056.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
2015 SPECIAL OLYMPICS 633 WEST FIFTH STREET, SUITE 4000 LOS ANGELES, CA 90071	45-2853870	501C3	0.	116,654.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP KUDZU 5885 GLENRIDGE DR. SUITE 160 ATLANTA, GA 30328	58-2449646	501C3	0.	116,604.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBEMARLE HOSPITAL FOUNDATION 918 GREENLEAF STREET ELIZABETH CITY, NC 27909	43-2031990	501C3	0.	115,770.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RUTLAND FREE CLINIC 145 STATE STREET RUTLAND, VT 05701	83-0427544	501C3	0.	115,744.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH BRIGADE 1010 N. THOMPSON STREET RICHMOND, VA 23230	54-0927792	501C3	0.	115,357.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY MEDICAL CLINIC OF 110 C EAST DEKALB STREET CAMDEN, SC 29020	57-1074191	501C3	0.	115,271.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ETOWAH FREE COMMUNITY CLINIC 423 SOUTH 3RD STREET GADSDEN, AL 35901	82-0562064	501C3	0.	115,209.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEWHOPE CLINIC 41 S. COURT STREET OWINGSVILLE, KY 40360	61-1363437	501C3	0.	114,896.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FLORIDA DIABETES CAMP 1699 SW 16TH AVE GAINESVILLE, FL 32608	23-7098099	501C3	0.	112,724.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. PETERSBURG FREE CLINIC 863 THIRD AVENUE N ST PETERSBURG, FL 33701	23-7208280	501C3	0.	112,451.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH REACH COMMUNITY CLINIC 400 EAST STATESVILLE AVENUE MOORESVILLE, NC 28115	20-1020941	501C3	0.	112,151.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
N.E.W. COMMUNITY CLINIC 622 BODART STREET GREEN BAY, WI 54301	39-1200636	501C3	0.	112,099.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CROSSOVER HEALTHCARE MINISTRY 108 COWARDIN AVE. RICHMOND, VA 23224	54-1371067	501C3	0.	111,328.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
METROCREST COMMUNITY CLINIC ONE MEDICAL PARKWAY, STE.149 FARMERS BRANCH, TX 75234	75-2616002	501C3	0.	111,131.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CARE CLINIC-BOONE 141 HEALTH CENTER DRIVE BOONE, NC 28607	20-8607858	501C3	0.	109,523.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RKM PRIMARY CARE 11990 JACKSON STREET CLINTON, LA 70722	72-1443732	501C3	0.	109,088.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ITHACA HEALTH ALLIANCE 521 WEST SENECA STREET ITHACA, NY 14850	90-0192978	501C3	0.	108,190.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HILL COUNTRY MISSION FOR HEALTH 122 COMMERCE AVENUE BOERNE, TX 78006	48-1262832	501C3	0.	107,424.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RURAL HEALTH CLINIC 9400 SPARTA HIGHWAY CROSSVILLE, TN 38572	20-5562191	501C3	0.	106,911.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MERCI CLINIC 1315 TATUM DRIVE NEW BERN, NC 28560	56-2034052	501C3	0.	105,237.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH JEFFERSON COUNTY 1295 PEARL STREET BEAUMONT, TX 77701	74-6000291	GOVERNMENT ENTIT	0.	105,140.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAFAYETTE COMMUNITY HEALTH 1317 JEFFERSON STREET LAFAYETTE, LA 70501	72-1221982	501C3	0.	104,808.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LA GAY AND LESBIAN CENTER 1625 N. SCHRADER BLVD. LOS ANGELES, CA 90028	95-3567895	501C3	0.	104,474.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE MEDICAL CLINIC 150 BEACH DRIVE DESTIN, FL 32541	26-3811078	501C3	0.	103,573.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CARE CLINIC 52 AUNT DORA DRIVE HIGHLANDS, NC 28741	65-1251915	501C3	0.	103,129.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
REACH OUT MONTGOMERY COUNTY 25 E. FORAKER STREET DAYTON, OH 45409	31-1434282	501C3	0.	101,816.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN DOOR COMMUNITY 670 NINTH ST., SUITE 203 ARCATA, CA 95521	95-2671433	501C3	0.	101,445.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FETTER HEALTH CENTER NETWORK 51 NASSAU STREET CHARLESTON, SC 29403	57-0604703	501C3	0.	100,871.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARTNERSHIP COMMUNITY HEALTH CENTER - 1814 NORTH APPLETON ROAD - MENASHA, WI 54952	20-2090446	501C3	0.	100,537.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STERLING AREA HEALTH CENTER 725 E STATE STREET STERLING, MI 48659-9548	38-2205859	501C3	0.	100,194	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROOTS COMMUNITY HEALTH CENTER 9925 INTERNATIONAL BLVD #5 OAKLAND, CA 94603	26-2583954	501C3	0.	100,186	WHOLESALE PRICE	PHARMACEUTICALS 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	501C3	0.	99,811	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ATCHISON COMMUNITY HEALTH CLINIC, 1412 N 2ND STREET ATCHISON, KS 66002	26-4049382	501C3	0.	98,812	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HAMILTON HEALTH CENTER 110 S 17TH STREET HARRISBURG, PA 17104	23-1858363	501C3	0.	98,706	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE HEARTS AND HANDS CLINIC, INC. 127 NORTH COLLEGE STREET STATESBORO, GA 30458	26-4597700	501C3	0.	98,631	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ANDERSON FREE CLINIC 414 NORTH FANT STREET ANDERSON, SC 29621	57-0787584	501C3	0.	98,269	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE CLINIC 2260 MARCOLA ROAD SPRINGFIELD, OR 97477	93-1276816	501C3	0.	96,738	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SMITH MEDICAL CLINIC 116 BASKERVILL DRIVE PAWLEYS ISLAND, SC 29585	57-0786699	501C3	0.	96,692	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROWARD COMMUNITY & FAMILY 5010 HOLLYWOOD BLVD SUITE 100-B HOLLYWOOD, FL 33021	59-3489664	501C3	0.	96,519	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHEPHERD'S HOPE 2404 SOUTH TYLER LITTLE ROCK, AR 72204	20-8811505	501C3	0.	96,420	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY VOLUNTEERS IN MEDICINE 300 B LAWRENCE DRIVE WEST CHESTER, PA 19380	23-2944553	501C3	0.	94,159	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UPHAM'S CORNER HEALTH CENTER 415 COLUMBIA ROAD DORCHESTER, MA 02125	23-7211732	501C3	0.	93,445	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SETEBAID SERVICES, INC. 1157 WESTBRANCH HIGHWAY WINFIELD, PA 17889	23-2979076	501C3	0.	92,861	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KATY TRAIL COMMUNITY HEALTH CENTER 821 WESTWOOD DRIVE SEDALIA, MO 65301	43-1879853	501C3	0.	91,067	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BAPTIST MISSION CENTER 2125 EXCHANGE AVE OKLAHOMA CITY, OK 73108	73-0644143	501C3	0.	91,038	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WESTMINSTER FREE CLINIC 2103 MONTROSE AVENUE, STE. E MONTROSE, CA 91020	77-0563241	501C3	0.	90,987	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RUTH'S PLACE CLINIC 1411 CRAWFORD AVENUE GRANBURY, TX 76048	20-4594680	501C3	0.	90,402	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCK SPRINGS CLINIC 211 ROCK SPRINGS ROAD MILNER, GA 30257	26-4485460	501C3	0.	90,356	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH COUNTY COMMUNITY CLINIC 101 PINE MANOR DRIVE OAK RIDGE NORTH, TX 77385	75-2634623	501C3	0.	90,002	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LEFLORE COUNTY HEALTH CENTER 706 HWY 82 WEST, SUITE A GREENWOOD, MS 38930	20-0069223	501C3	0.	89,310	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEL LEAMAN FREE CLINIC 1583 N. MAIN STREET MARION, VA 24354	54-1993876	501C3	0.	89,086	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BROAD STREET CLINIC FOUNDATION 534 NORTH 35TH STREET MOREHEAD CITY, NC 28557	56-1853604	501C3	0.	88,880	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT DE PAUL COMMUNITY 502 GRAMMONT STREET MONROE, LA 71201	90-0014479	501C3	0.	88,591	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BETHEL FREE HEALTH CLINIC 1650 CARROL DRIVE BILOXI, MS 39531	26-1794984	501C3	0.	88,185	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CATHERINE'S HEALTH CENTER 1211 LAFAYETTE AVE NE GRAND RAPIDS, MI 49505	20-3572418	501C3	0.	87,470	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH CARE CENTER FOR THE HOMELESS - 232 NORTH ORANGE BLOSSOM TRAIL - ORLANDO, FL 32805	59-3185020	501C3	0.	86,890	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONEWORLD COMMUNITY HEALTH CENTER 4920 SOUTH 30TH STREET, STE. 103 OMAHA, NE 68107	47-0548990	501C3	0.	86,641	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS 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	501C3	0.	85,572	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HARBOR COMMUNITY CLINIC 593 W. 6TH STREET SAN PEDRO, CA 90731	23-7103245	501C3	0.	84,723	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OASIS FREE CLINICS 66 BARIBEAU DRIVE, STE. 9/10 BRUNSWICK, ME 04011	01-0497587	501C3	0.	84,657	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LA CLINICA CRISTIANA 380 WILSON LAKE SHORES MUSCLE SHOALS, AL 35661	20-1624284	501C3	0.	84,231	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TEXAS LIONS CAMP 4100 SAN ANTONIO HWY KERVILLE, TX 78028	74-1189679	501C3	0.	83,334	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF NEWTON ONE WILSON DRIVE SPARTA, NJ 07871	45-4224214	501C3	0.	83,313	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DAVID RAINES COMMUNITY HEALTH CENTE - 1625 DAVID RAINES ROAD - SHREVEPORT, LA 71107	58-2000630	501C3	0.	82,937	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
REGIONAL MEDICAL CENTER AT LUBEC 43 SOUTH LUBEC ROAD LUBEC, ME 04652	23-7146768	501C3	0.	82,184	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRAIRIE COMMUNITY HEALTH, INC. 118 N. MAIN STREET ISABEL, SD 57633	46-0348705	501C3	0.	81,944	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP NEJEDA 910 SADDLEBACK ROAD STILLWATER, NJ 07875	22-0019138	501C3	0.	81,488	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DIVERSITY HEALTH CENTER, INC. 213 NORTH MCDONALD STREET LUDOWICI, GA 31316	20-5746618	501C3	0.	80,811	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP CONRAD-CHINNOCK 4700 JENKS LAKE ROAD, EAST ANGELUS OAKS, CA 92305	95-3897543	501C3	0.	79,897	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHWEST LOUISIANA 8762 HIGHWAY 182 OPELOUSAS, LA 70570	58-2003179	501C3	0.	78,843	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH SERVICES 794 EASTLAND DR TWIN FALLS, ID 83301	82-0371093	501C3	0.	78,167	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CLINIC 103 BONNIE DRIVE BUTLER, PA 16002	20-4852135	501C3	0.	77,013	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	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	501C3	0.	76,570	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BELL GARDENS FAMILY MEDICAL CENTER 6501 SOUTH GARFIELD AVENUE BELL GARDENS, CA 90201	95-1641454	501C3	0.	76,570	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP JOSLIN 150 RICHARDSONS CORNER RD. CHARLTON, MA 01507	22-2701822	501C3	0.	76,454.	WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH ACCESS, INCORPORATED 489 WASHINGTON AVENUE CLARKSBURG, WV 26301	55-0715066	501C3	0.	76,382.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE PATIENTS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY MEDICINE PHARMACY 1131 SALUDA STREET ROCK HILL, SC 29730	57-0891008	501C3	0.	75,980.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLINICA SIERRA VISTA 1430 TRUXTUN AVENUE, SUITE 400 BAKERSFIELD, CA 93301	95-2707101	501C3	0.	75,645.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA BARBARA FOODBANK 4554 HOLLISTER AVENUE SANTA BARBARA, CA 93110	77-0169214	501C3	0.	75,158.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE PATIENTS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHWEST MICHIGAN HEALTH SERVICES, - 10767 TRAVERSE HIGHWAY - TRAVERSE CITY, MI 49684-5549	26-1779673	501C3	0.	73,913.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAYETTE CARE CLINIC 1260 HIGHWAY 54 FAYETTEVILLE, GA 30214	20-0314897	501C3	0.	73,821.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE PATIENTS	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	501C3	0.	73,602.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ARLINGTON FREE CLINIC 2921 S. 11TH STREET ARLINGTON, VA 22204	54-1671883	501C3	0.	73,521.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP SEALE HARRIS 500 CHASE PARK SOUTH, SUITE 104 BIRMINGHAM, AL 35244	63-1091899	501C3	0.	73,380.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PENOBSCOT COMMUNITY HEALTH CARE 103 MAINE AVENUE BANGOR, ME 04401	01-0514750	501C3	0.	73,334.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNIVERSAL COMMUNITY HEALTH CENTER 1005 E. WASHINGTON BLVD. #A LOS ANGELES, CA 90021	27-0600887	501C3	0.	73,207.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF CENTRAL VIRGINIA 1016 MAIN STREET LYNCHBURG, VA 24504	54-1420756	501C3	0.	73,056.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH SERVICE AGENCY 4500 WESLEY STREET GREENVILLE, TX 75401	75-1528614	501C3	0.	72,790.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LIONS CAMP MERRICK 3650 RICK HAMILTON PLACE NANJEMOY, MD 20662	52-1289731	501C3	0.	72,017.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FIRST BAPTIST MEDICAL/DENTAL 1607 CHERRY STREET VICKSBURG, MS 39181	64-0334158	501C3	0.	71,948.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
IPFW - LAFAYETTE STREET FAMILY 2700 SOUTH LAFAYETTE STREET, SUITE FT. WAYNE, IN 46805	35-6002041	501C3	0.	70,192.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LA COMUNIDAD HISPANA 731 W CYPRESS STREET KENNETT SQUARE, PA 19348	23-2041915	501C3	0.	69,690.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COSSMA, INC-CIDRA AVE. EL JIBARO, CARR 172 KM. 13.5 CIDRA, PR 00739-1330	66-0434923	501C3	0.	69,646.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LORAIN COUNTY FREE CLINIC 3323 PEARL AVENUE LORAIN, OH 44055	34-1506180	501C3	0.	69,045.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UMMA COMMUNITY CLINIC 711 WEST FLORENCE AVENUE LOS ANGELES, CA 90044	95-4666712	501C3	0.	68,286.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BRIDGES TO HEALTH 1251 WEST KEM ROAD MARION, IN 46952	20-5405181	501C3	0.	67,963.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
M-POWER MINISTRIES 4022 FOURTH AVENUE SOUTH BIRMINGHAM, AL 35222	31-1639601	501C3	0.	67,620.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN ARMS CLINIC 5252 N. MERIDIAN AVE., STE 101 OKLAHOMA CITY, OK 73112	73-1448149	501C3	0.	67,521.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH FOR ALL - ADMINISTRATION 420 I STREET, STE 7 SACRAMENTO, CA 95814	94-2747710	501C3	0.	67,339.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEER HEALTHCARE CLINIC 4215 MEDICAL PARKWAY AUSTIN, TX 78756	74-6082464	501C3	0.	66,686.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COLUMBIA RIVER COMMUNITY HEALTH SER - 450 TATONE STREET - BOARDMAN, OR 97818	20-1056268	501C3	0.	66,361.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALING HANDS MINISTRIES 8515 GREENVILLE AVENUE, SUITE N112 DALLAS, TX 75243	65-1259379	501C3	0.	66,331	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BOONE FREE MEDICAL CLINIC 703 ARDEN STREET BOONE, IA 50036	42-1428706	501C3	0.	66,312	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN DIABETES ASSOCIATION IL 55 E. MONROE ST., SUITE 3420 CHICAGO, IL 60603	13-1623888	501C3	0.	66,022	WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CROSSINGS COMMUNITY CLINIC 10255 NORTH PENN AVENUE OKLAHOMA CITY, OK 73120	86-1115863	501C3	0.	65,372	WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHIPPEWA VALLEY FREE CLINIC 816 PORTER AVENUE EAU CLAIRE, WI 54701	39-1840231	501C3	0.	65,365	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSION CITY COMMUNITY NETWORK, INC - 15206 PARTHENIA STREET - NORTH HILLS, CA 91343	95-4226189	501C3	0.	65,363	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAPE VOLUNTEERS IN MEDICINE 423 N ROUTE 9 CAPE MAY COURT HOUSE, NJ 08210	52-2257585	501C3	0.	65,273	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. LUKE'S CLINIC 132 SEYMOUR AVENUE JACKSON, MI 49202	32-0038675	501C3	0.	64,946	WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LA ESPERANZA CLINIC 1610 S. CHADBOURNE SAN ANGELO, TX 76903	74-2699762	501C3	0.	63,877	WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CENTRAL TEXAS P.O. BOX 720 WICHITA FALLS, TX 76307	75-2429644	501C3	0.	63,472.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE ROAD N NAPLES, FL 34102	59-3546884	501C3	0.	62,639.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PERSON FAMILY MEDICAL CENTER 702 NORTH MAIN STREET ROXBORO, NC 27573	58-1387324	501C3	0.	62,514.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WEST CECIL HEALTH CENTER, INC. 49 ROCK SPRINGS ROAD CONOWINGO, MD 21918	20-5860113	501C3	0.	62,081.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DENVER INDIAN HEALTH AND FAMILY 1633 FILLMORE ST. GL1 DENVER, CO 80206	84-0724261	501C3	0.	61,802.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HARM REDUCTION SERVICES 2800 STOCKTON BLVD SACRAMENTO, CA 95817	68-0300656	501C3	0.	61,770.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WELLSPACE HEALTH 5321 STOCKTON BLVD SACRAMENTO, CA 95820	94-1713704	501C3	0.	61,625.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BOND COMMUNITY HEALTH CENTER 1720 SOUTH GADSDEN STREET TALLAHASSEE, FL 32301	59-2426414	501C3	0.	61,509.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MCVN COMMUNITY DEVELOPMENT CORP 13085 CHEF MENTEUR HIGHWAY NEW ORLEANS, LA 70129	20-4929600	501C3	0.	60,941.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEARSKIN MEADOW CAMP 65000 TEN MILE ROAD KINGS CANYON NATIONAL PARK, CA 93633	94-6003673	501C3	0.	60,923	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ALBRECHT FREE CLINIC 908 WASHINGTON STREET WEST BEND, WI 53095	39-1839654	501C3	0.	60,283	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COUNTRY DOCTOR 500 19TH AVENUE E SEATTLE, WA 98112	23-7100868	501C3	0.	59,853	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AARON E HENRY 510 HIGHWAY 322 CLARKSDALE, MS 38614	64-0624495	501C3	0.	59,430	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRI-AREA COMMUNITY HEALTH 14558 DANVILLE PIKE LAUREL FORK, VA 24352	54-1112330	501C3	0.	59,204	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	501C3	0.	59,111	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GALES CREEK CAMP 1100 NE 28TH AVE. #106 PORTLAND, OR 97232	93-6010464	501C3	0.	58,995	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEDICAL MISSIONS FOR CHRIST 1974 N. BUSINESS RTE 5 CAMDENTON, MO 65020	20-3637019	501C3	0.	58,596	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE 15 NORTHRIDGE DRIVE HILTON HEAD, SC 29926	57-0959206	501C3	0.	57,497	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY COMMUNITY SERVICES 1234 PORTER STREET DETROIT, MI 48226	38-3129349	501C3	0	57,393	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP BUCK/NEVADA DIABETES ASSOCIATI - 18 STEWART STREET - RENO, NV 89501	88-0386000	501C3	0	57,259	WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HIGHLAND MEDICAL CENTER 120 JACKSON RIVER ROAD MONTEREY, VA 24465	54-1652356	501C3	0	57,022	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ARTHUR NAGEL COMMUNITY CLINIC 1116 12TH STREET #3 BANDERA, TX 78003	77-0697361	501C3	0	56,924	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHCARE NETWORK OF SOUTHWEST FLO - 1454 MADISON AVENUE - IMMOKALEE, FL 34142	59-1741277	501C3	0	56,843	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TARZANA TREATMENT CENTER 8330 RESEDA BLVD NORTHRIDGE, CA 91324	94-2219349	501C3	0	56,760	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOUNTAIN HOME CHRISTIAN CLINIC 421 WEST WADE STREET MOUNTAIN HOME, AR 72653	71-0835511	501C3	0	56,143	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTROMED SOUTH PARK CLINIC PHARMAC - 6315 SOUTH ZARZAMORA - SAN ANTONIO, TX 78211	74-1787031	501C3	0	55,127	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN CLINIC OF JACKSON CO - 293 HOSPITAL ROAD, STE. B - SYLVA, NC 28779	56-2266536	501C3	0	54,912	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INHEALTH COMMUNITY WELLNESS FREE CL - 109 EAST BLUFF STREET - BOSCOBEL, WI 53805	33-1170597	501C3	0.	54,882.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CROSS TIMBERS HEALTH CLINICS 1100 REYNOSA DELEON, TX 76444	75-2113670	501C3	0.	54,751.	WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CROSSROADS FAMILY CARE 1115 US HWY 259 SOUTH HENDERSON, TX 75654	43-2016287	501C3	0.	54,605.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KOKUA KALIHI VALLEY 2239 N. SCHOOL STREET HONOLULU, HI 96819	99-0149797	501C3	0.	54,466.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP LEO 310 "O" ST. SE TUMWATER, WA 98501	91-1676490	501C3	0.	54,405.	WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SUMTER FAMILY HEALTH CENTER 1278 N. LAFAYETTE DRIVE SUMTER, SC 29150	57-1095992	501C3	0.	54,340.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DR. GARABED A. FATTAL 425 ROBINSON STREET BINGHAMTON, NY 13904	16-6053710	501C3	0.	54,095.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CATHOLIC DIOCESE OF LITTLE ROCK 2500 N. TYLER STREET LITTLE ROCK, AR 72207	71-0236871	501C3	0.	53,902.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LACKEY CLINIC 1620 OLD WILLIAMSBURG ROAD YORKTOWN, VA 23690	54-1850915	501C3	0.	53,789.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

DIRECT RELIEF

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
COMMUNITY CLINIC OF SHELBYVILLE 200 DOVER STREET, SUITE 203 SHELBYVILLE, TN 37160	34-1974609	501C3	0.	53,586	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	501C3	0.	53,472	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BECKLEY HEALTH RIGHT 111 RANDOLPH STREET BECKLEY, WV 25801	55-0774466	501C3	0.	52,644	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY MED ASSIST 7250 NW EXPRESSWAY OKLAHOMA CITY, OK 73132	73-1360208	501C3	0.	52,212	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NATIONAL ASSOCIATION OF CHRISTIAN 7025 WEST TIDWELL ROAD, SUITE H108 HOUSTON, TX 77092	20-5077098	501C3	0.	52,173	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNION GOSPEL MISSION 3211 IRVING BLVD DALLAS, TX 75247	75-6003612	501C3	0.	52,079	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROTACARE BAY AREA, INC. 514 VALLEY WAY MILPITAS, CA 95035	77-0328723	501C3	0.	52,056	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLARA'S HOUSE 2715 K STREET, SUITE D SACRAMENTO, CA 95816	61-1591265	501C3	0.	52,054	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP BLUEBONNET 19051 FM 2484 KILLEEN, TX 76542	90-0137641	501C3	0.	52,025	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHESAPEAKE CARE, INC. 2145 SOUTH MILITARY HWY. CHESAPEAKE VA 23320	54-1642754	501C3	0.	51,986	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	501C3	0.	51,786	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HELPING HANDS CLINIC 810 HARPER AVENUE LENOIR NC 28645	56-2076541	501C3	0.	51,593	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE CLINIC OF GARLAND TEXAS 800 S. 6TH STREET, SUITE 100 GARLAND TX 75040	75-2960314	501C3	0.	51,549	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT'S HOUSE CLINIC 2817 POST OFFICE STREET CALVESTON, TX 77550	74-1384864	501C3	0.	51,206	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CROWLEY HOUSE OF HOPE CLINIC 208 N MAGNOLIA CROWLEY, TX 76036	75-2625043	501C3	0.	50,695	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RITTER CENTER 16 RITTER STREET SAN RAFAEL, CA 94901	94-2675517	501C3	0.	50,627	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
STREET LEVEL HEALTH PROJECT 3125 E 15TH STREET OAKLAND, CA 94601	56-2324355	501C3	0.	50,593	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH PARTNERS INC 3070 CRAIN HIGHWAY #101 WALDORF, MD 20601	52-1767044	501C3	0.	50,593	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAROLINA FAMILY HEALTH CENTERS 303 EAST GREEN STREET WILSON, NC 27893	58-2079819	501C3	0.	50,262	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIE PATIENTS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GLOUCESTER-MATHEWS FREE CLINIC 6031 INDUSTRIAL DRIVE GLOUCESTER, VA 23061	54-1875619	501C3	0.	50,104	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEIGHBORHOOD HEALTH 617 SOUTH 8TH STREET NASHVILLE, TN 37206	62-1032792	501C3	0.	50,007	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIE PATIENTS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MCR HEALTH SERVICES, INC. 1515 26TH AVE. EAST BRADENTON, FL 34219	59-1773262	501C3	0.	49,491	PURCHASED PRICE ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS 13275 WEST COLONIAL DRIVE WINTER GARDEN, FL 34787	59-1480970	501C3	0.	49,338	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HIGH PLAINS COMMUNITY HEALTH CENTER - 201 KENDALL DRIVE - LAMAR, CO 81052	84-1244224	501C3	0.	49,285	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SWLA CENTER FOR HEALTH SERVICES 2000 OPELOUSAS STREET LAKE CHARLES, LA 70601	72-1015384	501C3	0.	49,047	ESTIMATED WHOLESAL 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	501C3	0.	48,882	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIE PATIENTS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST LUKE COMMUNITY CLINIC 316 N ROYAL AVENUE FRONT ROYAL, VA 22630	54-1801220	501C3	0.	48,756	PURCHASED PRICE ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROBESON HEALTH CARE CORPORATION 60 COMMERCE PLAZA PEMBROKE, NC 28372	58-1622664	501C3	0.	48,740.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE MEDICAL CLINIC OF 301 N. CAMERON STREET, STE. 100 WINCHESTER, VA 22601	54-1373296	501C3	0.	48,467.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRO DE SALUD DE LARES, INC. CARRETERA 111 KM 1.9 LARES, PR 00669	66-0426506	501C3	0.	48,008.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRAL FLORIDA 4930 EAST LAKE MARY BLVD. SANFORD, FL 32771	59-1741286	501C3	0.	47,978.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH CARE FOR THE HOMELESS 421 FALLSWAY BALTIMORE, MD 21202	52-1576404	501C3	0.	47,798.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMPASSIONATE CARE OF SHELBY COUNTY - 124 NORTH OHIO AVENUE - SIDNEY, OH 45365	20-8479583	501C3	0.	47,587.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GAIN, INC 712 W 3RD STREET LITTLE ROCK, AR 72201	71-0763418	501C3	0.	47,384.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MERCY MEDICAL CLINIC 300 ARLINGTON DRIVE VIDALIA, GA 30474	27-1107136	501C3	0.	47,293.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ONE80 PLACE 35 WALNUT STREET CHARLESTON, SC 29403	57-0789483	501C3	0.	47,057.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAMBO MEMORIAL HEALTH CENTER 711 MAIN STREET ZANESVILLE, OH 43701	20-8814374	501C3	0.	46,871.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRISTIAN HEALTH CENTER, INC. 1115 FAIRVIEW ROAD CAMDEN, AR 71701	71-0804142	501C3	0.	46,613.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEW HEIGHTS CLINIC 8000 NE 58TH AVENUE VANCOUVER, WA 98665	91-2009672	501C3	0.	46,073.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. MARTIN'S HEALTHCARE SERVICES 1359 SOUTH RANDOLPH STREET GARRETT, IN 46738	20-8609620	501C3	0.	46,047.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COASTAL FAMILY HEALTH CENTER 1025 A DIVISION STREET BILOXI, MS 39530	64-0592416	501C3	0.	45,965.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRINITY CLINIC OF CALVIN 507 4TH STREET CALVIN, OK 74531	62-0535346	501C3	0.	45,291.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TENNESSEE CAMP FOR DIABETIC CHILDRE - 2262 LEE PIKE - SODDY DAISY, TN 37379	62-6020901	501C3	0.	44,765.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEW HOPE SERVICES, INC. 1302 WALL STREET JEFFERSONVILLE, IN 47130	35-1022158	501C3	0.	44,512.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PINK THE BASIN, INC. 12000 W. HWY 80 E ODESSA, TX 79765	45-4966937	501C3	0.	44,460.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOPLIN COMMUNITY CLINIC 701 S. JOPLIN STREET JOPLIN, MO 64801	43-1643962	501C3	0.	44,421	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAMARITAN HOMELESS CLINIC 921 SOUTH EDWIN C MOSES BLVD DAYTON, OH 45417	13-1053698	501C3	0.	44,264	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SUMTER UNITED MINISTRIES 36 ARTILLERY DRIVE SUMTER, SC 29150	57-0988602	501C3	0.	44,234	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAN JOSE FOOTHILL FAMILY COMMUNITY 2680 SOUTH WHITE RD., SUITE 170 SAN JOSE, CA 95148	77-0440944	501C3	0.	44,071	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KEVIN'S COMMUNITY CENTER 153 SOUTH MAIN STREET NEWTOWN, CT 06470	61-1436909	501C3	0.	43,792	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE HEALTH CLINIC 1025 SANIBEL WAY, SUITE E LAGRANGE, KY 40031	45-2340606	501C3	0.	43,775	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ISLANDS COMMUNITY MEDICAL SERVICES 15 MEDICAL CENTER LOOP VINALHAVEN, ME 04863	01-6012835	501C3	0.	43,697	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP AZDA 5333 N. 7TH ST., B212 PHOENIX, AZ 85014	13-1623888	501C3	0.	43,623	WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH CARE OF NORTHWEST OHI - 1052 S. WASHINGTON STREET - VAN WERT, OH 45891	34-1977316	501C3	0.	43,560	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCRANTON PRIMARY HEALTH CARE CENTER - 959 WYOMING AVENUE - SCRANTON, PA 18509	23-2024511	501C3	0.	42,915.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PORTLAND COMMUNITY FREE CLINIC 103 INDIA STREET PORTLAND, ME 04101	46-2965702	501C3	0.	42,911.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHEAST MISSISSIPPI HEALTH CARE, 12 EAST BRUNSWICK AVE., BYHALIA, MS 38611	64-0620763	501C3	0.	42,769.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH COUNTY HEALTH SERVICES 150 VALPREDA ROAD SAN MARCOS, CA 92069	95-2847102	501C3	0.	42,308.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BERGEN VOLUNTEER MEDICAL 241 MOORE STREET #101 HACKENSACK, NJ 07601	20-2633437	501C3	0.	42,231.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP STIX DIABETES PROGRAMS 11922 S PLAYER DR., SPOKANE, WA 99223	91-2077207	501C3	0.	42,180.	WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MIAMI RESCUE MISSION CLINIC 2015 N.W. 1ST AVENUE MIAMI, FL 33127	45-1481860	501C3	0.	42,175.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1596731	501C3	0.	42,036.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TOMAGWA HEALTHCARE MINISTRIES 455 SCHOOL STREET SUITE 30 TOMBALL, TX 77375	76-0280324	501C3	0.	41,822.	WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARE SOUTH CAROLINA, INC. 201 SOUTH 5TH STREET HARTSVILLE, SC 29550	57-0664826	501C3	0.	41,659	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLINICA DE SALUD DEL VALLE 440 AIRPORT BLVD., STE. A SALINAS, CA 93905	94-2652757	501C3	0.	41,621	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WESTSIDE FAMILY HEALTH CENTER 1711 OCEAN PARK BLVD SANTA MONICA, CA 90405	95-2931931	501C3	0.	41,474	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CRESCENT COMMUNITY HEALTH CENTER 1789 ELM STREET DUBUQUE, IA 52001	48-1302204	501C3	0.	41,121	WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SALUD FAMILY HEALTH CENTERS 203 SOUTH ROLLIE AVE FORT LUPTON, CO 80621	84-0613540	501C3	0.	40,857	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LONE STAR COMMUNITY HEALTH CENTER 605 S. CONROE MEDICAL DR. CONROE, TX 77304	30-0038860	501C3	0.	40,764	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GET UP PROJECT 12221 RENFERT WAY, SUITE 200 AUSTIN, TX 78758	45-4931906	501C3	0.	40,629	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP ADAM FISHER 8001 M W RICKENBAKER ROAD SUMMERTON, SC 29148	54-2101275	501C3	0.	40,308	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH WORK 1543 MCGINNIS STREET ALEXANDRIA, LA 71301	72-1444312	501C3	0.	39,089	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

DIRECT RELIEF

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
FREE MEDICAL CLINIC OF DARLINGTON 203 GROVE STREET DARLINGTON, SC 29532	58-2445265	501C3	0.	38,982	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE MEDICAL CLINIC OF OAK RIDGE, 116 EAST DIVISION ROAD OAK RIDGE, TN 37830	90-0715369	501C3	0.	38,791	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP LAKOTA 3834 COUNTY ROAD A ROSHOLT, WI 54473	13-1623888	501C3	0.	38,469	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRACE OUTREACH TO HEALTH 837 EAST WALNUT STREET GRAPEVINE, TX 76051	75-2195702	501C3	0.	38,163	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MANNA MEDICAL CLINIC 120 STREET A, SUITE A PICAYUNE, MS 39466	20-1788094	501C3	0.	38,080	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHARLOTTEVILLE FREE CLINIC 1138 ROSE HILL DRIVE, STE. 200 CHARLOTTEVILLE, VA 22903	54-1610405	501C3	0.	37,792	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP JOHN WARVEL 8604 ALLISONVILLE ROAD INDIANAPOLIS, IN 46250	13-1623888	501C3	0.	37,658	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FORDLAND CLINIC, INC 1059 BARTON DRIVE FORDLAND, MO 65652	43-1791656	501C3	0.	37,432	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARTNERSHIP HEALTH CENTER 401 WEST RAILROAD STREET MISSOULA, MT 59802	36-3843543	501C3	0.	37,174	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENNSYLVANIA BREAST CANCER COALITIO - 2397 QUENTIN ROAD, SUITE B - LEBANON, PA 17042	25-1722323	501C3	0.	37,050.	ESTIMATED WHOLESALE PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN CLINIC 136 EAST PLYMOUTH AVENUE DELAND, FL 32724	30-0408193	501C3	0.	36,640.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SACRED HEART COMMUNITY CLINIC 620 ROUND ROCK WEST DR. BLD #8 ROUND ROCK, TX 78681	27-2901548	501C3	0.	36,312.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAMUEL DIXON FAMILY HEALTH CENTER 30257 SAN MARTINEZ ROAD CASTAIC, CA 91384	95-4278726	501C3	0.	36,076.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRAL MISSOURI DIABETIC 5190 W HATTON CHAPEL ROAD COLUMBIA, MO 65202	43-0983917	501C3	0.	35,843.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE COMMUNITY FREE CLINIC 528 A LAKE CONCORD ROAD CONCORD, NC 28025	58-2131301	501C3	0.	35,597.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP VICTORY 2424 EDENBORN AVENUE, SUITE 660 METAIRIE, LA 70001	13-1623888	501C3	0.	35,383.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ATENAS COMMUNITY HEALTH CENTER INC. - CARRETERA NUMERO 2 KM. 50.1 - MANATI, PR 00674	66-0730779	501C3	0.	35,217.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE FREE CLINIC OF ROME 101 B JOHN MADDOX DRIVE ROME, GA 30165	20-5296305	501C3	0.	35,131.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHEELING HEALTH RIGHT 61-29TH STREET WHEELING, WV 26003	31-1149085	501C3	0.	34,411.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH OF SOUTH FLORIDA 10300 SW 216TH STREET MIAMI, FL 33190	59-1372690	501C3	0.	34,383.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAMARITAN HOUSE 114 FIFTH AVENUE REDWOOD CITY, CA 94063	23-7416272	501C3	0.	34,110.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAKE COUNTY PUBLIC HEALTH 922 BEVINS CT. LAKEPORT, CA 95453	94-6000825	GOVERNMENT ENTIT	0.	34,087.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEND MEDICAL CLINIC 10641 N SAN FERNANDO RD PACOIMA, CA 91331	23-7306337	501C3	0.	34,035.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MID DELTA HEALTH SYSTEMS 245 MADISON STREET CLARENDON, AR 72029	71-0638760	501C3	0.	33,778.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH CENTERS 2232 GRAND AVENUE PHARMACY FORT MYERS, FL 33901	59-1741273	501C3	0.	33,385.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP ASPIRE 809 FIVE-POINTS ROAD RUSH, NY 14543	13-1623888	501C3	0.	33,218.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. GABRIEL EASTSIDE 5760 MONTICELLO STREET ST. GABRIEL, LA 70776	72-1241592	501C3	0.	32,544.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFER ALTERNATIVES 8015 FREEPOR BLVD. SACRAMENTO, CA 95832	94-3390723	501C3	0.	32,509.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEARTLAND HEALTH OUTREACH 4121 WEST LAKE STREET CHICAGO, IL 60624	36-3775696	501C3	0.	32,452.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP COLORADO 2460 WEST 26TH AVE. SUITE 500C DENVER, CO 80211	13-1623888	501C3	0.	32,386.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARING HEARTS FREE CLINIC 835 WOODLAND DRIVE, SUITE 101 STUART, VA 24171	14-1909014	501C3	0.	32,083.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GEORGIA FARMWORKER HEALTH PROGRAM 920 SOUTH WEST STREET BAINBRIDGE, GA 39819	58-6000359	GOVERNMENT ENTIT	0.	31,625.	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	501C3	0.	31,512.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DYF - KAISER 5167 CLAYTON ROAD, SUITE F CONCORD, CA 94521	94-6003673	501C3	0.	31,345.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEDICAL ASSOCIATES PLUS 2467 GOLDEN CAMP ROAD AUGUSTA, GA 30906	31-1591242	501C3	0.	31,309.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TENNESSEE CAMP FOR DIABETIC CHILDRE - 1854 JOSEPH TERRACE - HIKSON, TN 37343	62-6020901	501C3	0.	31,177.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NEIGHBORHOOD CHRISTIAN CLINIC 1929 W. FILLMORE PHOENIX, AZ 85009	86-0839580	501C3	0.	31,175.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE CENTER FOR COURAGEOUS KIDS 1501 BURNLEY RD SCOTTSVILLE, KY 42164	20-1789905	501C3	0.	30,922.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF CULPEPER 610 LAUREL STREET, SUITE 3 CULPEPER, VA 22701	52-1366700	501C3	0.	30,762.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOMELESS HEALTH CARE CENTER 730 EAST 11TH STREET CHATTANOOGA, TN 37403	62-6000636	501C3	0.	30,398.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DR. GARY BURNSTEIN COMMUNITY 45580 WOODWARD AVENUE PONTIAC, MI 48341	32-0015321	501C3	0.	30,264.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KEYSTONE DIABETIC KIDS CAMP 58 CAMP VICTORY ROAD MILLVILLE, PA 17846	23-2481065	501C3	0.	30,176.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP KORELITZ 4555 LAKE FOREST DR., STE 396 CINCINNATI, OH 45242	13-1623888	501C3	0.	30,173.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP HERTKO HOLLOW 501 GRAND AVE DES MOINES, IA 50309	76-0717999	501C3	0.	30,085.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHARE OUR SELVES FREE MEDICAL 1550 SUPERIOR AVENUE COSTA MESA, CA 92627	95-3222316	501C3	0.	30,066.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANTLERS FIRST BAPTIST CHURCH FREE 208 NE B STREET ANTLERS, OK 74523	73-1092316	501C3	0.	29,903	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SISKIYOU COMMUNITY HEALTH CLINIC 1701 NW HAWTHORNE AVE GRANTS PASS, OR 97526	93-0628804	501C3	0.	29,902	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MONMOUTH FAMILY HEALTH CENTER 270 BROADWAY LONG BRANCH, NJ 07740	20-0547132	501C3	0.	29,858	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SHEPHERD FREE MEDICAL CLINIC 307 NORTH BROAD STREET CLINTON, SC 29325	57-0996466	501C3	0.	29,566	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JWCH INSTITUTE, INC. 5650 JILLSON STREET COMMERCE, CA 90040	95-2289916	501C3	0.	29,187	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WILLIAM F. RYAN COMMUNITY HEALTH CE - 110 WEST 97TH STREET - NEW YORK, NY 10025	13-2884976	501C3	0.	29,155	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH ALLIANCE 1055 S. WELLS AVENUE RENO, NV 89502	88-0293149	501C3	0.	29,135	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KOREAN COMMUNITY SERVICES 7212 ORANGETHORPE AVE, SUITE 9A BUENA PARK, CA 90621	95-3245254	501C3	0.	28,835	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DIABETES YOUTH SERVICES 5871 MONCLOVA ROAD MAUMEE, OH 43537	34-1967194	501C3	0.	28,755	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP CAROLINA TRAILS 2418 BLUE RIDGE RD. SUITE 206 RALEIGH, NC 27607	13-1623888	501C3	0	28,621	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRIST COMMUNITY FREE CLINIC 1 A STREET NW AUBURN, WA 98002	20-3849881	501C3	0	28,468	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP NEW HORIZONS NORTH AND SOUTH 4100 ALPHA RD. #100 DALLAS, TX 75244	13-1623888	501C3	0	28,423	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ACCESS HEALTH LOUISIANA 843 MILLING AVENUE LULING, LA 70070	47-0852944	501C3	0	28,071	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHREACH COMMUNITY 10 WATER STREET, SUITE 305 WATERVILLE, ME 04901	01-6023664	501C3	0	28,043	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP SWEET ESCAPE 1120 15TH ST., BLDG. 1014 (DUGAS) AUGUSTA, GA 30912	47-1776514	501C3	0	27,615	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD HEALTH CLINIC 91555 OVERSEAS HIGHWAY, #2 TAVERNIER, FL 33070	04-3745805	501C3	0	27,352	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EAST BAY COMMUNITY ACTION PROGRAM 6 JOHN H. CHAFFEE BLVD. NEWPORT, RI 02840	05-0310024	501C3	0	27,315	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROANOKE CHOWAN 120 HEALTH CENTER ROAD AHOSKIE, NC 27910	42-1638714	501C3	0	26,731	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

DIRECT RELIEF
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
KNOX COUNTY HEALTH CLINIC 22 WHITE STREET ROCKLAND, ME 04841	01-0528885	501C3	0.	26,614.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HARRISONBURG/ROCKINGHAM FREE CLINIC - 25 WEST WATER STREET - HARRISONBURG, VA 22801	54-1568909	501C3	0.	26,395.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
METROPOLITAN COMMUNITY HEALTH SERVI - 120 W. MARTIN LUTHER KING DR. - WASHINGTON, NC 27899	56-2143419	501C3	0.	26,106.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP CAREFREE 154 LIONS CAMP PRIDE WAY NEW DURHAM, NH 03855	13-1623888	501C3	0.	26,050.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOMMY HAS BREAST CANCER 1990 JESSE LANE CINCINNATI, OH 45224	45-4018762	501C3	0.	25,935.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTER OF RICHMOND - 235 PORT RICHMOND AVENUE - STATEN ISLAND, NY 10302	51-0567466	501C3	0.	25,856.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COWETA SAMARITAN CLINIC 137 JACKSON STREET NEWNAN, GA 30263	80-0518912	501C3	0.	25,806.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH PARTNERS OF WESTERN OHIO 441 EAST 8TH STREET LIMA, OH 45804	56-2330309	501C3	0.	25,543.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP HAMWI 1100 DENNISON AVE COLUMBUS, OH 43201	31-6054100	501C3	0.	25,529.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKE COUNTY FREE CLINIC 54 S. STATE STREET, SUITE 302 PAINESVILLE, OH 44077	34-1081191	501C3	0.	25,528.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PREMIER COMMUNITY HEALTHCARE 37912 CHURCH AVENUE DADE CITY, FL 33525	59-1964612	501C3	0.	25,497.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	26-3302837	501C3	0.	25,360.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HAPPY VALLEY MEDICAL CENTER 4329 COLLETTVILLE ROAD COLLETTVILLE, NC 28611	59-1756933	501C3	0.	25,222.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PANTHER DAY CAMP 2423 - 172ND PL SE BOTHELL, WA 98012-6515	91-1192064	501C3	0.	25,018.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRISTIAN COMMUNITY CARE CLINIC 220 W. SOUTH STREET BENTON, AR 72015	71-0829146	501C3	0.	24,978.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WEST PLAINS CHRISTIAN CLINIC 1115 ALASKA ST., SUITE 212 WEST PLAINS, MO 65775	27-1307333	501C3	0.	24,758.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CALCASIEU PARISH HUMAN SERVICES 2001 MOELING STREET LAKE CHARLES, LA 70601	72-6000234	GOVERNMENT ENTIT	0.	24,699.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HORIZON HEALTH CENTER 714 BERGEN AVE # 714 JERSEY CITY, NJ 07306-4802	22-1831695	501C3	0.	24,549.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHESDA FREE HEALTH CLINIC 6912 B N. WASHINGTON AVENUE OCEAN SPRINGS, MS 39564	27-3534168	501C3	0.	24,514.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN YOUTH UNDERSTANDING 1700 N MOORE ST., SUITE 2000 ARLINGTON, VA 22209	52-2006333	501C3	0.	24,177.	WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INNIS COMMUNITY HEALTH CENTER 6450 LA HIGHWAY 1 INNIS, LA 70747	72-1505179	501C3	0.	24,131.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP HOPE, INC. 3920 WEST 45TH ST. CASPER, WY 82604	83-0322643	501C3	0.	24,042.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF SIMI VALLEY 2060 TAPO STREET SIMI VALLEY, CA 93063	23-7108154	501C3	0.	23,824.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MATAGORDA EPISCOPAL 101 AVENUE F NORTH BAY CITY, TX 77414	20-0537948	501C3	0.	23,736.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CATAHOULA PARISH HOSPITAL DISTRICT 307 CHISUM STREET SICILY ISLAND, LA 71368	72-0838896	501C3	0.	23,720.	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	501C3	0.	23,677.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GALVESTON COUNTY HEALTH DISTRICT 9850-A EMMETT F. LOWRY EXPY TEXAS CITY, TX 77591	76-0619014	501C3	0.	23,646.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY HEALTH PARTNERSHIP CLINIC 401 CONGRESS PARKWAY CRYSTAL LAKE, IL 60014	36-4277029	501C3	0.	23,569.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SABAN FREE CLINIC 8405 BEVERLY BLVD. LOS ANGELES, CA 90048	95-2539105	501C3	0.	23,444.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BIGHORN VALLEY HEALTH CENTER 501 MAIN STREET ASHLAND, MT 59003	27-3113428	501C3	0.	23,366.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAIRVIEW COMMUNITY HEALTH CENTER 615 7TH AVE. BOWLING GREEN, KY 42101	61-1386859	501C3	0.	23,327.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE 190 N PENNSYLVANIA AVE WILKES BARRE, PA 18702	20-3531527	501C3	0.	23,288.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE OPEN DOOR CLINIC 130 WEST CENTRAL CHIPPEWA FALLS, WI 54729	20-3673759	501C3	0.	23,160.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP SIOUX 8000 WEST 78TH ST, SUITE 175 EDINA, MN 55439	13-1623888	501C3	0.	23,134.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
URBAN HEALTH AND WELLNESS 497 WINN WAY DECATUR, GA 30030	27-0000606	501C3	0.	22,973.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TECHE ACTION CLINIC 1115 WEBER STREET FRANKLIN, LA 70538	72-6073441	501C3	0.	22,909.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

DIRECT RELIEF

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
CHRISTIAN CLINIC OF HOWARD COUNTY 100 S. MAIN STREET NASHVILLE, AR 71852	20-5772465	501C3	0.	22,858	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ANN SILVERMAN COMMUNITY HEALTH CLIN - 595 W. STATE STREET - DOYLESTOWN, PA 18901	23-2892823	501C3	0.	22,788	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP EARTHWORKS 2833 E. BATTLEFIELD B-100 SPRINGFIELD, MO 65804	13-1623888	501C3	0.	22,721	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MERCY HOUSING NORTHWEST 2505 THIRD AVENUE, SUITE 204 SEATTLE, WA 98121	91-1546525	501C3	0.	22,720	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT DE PAUL CHARITABLE PHAR - 2033 FISH HATCHERY ROAD - MADISON, WI 53725	39-0824876	501C3	0.	22,707	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WHITE BIRD CLINIC 341 E. 12TH AVENUE EUGENE, OR 97401	93-0585814	501C3	0.	22,596	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	501C3	0.	22,577	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	501C3	0.	22,527	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE 1039 SOUTH DUCHESNE ST, CHARLES, MO 63301	43-1791543	501C3	0.	22,299	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMISTAD COMMUNITY HEALTH CENTER 1533 SOUTH BROWNLEE AVENUE CORPUS CHRISTI, TX 78404	20-3008507	501C3	0.	22,194.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
A COMMUNITY CLINIC, INC. 344 MARKET STREET SUNBURY, PA 17801	20-4051982	501C3	0.	22,167.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SERVE THE PEOPLE COMMUNITY 1206 EAST 17TH STEET, SUITE 101 SANTA ANA, CA 92701	27-0421556	501C3	0.	22,023.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	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	501C3	0.	22,017.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PEOPLE'S CENTER HEALTH SERVICES 425 20TH AVENUE SOUTH MINNEAPOLIS, MN 55454	41-0982430	501C3	0.	21,932.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP HO MITA KODA 14040 AUBURN RD. NEWBURY, OH 44065	34-0762558	501C3	0.	21,713.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP NEW DAY 1400 COULTER STREET AMARILLO, TX 79106	75-2668014	501C3	0.	21,685.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP STRONG 3200 CANYON DRIVE LOS ANGELES, CA 90068	13-1623888	501C3	0.	21,668.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE WELLNESS PLAN 2888 W GRAND BLVD DETROIT, MI 48202	38-2008890	501C3	0.	21,622.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIABETES CAMP OF WV, INC. 735 GREEN VALLEY DRIVE ST. ALBANS, WV 25177	55-0738182	501C3	0.	21,614	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HYNDMAN AREA HEALTH CENTER 144 FIFTH AVENUE HYNDMAN, PA 15545	25-1343824	501C3	0.	21,198	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHCARE FOR THE HOMELESS 1934 CAROLINE STREET HOUSTON, TX 77002	76-0647934	501C3	0.	21,071	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP RAINBOW / AMERICAN DIABETES 7670 WOODWAY DR., SUITE 230 HOUSTON, TX 77063	13-1623888	501C3	0.	20,949	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ACCESS CARROLL 10 DISTILLERY DRIVE, STE 200 WESTMINSTER, MD 21157	20-2146701	501C3	0.	20,922	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHURCH HEALTH CENTER OF MEMPHIS, IN - 1210 PEABODY AVENUE - MEMPHIS, TN 38104	58-1716113	501C3	0.	20,853	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SEATTLE INDIAN HEALTH BOARD 611 12TH AVENUE S SEATTLE, WA 98144	91-0869056	501C3	0.	20,824	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP HOPEWELL 24 CR 231 OXFORD, MS 38655	23-6393377	501C3	0.	20,723	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RANDOLPH FAMILY HEALTH CARE AT MERC - 1831 N FAYETTEVILLE STREET - ASHEBORO, NC 27203	56-1799394	501C3	0.	20,565	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARE SOUTH 3140 FLORIDA BLVD. BATON ROUGE, LA 70806	72-1395500	501C3	0.	20,550.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COASTAL HEALTH ALLIANCE 65 THIRD STREET, SUITE 21 POINT REYES STATION, CA 94956	68-0172541	501C3	0.	20,369.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WASATCH HOMELESS HEALTH CARE 409 WEST 400 SOUTH SALT LAKE CITY, UT 84101	87-0569356	501C3	0.	20,246.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH AND HOPE MEDICAL OUTREACH 1911 COOKS HILL ROAD CENTRALIA, WA 98531	27-4432389	501C3	0.	20,128.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
APICHA COMMUNITY HEALTH CENTER 400 BROADWAY, 4TH FLOOR NEW YORK, NY 10013	13-3706365	501C3	0.	20,123.	PURCHASED PRICE 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	501C3	0.	19,827.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CITY ON A HILL 2224 WEST KILBOURN AVENUE MILWAUKEE, WI 53233	39-2017873	501C3	0.	19,808.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CALDWELL COUNTY FREE CLINIC 206 WEST MAIN STREET PRINCETON, KY 42445	61-1316804	501C3	0.	19,791.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MANTACHIE RURAL HEALTH CARE 5681 HIGHWAY 363 MANTACHIE, MS 38855	64-0646692	501C3	0.	19,626.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP PLANET D 6900 COLLEGE BLVD OVERLAND PARK, KS 66211	44-0605373	501C3	0.	19,558	ESTIMATED	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROLETTE COUNTY PUBLIC HEALTH 211 1ST AVENUE NE ROLLA, ND 58367	02-0761623	GOVERNMENT ENTIT	0.	19,477	ESTIMATED	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH CARE NETWORK 904 STATE STREET RACINE, WI 53404	42-1299913	501C3	0.	19,379	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROANE COUNTY FAMILY HEALTH CARE 146 WILLIAMS DRIVE SPENCER, WV 25276	55-0627933	501C3	0.	19,374	ESTIMATED	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ESCAMBIA COMMUNITY CLINICS, INC. 2200 NORTH PALAFOX STREET PENSACOLA, FL 32501	59-3105246	501C3	0.	19,249	ESTIMATED	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
IBERIA COMPREHENSIVE 806 JEFFERSON TERRACE BLVD NEW IBERIA, LA 70560	58-2164455	501C3	0.	19,195	ESTIMATED	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BEAUFORT-JASPER HAMPTON 721 OKATIE HWY 170 RIDGELAND, SC 29936	57-0523586	501C3	0.	19,164	ESTIMATED	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INTERIOR COMMUNITY HEALTH CENTER 1606 23RD AVENUE FAIRBANKS, AK 99701	92-0147354	501C3	0.	19,164	ESTIMATED	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAS ISLAS MEDICAL GROUP 2400 SOUTH C STREET OXNARD, CA 93033	77-0285222	501C3	0.	19,161	ESTIMATED	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COPE CENTER, INC. 3686 US HWY 331 SOUTH DEFUNIAK SPRINGS, FL 32435	59-1469145	501C3	0.	19,102	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SU CLINICA FAMILIAR 1706 TREASURE HILLS BLVD HARLINGEN, TX 78550	74-2357970	501C3	0.	18,908	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY ORIENTED PRIMARY HEALTH 251 NORTH BAYOU STREET MOBILE, AL 36603	63-6001641	GOVERNMENT ENTIT	0.	18,908	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FRANKLIN PRIMARY HEALTH CENTER 1303 DR. MARTIN LUTHER KING JR. AV MOBILE, AL 36603	63-0695975	501C3	0.	18,908	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CACHE VALLEY CHC PHARMACY 1515 NORTH 400 EAST #104 NORTH LOGAN, UT 84341	87-0269232	501C3	0.	18,782	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EDWARD R. LEAHY JR. CENTER 800 LINDEN STREET SCRANTON, PA 18510	24-0795495	501C3	0.	18,725	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRACE MEDICAL CLINIC 211 SOUTH 8TH STREET MAYFIELD, KY 42066	61-1351519	501C3	0.	18,553	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
STEPHEN F. AUSTIN COMMUNITY HEALTH 218 E. HOUSE STREET ALVIN, TX 77511	41-2273820	501C3	0.	18,320	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMWELL HEALTH PO BOX 227 NEWTON GROVE, NC 28366-0227	58-1319204	501C3	0.	18,274	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIS DUDLEY CAMP 6191 WITZEL ROAD SE SALEM, OR 97317	80-0276022	501C3	0.	18,268.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP MIDICHA - CAMP COPNECONIC 10407 NORTH FENTON RD. FENTON, MI 48430	13-1623888	501C3	0.	18,250.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP EDI 13528 STATE HWY AA POTOSI, MO 63664	13-1623888	501C3	0.	18,245.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DOWNRIVER COMMUNITY SERVICES 555 ST. CLAIR RIVER DRIVE ALGONAC, MI 48001	38-2080825	501C3	0.	18,180.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP KANDU 800 AVERY BLVD, SUITE 100 (BACK OF RIDGELAND, MS 39157	23-7262987	501C3	0.	18,102.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DETAR VOLUNTEER SERVICES, INC. 605 EAST SAN ANTONIO STREET VICTORIA, TX 77901	74-2865303	501C3	0.	17,784.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNITED AMERICAN INDIAN INVOLVEMENT 1125 W. SIXTH STREET, STE. 103 LOS ANGELES, CA 90017	95-2917933	501C3	0.	17,406.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FLORIDA COMMUNITY HEALTH CENTERS 4450 SOUTH TIFFANY DRIVE WEST PALM BEACH, FL 33407	59-1671640	501C3	0.	17,362.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS OF PINELLA - 1344 22ND ST. SOUTH - ST. PETERSBURG, FL 33712	59-2097521	501C3	0.	17,227.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIABETES YOUTH FOUNDATION OF INDIAN - 817 S. TIBBS AVE. - INDIANAPOLIS, IN 46241	35-1783933	501C3	0.	17,226	WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP HENDON/KENTUCKY DIABETES CAMP 6003 PLEASANT COLONY COURT, SUITE CRESTWOOD, KY 40014	27-3619275	501C3	0.	17,126	WHOLESALE PRICE	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	501C3	0.	16,998	WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BULLHOOK COMMUNITY HEALTH CENTER, 521 4TH STREET HAVRE, MT 59501	20-5970239	501C3	0.	16,947	WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARE CLINIC 239 ROBESON STREET FAYETTEVILLE, NC 28301	56-1837010	501C3	0.	16,945	WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP FLOYD ROGERS 7205 WEST CENTER RD. #104 OMAHA, NE 68124	47-0592289	501C3	0.	16,797	WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARTNERS FOR HEALING 109 W. BLACKWELL STREET TULLAHOMA, TN 37388	62-1834800	501C3	0.	16,657	WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP DISCOVERY 608 W. DOUGLAS, SUITE 100 WICHITA, KS 67203	13-1623888	501C3	0.	16,229	WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OKLAHOMA MENTAL HEALTH COUNCIL 4400 N. LINCOLN BLVD OKLAHOMA CITY, OK 73105	73-6111618	501C3	0.	16,183	WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

DIRECT RELIEF

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
CHARLES DREW HEALTH CENTER 2915 GRANT STREET OMAHA, NE 68111	47-0666715	501C3	0.	16,170.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ZUFALL HEALTH CENTER 18 WEST BLACKWELL DOVER, NJ 07801	22-3125397	501C3	0.	16,154.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TREE OF LIFE MEDICAL MISSIONS, INC. - 1970 UNIVERSITY AVENUE - RIVERSIDE, CA 92507	46-1660806	501C3	0.	16,042.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BMC/ADA CAMP MONTANA 130 TRINITY TRAIL FISHTAIL, MT 59028	13-1623888	501C3	0.	16,028.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ASHLAND COMMUNITY HEALTH CENTER 501 MAIN ASHLAND, MT 59003	81-0512837	501C3	0.	15,796.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HONG HEALTH ALLIANCE 6000 J STREET SACRAMENTO, CA 95819-6117	68-0350323	501C3	0.	15,687.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHASTA COMMUNITY HEALTH CENTER 1035 PLACER STREET REDDING, CA 96001	68-0165855	501C3	0.	15,565.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTER 606 N. MINNESOTA AVENUE, SUITE 1 HASTINGS, NE 68901	47-0378779	501C3	0.	15,552.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EL PROYECTO DEL BARRIO 8902 WOODMAN AVENUE ARLETA, CA 91331	95-2662606	501C3	0.	15,548.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRING BRANCH 800 W. SAM HOUSTON PKWY S HOUSTON, TX 77042	30-0198705	501C3	0.	15,485.	WHOLESALE PRICE PURCHASED PRICE ESTIMATED	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF OUR TOWNS 212 GAMBLE STREET DAVIDSON, NC 28036	56-1927067	501C3	0.	15,454.	WHOLESALE PRICE ESTIMATED	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP NEEDLES IN THE PINES 2150 HERBERT COURT GREENVILLE, NC 27834	23-7138921	501C3	0.	15,324.	WHOLESALE PRICE ESTIMATED	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LANAI COMMUNITY HEALTH CENTER 333 SIXTH STREET LANAI CITY, HI 96763	20-2509287	501C3	0.	15,226.	WHOLESALE PRICE ESTIMATED	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HELENA INDIAN ALLIANCE LEO POCHA CL - 501 EUCLID AVENUE - HELENA, MT 59601	81-0304870	501C3	0.	15,170.	WHOLESALE PRICE PURCHASED PRICE ESTIMATED	PHARMACEUTICALS PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE GAUTIER 2550 INDIAN POINT PARKWAY GAUTIER, MS 39553	26-4357709	501C3	0.	14,928.	WHOLESALE PRICE ESTIMATED	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRACE CLINICS OF OHIO, INC. 40 S. FRANKLIN STREET DELAWARE, OH 43015	27-0415624	501C3	0.	14,924.	WHOLESALE PRICE ESTIMATED	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOUNTAIN HEALTH & COMMUNITY SERVICE - 31115 HIGHWAY 94 - CAMPO, CA 91906	33-0164420	501C3	0.	14,882.	WHOLESALE PRICE PURCHASED PRICE ESTIMATED	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CANCER SUPPORT COMMUNITY ARIZONA 360 EAST PALM LANE PHOENIX, AZ 85004	86-0897810	501C3	0.	14,820.	WHOLESALE PRICE ESTIMATED	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COALITION OF HISPANIC WOMEN 650 MINNESOTA AVENUE KANSAS CITY, KS 66101	48-1230884	501C3	0.	14,820	ESTIMATED WHOLESALE PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GLORIA GEMMA BREAST CANCER RESOURCE - 249 ROOSEVELT AVENUE, SUITE 201 - PAWTUCKET, RI 02860	13-4283582	501C3	0.	14,820	ESTIMATED WHOLESALE PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TINA'S TREASURES AT HONORHEALTH 10460 N 92ND STREET, SUITE 100 SCOTTSDALE, AZ 85258	86-0181654	501C3	0.	14,820	ESTIMATED WHOLESALE PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP SUGAR FALLS/CAMP WIDJIWAGAN 220 GREAT CIRCLE ROAD, SUITE 134 NASHVILLE, TN 37228	13-1623888	501C3	0.	14,526	ESTIMATED WHOLESALE PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP T. FRANK SOLES YMCA 134 CAMP SOLES LANE ROCKWOOD, PA 15557	13-1623888	501C3	0.	14,445	ESTIMATED WHOLESALE PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OUTLOOK HEALTH SERVICES 11725A STINSON AVENUE CHISAGO CITY, MN 55013	41-1707647	501C3	0.	14,443	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TEMPLE COMMUNITY FREE CLINIC, INC. 1905 CURTIS B ELLIOTT DRIVE TEMPLE, TX 76501	74-2634500	501C3	0.	14,014	ESTIMATED WHOLESALE PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRI CITY HEALTH PARTNERSHIP 318 WALNUT STREET ST. CHARLES, IL 60174	36-4475369	501C3	0.	13,942	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS 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	501C3	0.	13,890	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HOPE PROJECT 627 N. CENTER STREET TENAHA, TX 75974	32-0086739	501C3	0.	13,853.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP LITTLE SHOT 265 SHERATON BLVD MACON, GA 31210	58-1514534	501C3	0.	13,697.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEIGHBORHOOD HEALTHCARE 425 N. DATE STREET, SUITE 203 ESCONDIDO, CA 92025	95-2796316	501C3	0.	13,620.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BROWARD HEALTH CORAL SPRINGS CAMP 3000 CORAL HILLS DRIVE CORAL SPRINGS, FL 33065	65-0930889	501C3	0.	13,559.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP MCCUMBER 35440 DEER FLAT RD. SHINGLETOWN, CA 96088	94-3233706	501C3	0.	13,551.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSION MEDICAL CLINIC 2125 E. LA SALLE STREET COLORADO SPRINGS, CO 80909	68-0506812	501C3	0.	13,532.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH EAST MEDICAL SERVICES 1520 STOCKTON STREET SAN FRANCISCO, CA 94133	94-1722562	501C3	0.	13,403.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
IDAHO DIABETES YOUTH PROGRAMS/CAMP 1701 N. 12TH ST. BOISE, ID 83702	31-1565651	501C3	0.	13,400.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP KO-MAN-SHE / CAMP TIPONI 2555 S. DIXIE DR., SUITE 112 DAYTON, OH 45409	31-6084147	501C3	0.	13,369.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

DIRECT RELIEF

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
AVERA MCKENNAN DIABETES CENTER 1315 S. CLIFF AVE., STE 1300 SIOUX FALLS, SD 57105	20-8521374	501C3	0.	13,364.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY ACTION COMMITTEE 227 VALLEY VIEW DRIVE WAVERLY, OH 45690	31-0718042	501C3	0.	13,293.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPTIMUS HEALTH CARE 982 E. MAIN STREET BRIDGEPORT, CT 06608	06-0972166	501C3	0.	13,047.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARE FOR THE HOMELESS 30 EAST 33RD STREET - FIFTH FLOOR NEW YORK, NY 10016	13-3666994	501C3	0.	12,955.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN DIABETES ASSOC NM CAMP FOR - 210 COUNTY ROAD A003 - TORREON, NM 87061	13-1623888	501C3	0.	12,853.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF POWHATAN 3908 OLD BUCKINGHAM ROAD POWHATAN, VA 23139	26-1275136	501C3	0.	12,843.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP FREEDOM 315 N SHARY ROAD, SUITE 1016 MISSION, TX 78572	45-3645389	501C3	0.	12,736.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NOAH - NEIGHBORHOOD OUTREACH 3634 NORTH DRINKWATER BLVD SCOTTSDALE, AZ 85251	27-3188239	501C3	0.	12,614.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH TEXAS AREA 2100 NORTH MAIN STREET, SUITE 109 FORT WORTH, TX 76164	54-2117989	501C3	0.	12,594.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADA CAMP WANA KURA 6065 COZZENS STREET SAN DIEGO, CA 92122	13-1623888	501C3	0.	12,542.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP POSSIBILITIES 2564 SILVER ROAD DARLINGTON, MD 21034	51-0412903	501C3	0.	12,412.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS 150 TEJAS PLACE NIPOMO, CA 93444	95-3253302	501C3	0.	12,392.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARK PLACE COMMUNITY HEALTH CENTER 3415 GRANBY STREET NORFOLK, VA 23504	54-1626757	501C3	0.	12,385.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SLO NOOR FREE MEDICAL CLINIC 1428 PHILLIPS LAND, SUITE B-4 SAN LUIS OBISPO, CA 93401	27-1412176	501C3	0.	12,376.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN DIABETES ASSOCIATION/CAMP 150 MONUMENT RD, SUITE 100 BALA CYNWYD, PA 19004	13-1623888	501C3	0.	12,248.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KIKI'S KIDS CAMP FOR YOUTH WITH DIA - 304 TURNER MCCALL BLVD - ROME, GA 30165	58-1375074	501C3	0.	12,163.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UHI MEDICAL CLINIC 4851 NW 183RD STREET MIAMI, FL 33055	65-0268904	501C3	0.	12,129.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BEAUREGARD AGAPE COMMUNITY CLINIC 213 WEST 2ND STREET DERIDDER, LA 70634	06-1822290	501C3	0.	12,044.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP ADVENTURE 74 ACCESS HWY CARIBOU, ME 04736	01-0376890	501C3	0.	12,005	WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RIVERSIDE COMMUNITY HEALTH FOUNDATI - 4445-A MAGNOLIA AVE - RIVERSIDE, CA 92501	23-7276444	501C3	0.	11,856	WHOLESALE PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ULMAN CANCER FUND FOR YOUNG ADULTS 921 E. FORT AVENUE, SUITE 325 BALTIMORE, MD 21230	52-2057636	501C3	0.	11,856	WHOLESALE PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AIDS PROJECT LOS ANGELES, INC. 3743 SOUTH LA BREA AVENUE LOS ANGELES, CA 90016	95-3842506	501C3	0.	11,838	WHOLESALE PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROGRAM FOR HEALTH CARE UPMC MONTEFIORE HOSPITAL PITTSBURGH, PA 15213	23-2919472	501C3	0.	11,831	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	501C3	0.	11,810	WHOLESALE PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH END COMMUNITY HEALTH COMMITTE - 332 HANOVER ST - BOSTON, MA 02113	23-7089746	501C3	0.	11,752	WHOLESALE PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP KUDOS 1400 A.O. JONES BLVD. FORT MILL, SC 29715	56-2183933	501C3	0.	11,634	WHOLESALE PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAPE FEAR VALLEY 101 ROBESON STREET, SUITE 410 FAYETTEVILLE, NC 28301	56-1947017	501C3	0.	11,624	WHOLESALE PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SAMARITAN SHELTER 245 E. INGER DRIVE, #103B SANTA MARIA, CA 93458	77-0133375	501C3	0.	11,624.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GEORGIA MOUNTAINS HEALTH SERVICES 165 BLUE RIDGE OVERLOOK BLUE RIDGE, GA 30513	58-1649042	501C3	0.	11,620.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KATAHDIN VALLEY HEALTH CENTER 30 HOULTON STREET PATEN, ME 04765	23-7411014	501C3	0.	11,600.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LLOYD F. MOSS FREE CLINIC 1301 SAM PERRY BLVD. FREDERICKSBURG, VA 22401	54-1677934	501C3	0.	11,555.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRIST'S FAMILY CLINIC 6409 PRESTON ROAD DALLAS, TX 75205	46-2021525	501C3	0.	11,510.	WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP LYDIA MANN 1220 MONTANA EL PASO, TX 79902	74-1759410	501C3	0.	11,504.	WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN DIABETES CAMP DAY2DAY 220 GREAT CIRCLE ROAD NASHVILLE, TN 37228	13-1623888	501C3	0.	11,330.	WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSION NEIGHBORHOOD HEALTH CENTER 240 SHOTWELL STREET SAN FRANCISCO, CA 94110	94-2284365	501C3	0.	11,300.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LEBANON VALLEY VOLUNTEERS IN MEDICI - 711 SOUTH 8TH STREET - LEBANON, PA 17042	26-3915958	501C3	0.	11,259.	WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

DIRECT RELIEF

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
HENRIETTA JOHNSON MEDICAL CENTER 601 NEW CASTLE AVENUE WILMINGTON, DE 19801	20-1336340	501C3	0.	11,139.	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	501C3	0.	11,136.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ANDERSON VALLEY HEALTH CENTER 13500 AIRPORT ROAD BOONVILLE, CA 95415	94-2347424	501C3	0.	11,075.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DASH CAMP BUSHROD PARK 2222 PRINCE STREET BERKELEY, CA 94705	46-1002836	501C3	0.	10,956.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CORNERSTONE ASSISTANCE NETWORK 3500 NOBLE FORT WORTH, TX 76111	75-2417646	501C3	0.	10,907.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA ALASKA DIABETES CAMP/CAMP K MILE 4, SNUG HARBOR ROAD COOPER LANDING, AK 99572	13-1623888	501C3	0.	10,894.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP TRIOS 203 W. 8TH AVE. KENNEWICK, WA 99336	94-3046326	501C3	0.	10,872.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP Tanager 500 8TH AVE SE CEDAR RAPIDS, IA 52401	42-0688079	501C3	0.	10,851.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DIABETES SOLUTIONS-OK, INC. 3333 NW 63RD, SUITE 100 OKLAHOMA CITY, OK 73116	73-1590673	501C3	0.	10,814.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MALTA HOUSE OF CARE 19 WOODLAND STREET, SUITE 21 HARTFORD, CT 06105	20-3562424	501C3	0.	10,758	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP BARCLAY 240 WEST 11TH ERIE, PA 16501	34-0714730	501C3	0.	10,745	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
STAYWELL HEALTH CENTER 80 PHOENIX AVENUE WATERBURY, CT 06702-1516	22-3160873	501C3	0.	10,664	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	501C3	0.	10,557	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BABY HEALTH SERVICE 1590 HARRODSBURG ROAD LEXINGTON, KY 40504	61-0518017	501C3	0.	10,520	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRYMED MEDICAL CARE, INC ROAD 149 KM 12.3 CIALES, PR 00638	66-0428120	501C3	0.	10,461	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMPASSIONATE HEALTH CENTER, INC. 740 N STATE ROAD 25 ROCHESTER, IN 46975	32-0237943	501C3	0.	10,445	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JEFFERSON COMMUNITY HEALTH 4028 US HWY 90W AVONDALE, LA 70094	56-2439708	501C3	0.	10,375	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MARIAN REGIONAL MEDICAL CTR FOUNDAT - 1325 E. CHURCH STREET, SUITE 102 - SANTA MARIA, CA 93454	95-3818027	501C3	0.	10,374	ESTIMATED WHOLESALE PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH DEVELOPMENT 200 SOUTH EVANS UVALDE, TX 78801	74-2269739	501C3	0.	10,354	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRE VOLUNTEERS IN MEDICINE 2520 GREEN TECH DRIVE STATE COLLEGE, PA 16803	25-1897969	501C3	0.	10,293	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER BADEN MEDICAL SERVICES 7450 ALBERT ROAD, 3RD FLOOR BRANDYWINE, MD 20613	52-0961414	501C3	0.	10,263	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ASIAN HEALTH SERVICES 818 WEBSTER STREET OAKLAND, CA 94607	94-2235908	501C3	0.	10,243	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOSES LAKE COMMUNITY HEALTH CENTER 605 COOLIDGE DRIVE MOSES LAKE, WA 98837	91-1537371	501C3	0.	10,154	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MONTANA MIGRANT COUNCIL 3318 THIRD AVENUE N, STE. 200 BILLINGS, MT 59101	81-0350430	501C3	0.	10,051	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEIGHBORHOOD HEALTH CENTER 155 LAWN AVENUE BUFFALO, NY 14207	16-1294447	501C3	0.	9,860	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GARFIELD HEALTH CENTER 701 S. ATLANTIC BLVD. #100 MONTEREY PARK, CA 91754	76-0733752	501C3	0.	9,819	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ON BELAY TYPE 1 DIABETES CAMP 2608 NW ROBERT WAY BEND, OR 97701	27-4255274	501C3	0.	9,727	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP LO-BE-GON 17901 S. 72ND E. AVE. BIXBY, OK 74008	26-0618834	501C3	0.	9,687.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRINCE WILLIAM AREA FREE CLINIC 13900 CHURCH HILL DRIVE WOODBIDGE, VA 22191	54-1619202	501C3	0.	9,662.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PUEBLO COMMUNITY HEALTH CENTER 110 EAST ROUTT AVENUE PUEBLO, CO 81004	84-0921521	501C3	0.	9,646.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
METROWEST FREE MEDICAL PROGRAM 105 HUDSON ROAD SUDBURY, MA 01776	04-3822273	501C3	0.	9,587.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MENDOCINO COMMUNITY HEALTH CLINIC, 333 LAWS AVENUE UKIAH, CA 95482	68-0259045	501C3	0.	9,561.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CORPUS CHRISTI METRO MINISTRIES 1919 LEOPARD STREET CORPUS CHRISTI, TX 78408	74-2642761	501C3	0.	9,488.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INLAND BEHAVIORAL 1963 NORTH E STREET SAN BERNARDINO, CA 92405	95-3246624	501C3	0.	9,301.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ESPERANZA HEALTH CENTERS 2001 S. CALIFORNIA AVENUE, SUITE 1 CHICAGO, IL 60608	32-0115907	501C3	0.	9,233.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AVICENNA COMMUNITY HEALTH CENTER 819 BLOOMINGTON ROAD CHAMPAIGN, IL 61820	27-0267757	501C3	0.	9,144.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP SUREFIRE FOUNDATION 290 HOPE STREET BRISTOL, RI 02809	26-4816130	501C3	0.	9,103.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP HOT SHOTS CENTRAL, NEBRASKA 715 NORTH ST JOSEPH AVENUE HASTINGS, NE 68901	47-0378779	501C3	0.	9,040.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP ALDERSGATE 2000 ALDERSGATE ROAD LITTLE ROCK, AR 72205	13-1623888	501C3	0.	9,023.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOBILE CLINIC PROJECT AT UCLA 11980 SAN VICENTE BLVD, SUITE 102 LOS ANGELES, CA 90049	95-6006143	501C3	0.	8,954.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP ENERGY FOR KIDS 420 S. CLOSER BLVD. EDINBURG, TX 78539	20-5679174	501C3	0.	8,916.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CANCER SUPPORT COMMUNITY 3 CROSSROADS DRIVE BEDMINSTER, NJ 07921	22-3804609	501C3	0.	8,892.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SUSAN G. KOMEN 112 5TH AVE V SEATTLE, WA 98109	91-1624040	501C3	0.	8,892.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TIGERLILLY FOUNDATION 11654 PLAZA AMERICA DRIVE #725 RESTON, VA 20190	38-3752635	501C3	0.	8,892.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FERNICARE FREE CLINIC, INC. 459 E. NINE MILE ROAD FERNDALE, MI 48220	32-0246843	501C3	0.	8,882.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

DIRECT RELIEF

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
OLDE TOWNE MEDICAL AND DENTAL 5249 OLDE TOWNE ROAD WILLIAMSBURG, VA 23188	54-1663905	501C3	0	8,832	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICARES FREE CLINICS 88 HAMILTON AVENUE STAMFORD, CT 06302	06-1008595	501C3	0	8,730	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. ANDREW COMMUNITY MEDICAL CENTER - 3101-B WEST HIGHWAY 98 - PANAMA CITY, FL 32401	32-0103234	501C3	0	8,664	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRESENTATION MEDICAL CENTER 213 2ND AVE NE ROLLA, ND 58367	45-0227391	501C3	0	8,649	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RICHMOND AREA HIGH BLOOD PRESSURE 1200 WEST CARY STREET RICHMOND, VA 23220	52-1303481	501C3	0	8,594	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ISLA VISTA YOUTH PROJECTS 6842 PHELPS ROAD GOLETA, CA 93117	95-3007419	501C3	0	8,516	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BETANCES HEALTH 280 HENRY STREET NEW YORK, NY 10002-4618	13-2697725	501C3	0	8,513	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREEN RIVER MEDICAL CENTER 585 W. MAIN GREEN RIVER, UT 84525	87-0409346	501C3	0	8,500	WHOLESALE PRICE	PHARMACEUTICALS EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CLINIC OF HIGH POINT 779 N. MAIN STREET HIGH POINT, NC 27262	56-1795022	501C3	0	8,361	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP CURE: BEARING IT TOGETHER 2018 CLINCH AVENUE KNOXVILLE, TN 37916	62-6002604	501C3	0.	8,349.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WHATLEY HEALTH SERVICES, INC. 2731 M. L. KING, JR. BLVD TUSCALOOSA, AL 35401	63-0727781	501C3	0.	8,332.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAITH FAMILY MEDICAL CLINIC 326 21ST AVENUE N NASHVILLE, TN 37203	62-1816811	501C3	0.	8,288.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ENTIAI REGIONAL HEALTH CLINIC 2084 ENTIAI WAY ENTIAI, WA 98822	26-0901943	501C3	0.	8,204.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP INDEPENDENCE OF SAN ANTONIO 8730 AVATOR CIRCLE FAIR OAKS RANCH, TX 78015	91-2049016	501C3	0.	8,168.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CANCER SUPPORT COMMUNITY 8609 SOUTH DIXIE HIGHWAY MIAMI, FL 33143	65-0930551	501C3	0.	8,151.	ESTIMATED WHOLESALE PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP SEALTH 2815 EASTLAKE AVENUE EAST, SUITE 2 SEATTLE, WA 98102	13-1623888	501C3	0.	8,139.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP UPENINSULIN 580 W. COLLEGE AVE. MARQUETTE, MI 49855	38-3815151	501C3	0.	7,999.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SB COUNTY OFFICE OF EDUCATION 4400 CATHEDRAL OAKS ROAD SANTA BARBARA, CA 93160	95-6000940	GOVERNMENT ENTIT	0.	7,966.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

161

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
ETOWAH BAPTIST CHARITY PHARMACY 18901 E. ETOWAH ROAD NOBLE, OK 73068	73-1637078	501C3	0.	7,913.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SUNCOAST COMMUNITY HEALTH CENTERS 313 S. LAKEWOOD DRIVE BRANDON, FL 33511	59-1741303	501C3	0.	7,911.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WELL-ONE HEALTH 300 E FIFTH ST. PERRIS, CA 92570	47-3356072	501C3	0.	7,901.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH & WELLNESS CENTER 1505 E. MAIN, SUITE A STIGLER, OK 74462	20-0368759	501C3	0.	7,898.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHEROKEE HEALTH SYSTEMS 2018 WESTERN AVENUE KNOXVILLE, TN 37921	62-0637925	501C3	0.	7,884.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ACCESS FAMILY CARE ADMINISTRATION 475 NELSON AVE NEOSHO, MO 64850	43-1752799	501C3	0.	7,858.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHEAST MISSOURI HEALTH COUNCIL 1416 CROWN DRIVE KIRKSVILLE, MO 63501	43-1606173	501C3	0.	7,794.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LIGHTHOUSE CLINIC 858 VALLEY MALL PKWY EAST WENATCHEE, WA 98802	36-4661570	501C3	0.	7,702.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAKE AREA FREE CLINIC 856 ARMOUR ROAD OCONOMOWOC, WI 53066	39-2006388	501C3	0.	7,685.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH RENAISSANCE MEDICAL CENTER 275 HOBART STREET PERTH AMBOY, NJ 08861	22-3780067	501C3	0.	7,526.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
REGENCE HEALTH NETWORK 723 N. TAYLOR STREET, SUITE B AMARILLO, TX 79107	75-1414940	501C3	0.	7,460.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LINKED BY PINK 9262 HAMOT ROAD WATERFORD, PA 16441	80-0230207	501C3	0.	7,410.	ESTIMATED WHOLESALE PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE CARE PROJECT, INC. 5925 SYCAMORE CANYON BLVD #6 RIVERSIDE, CA 92507	47-2257448	501C3	0.	7,410.	ESTIMATED WHOLESALE PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP WANNACURE 2305 N. PARHAM RD, SUITE 1 HENRICO, VA 23229	51-0220692	501C3	0.	7,392.	ESTIMATED WHOLESALE PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FUNDACIN CENTRO PEDITRICO DE DIAB 260 CONVENTO STREET SAN JUAN, PR 00912	66-0597488	501C3	0.	7,368.	ESTIMATED WHOLESALE PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WIRT COUNTY 483 COURT STREET ELIZABETH, WV 26143	31-0942184	501C3	0.	7,367.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN CARE CLINIC 501 WEST US HIGHWAY 60 MOUNTAIN VIEW, MO 65548	56-2418664	501C3	0.	7,292.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTHCARE 25 NORTH 100 EAST ST. GEORGE, UT 84770	35-2163112	501C3	0.	7,240.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNICARE HEALTH CENTERS 2051 JOHN JONES ROAD DAVIS, CA 95617-1260	20-0859263	501C3	0	7,216	ESTIMATED WHOLESAL 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	501C3	0	7,188	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIE EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMMONOOSUC COMMUNITY HEALTH SERVICE - 25 MT. EUSTIS ROAD - LITTLETON, NH 03561	51-0137745	501C3	0	6,975	ESTIMATED WHOLESAL PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHERN TRINITY HEALTH SERVICES 321 VAN DUZEN RIVER RD MAD RIVER, CA 95552	94-2507342	501C3	0	6,903	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SUNSET COMMUNITY HEALTH CENTER 2060 W. 24TH STREET YUMA, AZ 85364	86-0893305	501C3	0	6,842	ESTIMATED WHOLESAL PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOUNTAIN VIEW HIGH SCHOOL AQUATIC 3500 MOUNTAIN LION DR. LOVELAND, CO 80537	13-1623888	501C3	0	6,807	ESTIMATED WHOLESAL PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THAT NEIGHBORHOOD FREE HEALTH CLINI - 306 BUSH STREET - TOLEDO, OH 43604	27-1052744	501C3	0	6,711	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MILES OF HOPE 59 RYMPH ROAD LAGRANGEVILLE, NY 12540	13-4281796	501C3	0	6,669	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ERIC B. CHANDLER HEALTH CENTER 277 GEORGE STREET NEW BRUNSWICK, NJ 08901	22-3273811	501C3	0	6,646	PURCHASED PRICE ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY HEALTH CENTER 700 OGLETHORPE AVENUE ATHENS, GA 30606	58-2603523	501C3	0.	6,551.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP HOLIDAY TRAILS 400 HOLIDAY TRAILS LANE CHARLOTTEVILLE, VA 22903	54-0922028	501C3	0.	6,525.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JUST KIDS DENTAL 1313 FAIRGROUNDS ROAD TWO HARBORS, MN 55616	27-2311353	501C3	0.	6,503.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CSUSM SCHOOL OF NURSING 4969 SANTA CRUZ AVENUE SAN DIEGO, CA 92107	80-0390564	501C3	0.	6,494.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INDEPENDENCE DIABETES CAMP AT YMCA 2034 OUTER LAKE RD PRINCETON, IN 47670	35-0869074	501C3	0.	6,412.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CROSSROADS CENTER MEDICAL CLINIC 444 VALPARAISO PKWY, BLDG. C VALPARAISO, FL 32580	20-5518720	501C3	0.	6,369.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DORIS DANIELY OUTREACH FOR 7230 CLAYBROOK DRIVE DALLAS, TX 75231	75-2950015	501C3	0.	6,299.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ALASKA ISLAND COMMUNITY SERVICES 232 WOOD STREET WRANGELL, AK 99929	92-0129543	501C3	0.	6,268.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
K.I.D.S. DAY CAMP 109 MEADOWS RD. TEXARKANA, AR 71854	71-0777213	501C3	0.	6,231.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA EL BUEN SAMARITANO 14060 DUBLIN STREET HOUSTON, TX 77085	37-1546805	501C3	0.	6,231.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COSTA SALUB COMMUNITY HEALTH CENTER - CALLE MUOZ RIVERA #28 - RINCN, PR 00677	66-0428488	501C3	0.	6,222.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DECORAH COMMUNITY FREE CLINIC 604 W. BROADWAY STREET DECORAH, IA 52101	20-1081005	501C3	0.	6,103.	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 SOLETA, CA 93117	95-2491790	501C3	0.	6,049.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BRAZOS VALLEY COMMUNITY ACTION 1301 MEMORIAL DRIVE BRYAN, TX 77802	74-2397671	501C3	0.	5,978.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CANCER SUPPORT COMMUNITY EAST TENNE - 2230 SUTHERLAND AVENUE - KNOXVILLE, TN 37919	58-1846210	501C3	0.	5,928.	ESTIMATED WHOLESALE PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SUSSEX COUNTY DEPARTMENT OF 201 WHEATSWORTH ROAD HAMBURG, NJ 07419	22-6002477	GOVERNMENT ENTIT			ESTIMATED WHOLESALE PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DOCTORS WITHOUT WALLS - 19 E. MICHELTORENA STREET SANTA BARBARA, CA 93101	33-1210731	501C3	0.	5,919.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA ROSA COMMUNITY HEALTH CENTERS - 983 SONOMA AVENUE - SANTA ROSA, CA 95404	68-0365296	501C3	0.	5,843.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP TOO SWEET 1030 S. JEFFERSON ST. SUITE G101 ROANOKE, VA 24016	54-0506332	501C3	0.	5,834.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GLENDAL COMMUNITY FREE HEALTH CLIN - 134 N. KENWOOD STREET - GLENDAL, CA 91206	87-0732581	501C3	0.	5,811.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROBERT K. SWEENEY DIABETES CAMP 1070 OCEAN AVENUE BOHEMIA, NY 11716-3620	11-6081424	501C3	0.	5,783.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SALVATION ARMY FLINT BEECHER 1475 COLDWATER ROAD FLINT, MI 48505	38-1370971	501C3	0.	5,746.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOUNTAIN FAMILY HEALTH CENTERS 1905 BLAKE STREET, STE. 101 GLENWOOD SPRINGS, CO 81601	84-0742145	501C3	0.	5,723.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP DREAM 309 S. GALENA AVENUE, SUITE 100 DIXON, IL 61021	36-6006618	GOVERNMENT ENTIT	0.	5,637.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MARTIN LUTHER KING JR. 2922 - B MARTIN LUTHER KING BLVD DALLAS, TX 75215	75-2098992	501C3	0.	5,616.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WELCOMEHEALTH 1100 NORTH WOOSLEY AVENUE FAYETTEVILLE, AR 72703	59-1691790	501C3	0.	5,571.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BEN ARCHER HEALTH CENTER 1998 MOTEL BOULEVARD, BUILDING B LAS CRUCES, NM 88007	51-0158976	501C3	0.	5,555.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITAN HEALTH CENTER 13 ROSE STREET DANBURY, CT 06810	75-3258057	501C3	0.	5,491.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLINIC WITH A HEART, INC. 1701 S. 17TH STREET, SUITE 4G LINCOLN, NE 68502	20-2850139	501C3	0.	5,330.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP SANDCASTLE 5920 SARATOGA BLVD., SUITE 300 CORPUS CHRISTI, TX 78414	13-1623888	501C3	0.	5,328.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEART OF OHIO FAMILY HEALTH CENTER 2365 INNIS ROAD COLUMBUS, OH 43224	38-3765547	501C3	0.	5,305.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NO LIMITS DIABETES 414 E. BROADWAY DANVILLE, IN 46122	20-3289439	501C3	0.	5,299.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLINIC BY THE BAY 4877 MISSION STREET SAN FRANCISCO, CA 94112	26-2593712	501C3	0.	5,123.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CROSSROADS MEDICAL MISSION 300 W. VALLEY DRIVE BRISTOL, VA 24201	54-2038877	501C3	0.	5,121.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP HOT SHOT 23 WORKS WAY SOMERSWORTH, NH 03878	02-0260334	501C3	0.	5,109.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WELVISTA, INC. 2700 MIDDLEBURG DRIVE, SUITE 108 COLUMBIA, SC 29204	56-2034627	501C3	0.	5,031.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

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

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

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

Part IV Supplemental Information

OUR SUPPORT OF GRANTEES IN EMERGENCY RESPONSE SITUATIONS.

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2015

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

Name of the organization

DIRECT RELIEF

Employer identification number

95-1831116

Part I Questions Regarding Compensation

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

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?

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

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

- a** The organization?
- b** Any related organization?

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

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

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

9 If "Yes" 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		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2015

Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	53	263,147	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	1,401	746,678,022	EST. WHOLESALE PRICE
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (MISC SUPPLIES)	X	12	51,576	FMV
26	Other ▶ ()				
27	Other ▶ ()				
28	Other ▶ ()				

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

	1	
	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II.		X
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? b If "Yes," describe in Part II		X
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) (2015)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization

DIRECT RELIEF

Employer identification number

95-1831116

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

DIRECT RELIEF'S CHIEF FINANCIAL OFFICER DISTRIBUTES A COPY OF THE FINAL

VERSION OF THE 990 TO ALL CURRENT BOARD MEMBERS, REQUESTING THEY REVIEW THE

990 PRIOR TO FILING. THE BOARD MEMBERS ARE ASKED TO REVIEW AND ARE GIVEN AN

OPPORTUNITY TO RAISE ISSUES AND REQUEST CLARIFICATIONS, IF ANY. ONCE THIS

PROCESS IS COMPLETE AND BOARD APPROVAL IS OBTAINED, THE 990 IS FILED.

DOCUMENTATION OF THE DISTRIBUTION TO THE BOARD, AS WELL AS THE BOARD

MEMBERS' RESPONSES AND QUESTIONS, IF ANY, ARE MAINTAINED BY THE CHIEF

FINANCIAL OFFICER.

FORM 990, PART VI, SECTION B, LINE 12C:

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

DIRECTORS, OFFICERS AND BOARD COMMITTEE MEMBERS MUST COMPLETE A DISCLOSURE

FORM REGARDING POSSIBLE CONFLICTS OF INTEREST. DISCLOSURE IS ALSO REQUIRED

OF A DIRECTOR, OFFICER, EMPLOYEE AND BOARD COMMITTEE MEMBER AT ANY TIME

WHEN THE INTEREST OF SUCH PERSON (OR MEMBER OF HIS OR HER FAMILY) COULD

AFFECT THE ACTIVITIES, PROPERTY, EMPLOYEES, OR SERVICES OF DIRECT RELIEF.

OR INVOLVES ANY POTENTIAL CONFLICT OF INTEREST AS MORE SPECIFICALLY DEFINED

IN DIRECT RELIEF'S CONFLICT OF INTEREST POLICY.

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

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

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

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

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

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

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

Schedule O (Form 990 or 990-EZ) (2015)

532211
09-02-15

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

VOTE OF THE OTHER DIRECTORS IS REFLECTED IN THE MINUTES OF THE MEETING OF THE BOARD OR APPLICABLE BOARD OR OTHER COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OVERSEES ALL COMPENSATION MATTERS ON BEHALF OF THE BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE REVIEWS COMPENSATION BENCHMARKING ANALYSIS AND MAKES RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE REGARDING COMPENSATION PAID TO EXECUTIVE STAFF (CEO, COO/CFO) AND OTHER KEY STAFF POSITIONS AS THEY MAY DETERMINE ARE APPROPRIATE. THE BENCHMARKING REVIEW INCLUDES A COMPARATIVE ANALYSIS OF COMPENSATION PAID BY DIRECT RELIEF TO COMPENSATION PAID BY LOCAL, SECTOR, AND NATIONAL NONPROFIT ORGANIZATIONS AS WELL AS LOCAL FOR-PROFIT ENTITIES. DECISIONS REGARDING EXECUTIVE STAFF'S COMPENSATION ARE THE SOLE RESPONSIBILITY OF THE BOARD OF DIRECTORS. NO MEMBER OF THE STAFF, INCLUDING THE CHIEF EXECUTIVE OFFICER AND THE CHIEF OPERATING OFFICER/CHIEF FINANCIAL OFFICER, IS A MEMBER OF THE BOARD OF DIRECTORS, AND THE BOARD OF DIRECTORS MAY NOT DELEGATE THE AUTHORITY TO SET EXECUTIVE COMPENSATION TO A MEMBER OF THE EXECUTIVE STAFF. COMPENSATION OF THE CHIEF EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER/CHIEF FINANCIAL OFFICER WAS LAST REVIEWED BY THE COMPENSATION COMMITTEE AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IN OCTOBER 2016.

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

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

Name of the organization

DIRECT RELIEF

Employer identification number

95-1831116

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

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

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

THE COMPENSATION REPORTED IS FOR THE CALENDAR YEAR 2015, IN LINE WITH THE FORM 990 REQUIREMENTS OF REPORTING COMPENSATION PAID OR EARNED FOR THE CALENDAR YEAR ENDING WITH OR WITHIN THE ORGANIZATION'S TAX YEAR.

STAFF COMPENSATION IS GOVERNED BY ORGANIZATIONAL POLICY, AVAILABLE FOR REFERENCE ON OUR WEBSITE AT (HTTP://WWW.DIRECTRELIEF.ORG/ABOUT/FINANCE/COMPENSATION/)

EXECUTIVE STAFF (CEO, COO/CFO) COMPENSATION IS DETERMINED SOLELY BY THE BOARD OF DIRECTORS. 100% OF THE CEO'S COMPENSATION WAS PAID FROM FUNDS PROVIDED BY THE DIRECT RELIEF FOUNDATION.

FORM 990, PART VIII, LINE 1G - VALUATION OF IN-KIND RESOURCES

DIRECT RELIEF IS THE ONLY NONPROFIT HUMANITARIAN AID ORGANIZATION IN THE UNITED STATES LICENSED TO DISTRIBUTE PHARMACEUTICAL PRODUCTS IN ALL 50 U.S. STATES, AS WELL AS THE FIRST AND ONLY NONPROFIT HUMANITARIAN AID ORGANIZATION IN THE U.S. TO BE DESIGNATED AS A VERIFIED-ACCREDITED WHOLESALE DISTRIBUTOR BY THE NATIONAL ASSOCIATION OF BOARDS OF PHARMACY. DIRECT RELIEF IS AMONG THE LARGEST-VOLUME PROVIDERS OF MEDICAL DONATIONS TO ITS PARTNERS WORLDWIDE. DIRECT RELIEF'S PROGRAMS

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

INVOLVE A WIDE RANGE OF FUNCTIONS, SEVERAL OF WHICH REQUIRE SPECIALIZED EXPERTISE AND LICENSING. AMONG THESE FUNCTIONS ARE IDENTIFYING KEY LOCAL PROVIDERS OF HEALTH SERVICES IN SUCH AREAS; WORKING TO IDENTIFY THE UNMET NEEDS OF PEOPLE IN THE AREAS; MOBILIZING ESSENTIAL MEDICINES, SUPPLIES, AND EQUIPMENT THAT ARE REQUESTED AND APPROPRIATE FOR THE CIRCUMSTANCES; AND MANAGING THE MANY DETAILS INHERENT IN STORING, TRANSPORTING, AND DISTRIBUTING SUCH GOODS TO THE PARTNER ORGANIZATIONS IN THE MOST EFFICIENT MANNER POSSIBLE.

WHEN DIRECT RELIEF RECEIVES AN IN-KIND DONATION, ACCOUNTING STANDARDS REQUIRE A "FAIR MARKET VALUE" TO BE ASSIGNED TO THE DONATION. DONATIONS OF MEDICINES, MEDICAL EQUIPMENT, AND MEDICAL SUPPLIES HAVE LONG BEEN AN INTEGRAL PART OF DIRECT RELIEF'S HUMANITARIAN ASSISTANCE PROGRAMS. IN ASSIGNING A FAIR MARKET VALUE TO THE IN-KIND MEDICAL DONATIONS RECEIVED, DIRECT RELIEF USES A CAREFUL, CONSERVATIVE APPROACH THAT COMPLIES WITH THE RELEVANT ACCOUNTING STANDARDS, AND THE SPIRIT AND PURPOSE OF DISCLOSURE, TRANSPARENCY, AND ACCOUNTABILITY TO THE PUBLIC.

SPECIFICALLY, DIRECT RELIEF USES THE FOLLOWING METHODOLOGY IN DETERMINING THE FAIR MARKET VALUE OF IN-KIND MEDICAL DONATIONS: FOR U.S. FOOD AND DRUG ADMINISTRATION (FDA)-APPROVED PHARMACEUTICALS, BRANDED AND GENERIC, THE VALUATION BASIS IS THE "WHOLESALE ACQUISITION COST" (WAC) AS PUBLISHED IN THE THOMSON REUTERS REDBOOK, AN INDUSTRY-RECOGNIZED DRUG AND PRICING REFERENCE GUIDE FOR PHARMACEUTICALS IN THE UNITED STATES.

FOR THE YEAR ENDED JUNE 30TH, 2016 THE ORGANIZATION ADOPTED A POLICY OF

Name of the organization

DIRECT RELIEF

Employer identification number

95-1831116

USING MONTHLY PRICING INFORMATION AVAILABLE FROM THE THOMSON REUTERS REDBOOK ONLINE SERVICE PROVIDED BY TRUVEN HEALTH ANALYTICS. THIS IS A CHANGE FROM THE PRIOR YEARS' POLICY THAT USED AN ANNUAL SNAPSHOT OF THE REDBOOK WAC PRICES AS THE BASIS FOR VALUING CONTRIBUTED PHARMACEUTICALS FOR AN ENTIRE ONE YEAR PERIOD. BECAUSE PRICES FLUCTUATE OVER THE COURSE OF A YEAR THIS NEW POLICY PROVIDES A MORE ACCURATE AND CURRENT VALUE OF PHARMACEUTICALS THAT ARE DONATED TO THE ORGANIZATION.

WAC IS THE STANDARD USED BY MANY U.S. STATES AS THE FEDERAL UPPER LIMIT PRICING FOR DRUGS PURCHASED UNDER THE MEDICAID PROGRAM. ALTERNATIVE METHODS OF VALUING A DRUG DONATION WOULD RESULT IN A HIGHER VALUATION. FOR EXAMPLE, THE COMMONLY CITED AVERAGE WHOLESALE PRICE (AWP), WHICH ALSO IS PUBLISHED IN THE REDBOOK, IS APPROXIMATELY TWENTY PERCENT HIGHER THAN WAC FOR A PARTICULAR PRODUCT, ACCORDING TO THE REDBOOK. DIRECT RELIEF DETERMINED THAT WAC IS THE MORE APPROPRIATE MEASURE.

BECAUSE PRICING DIFFERENCES EXIST FOR GENERIC AND BRANDED PRODUCTS, IT IS IMPORTANT TO NOTE DIRECT RELIEF APPLIES THE WAC VALUE TO EACH SPECIFIC PRODUCT'S NATIONAL DRUG CODE, WHICH RELATES TO THE SPECIFIC MANUFACTURER AND FORMULATION OF A DRUG. THIS DISTINCTION IS SIGNIFICANT BECAUSE IT REFLECTS, FOR EXAMPLE, THE LOWER PRICE (AND FAIR MARKET VALUE) OF A GENERIC PRODUCT RECEIVED THROUGH DONATION, COMPARED TO HIGHER-PRICED BRANDED PRODUCT.

FOR NON-FDA-APPROVED PHARMACEUTICALS, SUCH AS PRODUCTS MANUFACTURED FOR USE IN NON-U.S. MARKETS, THE ORGANIZATION USES INDEPENDENT PRICING GUIDES TO DETERMINE THE FAIR MARKET VALUE OF THE PARTICULAR

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

Name of the organization

DIRECT RELIEF

Employer identification number

95-1831116

FORMULATIONS, THE VALUE RELATES TO THE SPECIFIC PRODUCT FROM THE
 SPECIFIC MANUFACTURER. THE SOURCES OF SUCH PRICING INFORMATION VARY,
 BUT RELEVANT INFORMATION MAY INCLUDE THE PRICE PAID BY WHOLESALERS OR
 OTHER THIRD-PARTY BUYERS, A PRICE NEGOTIATED BY AN ORGANIZATION (SUCH
 AS THE CLINTON HEALTH ACCESS INITIATIVE) FOR A PARTICULAR DRUG, OR
 OTHER SUCH REASONABLE BASES.

FOR MEDICAL SUPPLIES AND EQUIPMENT, THE ORGANIZATION DETERMINES
 WHOLESALE VALUE BY REVIEWING THE PRICING INFORMATION ON THE SPECIFIC
 ITEM LISTED FOR SALE IN TRADE PUBLICATIONS, THROUGH ONLINE PRICING, AND
 THROUGH ITS OWN PURCHASING HISTORY. SUCH VALUATIONS TYPICALLY ARE
 SUBSTANTIALLY LOWER THAN PUBLISHED RETAIL PRICES.

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

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

Name of the organization

DIRECT RELIEF

Employer identification number

95-1831116

OF COURSE, SIMILAR PRICING AND VALUATION DIFFERENCES ALSO EXIST FOR
 OTHER COMMODITIES AND SERVICES BEYOND PHARMACEUTICALS. IN THE U.S., FOR
 EXAMPLE, THE COMMODITY OF WATER MAY BE THE EASIEST EXAMPLE, SINCE THE
 PRICE THAT IS PAID FOR THE SAME COMPOUND, H2O, RANGES FROM FREE IN A
 PUBLIC TAP TO SEVERAL DOLLARS FOR A "BRANDED" EQUIVALENT BOTTLED
 QUANTITY IN A HOTEL ROOM. BUT SIMILAR PRICING DIFFERENCES EXIST FOR
 SERVICES AS WELL. THE OUTSOURCING AND OFF-SHORING PHENOMENA REFLECT
 THAT EVEN HIGHLY SKILLED SERVICES--SURGERY, COMPUTER PROGRAMMING,
 RESEARCH CONDUCTED BY PH.D.S--ARE DONE AT VASTLY DIFFERENT PRICES IN
 DIFFERENT COUNTRIES.

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

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

AS NOTED ABOVE, DIRECT RELIEF HAS LONG SOUGHT THE CONTRIBUTION OF
 NEEDED GOODS AND SERVICES TO USE FOR HUMANITARIAN PURPOSES BECAUSE OF
 THE EFFICIENCIES AND OTHER BENEFITS THAT RESULT. THE ORGANIZATION AND,
 MORE IMPORTANTLY, THE PEOPLE IT SERVES, BENEFIT FROM THE LOWEST-COST,
 MOST EFFICIENT USE OF RESOURCES, SO TOO DO FINANCIAL CONTRIBUTORS,
 SINCE THEIR FINANCIAL CONTRIBUTIONS ARE NOT BEING USED TO PURCHASE

Name of the organization

DIRECT RELIEF

Employer identification number

95-1831116

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 \$110,222,528 INVENTORY ADJUSTMENT WAS DUE TO THE REQUIRED

DESTRUCTION OF EXPIRED DONATED PRODUCT.

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

DIRECT RELIEF ACCRUES THE AMOUNTS RECEIVABLE FROM DIRECT RELIEF

FOUNDATION ON AN ANNUAL BASIS. THE BALANCE DUE AS OF JUNE 30, 2016

CONSISTS OF THE FOLLOWING:

PRIOR YEAR APPROVED TRANSFERS (A) 2,516,445

CURRENT YEAR APPROVED TRANSFERS 1,896,205

ACTUAL TRANSFERS TAKEN (886,983)

PRIOR PERIOD ADJUSTMENT 679,553

TOTAL AMOUNT RECEIVABLE AS OF JUNE 30, 2016 \$ 4,205,220

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

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

YEAR ARE CARRIED FORWARD TO BE TAKEN IN FUTURE YEARS.

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

BAD DEBT EXPENSE	-10,000.
ACCRUED DONATED FREIGHT INCOME	550,000.
ACCRUED DONATED FREIGHT EXPENSE	-171,943.
TOTAL TO FORM 990, PART XI, LINE 9	368,057.

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.

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DIRECT RELIEF FOUNDATION - SEE PART VII	B	960,149	CASH VALUE
(2) DIRECT RELIEF FOUNDATION - SEE PART VII	C	4,898,593	CASH VALUE
(3) DIRECT RELIEF INTERNATIONAL SOUTH AFRICA - SEE PART VII	B	70,713	CASH VALUE
(4) DIRECT RELIEF MEXICO - SEE PART VII	B	515,000	CASH VALUE
(5)			
(6)			

Part VII Supplemental Information

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

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

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

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

FOR THE YEAR ENDED JUNE 30, 2016, THE TRUSTEES OF DIRECT RELIEF FOUNDATION APPROVED TO PROVIDE FUNDS TO DIRECT RELIEF TO COVER ALL OF DIRECT RELIEF'S FUNDRAISING EXPENSES AS WELL AS 100% OF THE COMPENSATION OF THE CEO.

DIRECT RELIEF ACCRUES THE AMOUNTS RECEIVABLE FROM THE FOUNDATION ON AN ANNUAL BASIS. THE BALANCE DUE AS OF JUNE 30, 2016 CONSISTS OF THE FOLLOWING:

PRIOR YEAR APPROVED TRANSFERS (A)	2,516,445
CURRENT YEAR APPROVED TRANSFERS	1,896,205
ACTUAL TRANSFERS TAKEN	(886,983)
PRIOR PERIOD ADJUSTMENT	679,553

TOTAL AMOUNT RECEIVABLE AS OF JUNE 30, 2016 \$ 4,205,220

Part VII Supplemental Information

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

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

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

THE AMOUNT REPORTED REPRESENTS GRANTS TO DIRECT RELIEF INTERNATIONAL
SOUTH AFRICA, A SOUTH AFRICA CORPORATION THAT IS 100% OWNED BY DIRECT
RELIEF. THE TOTAL TRANSFERS TO DIRECT RELIEF INTERNATIONAL SOUTH
AFRICA FOR THE YEAR ENDED JUNE 30, 2016 WERE \$70,713.

SCHEDULE R, PART V, LINE 2A (4):

THE AMOUNT REPORTED REPRESENTS GRANTS TO DIRECT RELIEF MEXICO, A MEXICO
CORPORATION THAT IS 100% OWNED BY DIRECT RELIEF. THE TOTAL TRANSFERS
TO DIRECT RELIEF MEIXCO FOR THE YEAR ENDED JUNE 30, 2016 WERE \$515,000.