** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

ΑF	or the	2021 calendar year, or tax year beginning $JUL 1$, 2021 and en	ıding JŬ	N 30,	2022			
B (Check if applicable:	C Name of organization		D Emp	oloyer ide	ntifica	ation number	
	Address change	DIRECT RELIEF						
	Name change	Doing business as		:	95-18311	L16		
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) R0 6100 WALLACE BECKNELL ROAD	oom/suite		phone nur 5-964-4			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross	receipts \$		2,219,792,2	83.
	Amende return			H(a) Is	this a grou	up ret	urn	
	Applica tion	F Name and address of principal officer: JONATHAN STEINER			subordin			No
	pending	SAME AS C ABOVE			all subordina		******	No
1 7	Гах-ехе	mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	lf '	'No," atta	ch a li	st. See instructions	
		WWW.DIRECTRELIEF.ORG		H(c) Gr	oup exem	ption	number >	
		organization: X Corporation Trust Association Other			on: 1948		State of legal domicile:	CA
		Summary						
	1 E	Briefly describe the organization's mission or most significant activities: IMPROVE 1	THE HEAI	LTH AN	D LIVES	OF		
ဦ	Į E	PEOPLE AFFECTED BY POVERTY OR EMERGENCY SITUATIONS.						
Governance	2 (Check this box if the organization discontinued its operations or disposed	of more t	han 25%	6 of its ne	t asse	ets.	
S/e	3 1	Number of voting members of the governing body (Part VI, line 1a)				3		16
	4 1	Number of independent voting members of the governing body (Part VI, line 1b)				4		16
Š	5 ⊺	Total number of individuals employed in calendar year 2021 (Part V, line 2a)				5		130
ij	6 1	Total number of volunteers (estimate if necessary)				6		98
Activities	7 a⊺	Total unrelated business revenue from Part VIII, column (C), line 12				7a		0.
_	۱d	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>			7b		0.
				Prio	r Year	\dashv	Current Year	
Ф	8 (Contributions and grants (Part VIII, line 1h)	7,136,4	37.	2,217,825,7	94.		
ž	9 F	Program service revenue (Part VIII, line 2g)				0.		0.
Revenue	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			2,560,8	50.	310,7	42.
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0.		0.
	12 T	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,92	9,697,2	87.	2,218,136,5	36.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,73	0,993,4	20.	2,009,344,8	58.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)				0.		0.
Ø	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1	4,900,3	75.	15,830,1	75.
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)				0.		0.
g	b⊺	Fotal fundraising expenses (Part IX, column (D), line 25) 3,262,36	7.					
Û	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		15	7,561,1	40.	228,090,0	40.
	18 T	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,90	3,454,9	35.	2,253,265,0	73.
		Revenue less expenses. Subtract line 18 from line 12		2	6,242,3	52.	-35,128,5	37.
Net Assets or			Beg	inning of	Current Y	ear	End of Year	
sets	20 ⊺	Fotal assets (Part X, line 16)		99	2,717,2	05.	958,254,2	46.
t As	21 ⊺	Total liabilities (Part X, line 26)		1	7,827,9	33.	18,673,4	93.
		Net assets or fund balances. Subtract line 21 from line 20		97	4,889,2	72.	939,580,7	53.
Pa	art II	Signature Block						
Und	er penalt	ties of perjury, I declare that I have examined this return, including accompanying schedules an	nd statemer	nts, and t	o the best o	of my k	knowledge and belief, it	is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer h	as any ki	nowledge.			
Sig	n	Signature of officer			Date			
Her	e	JONATHAN STEINER, VP OF FINANCE/CFO						
		Type or print name and title	15	o+o	1		DTIN	
_		Print/Type preparer's name Preparer's signature		ate	Chec if	K	PTIN	
Paid	_	LAUREN A. HAVERLOCK	01	/19/23		employed	•	
		Firm's name MOSS ADAMS LLP			Firm's EIN	<u> </u>	91-0189318	
Use	Only	Firm's address 21700 OXNARD ST. STE 300						
		WOODLAND HILLS, CA 91367			Phone no.	818-	577-1900	
Mar	the ID	S discuss this return with the preparer shown above? See instructions					X Ves	Nο

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Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
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	
		Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expe	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expen	
	revenue, if any, for each program service reported.	•
4a	(Code:) (Expenses \$917,420,233. including grants of \$862,766,108.) (Revenue \$	0.)
	COMMUNITY HEALTH - DIRECT RELIEF, THROUGH ITS COMMUNITY HEALTH	
	INITIATIVES, EQUIPS HEALTH PROFESSIONALS IN LOW-RESOURCE SETTINGS WITH	
	THE MEDICAL RESOURCES THEY NEED TO DIAGNOSE, TREAT, AND CARE FOR THEIR	
	PATIENTS - REGARDLESS OF ABILITY TO PAY. IN THE FISCAL YEAR 2022,	
	DIRECT RELIEF PROVIDED MATERIAL AND FINANCIAL SUPPORT TO MORE THAN	
	1,700 COMMUNITY HEALTH PROVIDERS IN 100 COUNTRIES. THIS INCLUDES THE	
	U.S., WHERE DIRECT RELIEF OPERATES THE NATION'S LARGEST CHARITABLE	
	MEDICINE PROGRAM FOR COMMUNITY HEALTH CENTERS AND NONPROFIT CLINICS IN	
	ALL 50 STATES. AS A RESULT OF DIRECT RELIEF'S SUPPORT, ORGANIZATIONS	
	AND HEALTH PROVIDERS CAN FOCUS THEIR TIME AND RESOURCES ON EXPANDING	
	AND IMPROVING THEIR SERVICES INSTEAD OF PROCURING MEDICINE AND	
	SUPPLIES.	
4b	(Code:) (Expenses \$ 297,710,556. including grants of \$ 292,752,261.) (Revenue \$	0.)
	DISEASE PREVENTION AND TREATMENT - TO ALLEVIATE THE DISEASE BURDEN IN	
	RESOURCE CONSTRAINED COMMUNITIES AROUND THE WORLD, DIRECT RELIEF	
	SUPPORTS A GLOBAL NETWORK OF LOCALLY-RUN HEALTH FACILITIES WITH THE	
	MEDICINES, MEDICAL SUPPLIES, AND FUNDING. IN THE FISCAL YEAR 2022,	
	DIRECT RELIEF PROVIDED HEALTHCARE PARTNERS IN 46 COUNTRIES WITH 11.8	
	MILLION COURSES OF MEDICATION TO TREAT CONDITIONS THAT INCLUDE CANCER,	
	DIABETES, HIV/AIDS AND RARE DISEASES. DIRECT RELIEF ALSO SUPPORTS	
	PROGRAMS TO ADVANCE BREAST CANCER AWARENESS AND EARLY DETECTION, HIV	
	PREVENTION AND TESTING AND CERVICAL CANCER SCREENING, AS WELL AS	
	COMPREHENSIVE DIABETES PREVENTION AND TREATMENT PROGRAMS THAT INCLUDE	
	ASSISTANCE FOR CHILDREN WITH TYPE 1 DIABETES.	
4c	(Code:) (Expenses \$1,025,110,911. including grants of \$849,925,681.) (Revenue \$	<u> </u>
	DISASTER RESPONSE - DIRECT RELIEF, THROUGH ITS DISASTER RESPONSE	
	PROGRAMS, ADDRESSES THE NEEDS OF VULNERABLE COMMUNITIES BEFORE	
	DISASTERS STRIKE BY PRE POSITIONING EMERGENCY MEDICAL MATERIALS WITH	
	HEALTHCARE FACILITIES IN AREAS AT RISK FROM NATURAL DISASTERS. WHEN	
	DISASTERS OCCUR, DIRECT RELIEF LEVERAGES ITS NETWORK OF HEALTHCARE	
	PROVIDERS TO ASSESS IMMEDIATE NEEDS, UNDERSTAND THE SITUATION, AND	
	RESPOND QUICKLY AND PRECISELY. DIRECT RELIEF'S EFFORTS ARE ALWAYS	
	IN RESPONSE TO SPECIFIC REQUESTS FROM LOCAL PARTNERS AND IN ACCORDANCE	
	WITH NATIONAL AND INTERNATIONAL RESPONDERS TO AVOID DUPLICATION OF	
	EFFORTS AND PREVENT LOGISTICAL BOTTLENECKS, AND ENSURE THE MOST	
	EFFICIENT USE OF RESOURCES.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 3,900,806. including grants of \$ 3,900,808.) (Revenue \$ 0.)	
<u>4e</u>	Total program service expenses ► 2,244,142,506.	
	· ·	orm 990 (2021)

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DIRECT RELIEF

Form 990 (2021) Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedu	loc / n
Form 990 (2021) DIRECT RELIEF	

	· (continued)			
20	Did the expenientian variety may than \$5,000 of exents by other assistance to by few democitic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	х	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
	· · ·	23	х	
24.0	Schedule J	23		
24 a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		х
_	Schedule K. If "No," go to line 25a	24a 24b		
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	051		Х
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Х	
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	х	

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	rm 990 (2021) DIRECT RELIEF		95-183111	6	P	age 5
P	Part V Statements Regarding Other IRS Filings and Tax Compliance (continued	()				
					Yes	No
2	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	130			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax retu	irns?		2b	Х	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country SOUTH AFRICA, MEXICO			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	+	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
_	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor		+	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	+	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		x
	to file Form 8282?	7c		^
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		x
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			+
g h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7		
•	appropriate propriation have exceen hydrogen haldings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		\perp
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	_		
	Enter the amount of reserves on hand			1,7
	Did the organization receive any payments for indoor tanning services during the tax year?			X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	-	1
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			x
	excess parachute payment(s) during the year?	15		^
16	If "Yes," see the instructions and file Form 4720, Schedule N.	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Ves." complete Form 4720. Schedule O.	16		**
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
′	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			

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If "Yes," complete Form 6069.

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

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes on scriedule 0. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			_
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			.,,
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 7-	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			x
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		Α
D		76		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
		00	Х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on 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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA, AL, AK, AR, CO, CT, FL, GA, HI, IL, KS, KY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	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, JONATHAN STEINER - 805-964-4767			
	6100 WALLACE BECKNELL ROAD, SANTA BARBARA, CA 93117			
	0100 WALLACE BECKNELL KOAD, SANTA BAKBAKA, CA 95117			

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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

Х

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

See the instructions for the order in which to list the persons above.

(A)	(B)	Jiga	1112a		C)	ιροι	Jak	(D)	(E)	(F)
Name and title	Average	١		Pos	ition			Reportable	Reportable	Estimated
Name and the	hours per	box	, unle	ss pe	rson i	than o	n an	compensation	compensation	amount of
	week					r/trus		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	ee ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	rtio na	L	nploy	st con	-	1033-NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS TIGHE	40.00									
CHIEF EXECUTIVE OFFICER	5.00			Х				501,663.	0.	55,073.
(2) BHUPI SINGH	40.00									
EXECUTIVE VP, SENIOR ADVISOR	5.00			Х				425,715.	0.	28,666.
(3) DAWN LONG	40.00									
SENIOR VP, COO	5.00			Х				342,260.	0.	24,415.
(4) ADAN GROUMAN	40.00									
DIRECTOR, IT	0.00					Х		269,475.	0.	25,301.
(5) JONATHAN STEINER	40.00									
VP OF FINANCE, CFO	5.00			Х				260,154.	0.	26,617.
(6) DONALD ROANE	40.00									
VP OF CORPORATE ENGAGEMENT	0.00					Х		231,675.	0.	50,338.
(7) HEATHER BENNETT	40.00									
VP OF PARTNERSHIPS & PHILANTHROPY	0.00					Х		239,615.	0.	20,843.
(8) ANDREW SCHROEDER	40.00									
VP OF RESEARCH & ANALYSIS	0.00					Х		210,116.	0.	29,780.
(9) DOUG FROELICH	40.00									
VP OF OPERATIONS	0.00					Х		197,972.	0.	35,947.
(10) PAMELA GANN	10.00									
CHAIR	1.00	Х		Х				0.	0.	0.
(11) MARK LINEHAN	5.00									
VICE CHAIR	1.00	Х		Х				0.	0.	0.
(12) BYRON SCOTT, MD	5.00									
TREASURER/COMMITTEE CHAIR	1.00	Х		Х				0.	0.	0.
(13) SIRI MARSHALL	5.00									
SECRETARY/COMMITTEE CHAIR	1.00	Х		Х				0.	0.	0.
(14) THOMAS STURGESS	5.00									
ASST TREASURER/COMMITTEE CHAIR	1.00	Х		Х				0.	0.	0.
(15) JANE OLSON	5.00									
ASST SECRETARY/COMMITTEE CHAIR	1.00	Х		Х				0.	0.	0.
(16) EVAN MARWELL	5.00									
COMMITTEE CHAIR	1.00	Х						0.	0.	0.
(17) HARRY MCMAHON	5.00	1								
COMMITTEE CHAIR	1.00	Х						0.	0.	0.
132007 12-00-21										Form 990 (2021)

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Part VII Section A. Officers, Director	s, Trustees, Key Em	ploy	ees,	anc	l Hig	ghes	t Co	ompensated Employee	s (continued)	• Page •
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below line)	tee or director gy of you	not ci cer an	ss per	more rson i irecto	than o	an tee)	Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	Estimated amount of other compensation from the organization and related organizations
(18) JAMES SELBERT	5.00	프	Ë	#0	Ke	를 를	요			
COMMITTEE CHAIR	1.00	x						0.	0.	0.
(19) STEVE WEINTRAUB	5.00	Α						0.	0.	· • • • • • • • • • • • • • • • • • • •
COMMITTEE CHAIR	1.00	x						0.	0.	0.
(20) MARY DWYER	2.00							••	•	•
DIRECTOR	1.00	х						0.	0.	0.
(21) STAYCE D. HARRIS	2,00								-	
DIRECTOR	1.00	х						0.	0.	0.
(22) JAMES MCGONIGLE	2.00									
DIRECTOR	1.00	х						0.	0.	0,
(23) ANNALISA PIZZARELLO	2.00									
DIRECTOR	1.00	Х						0.	0.	0.
(24) JAMIE RUFFING, PHD	2.00									
DIRECTOR	1.00	Х						0.	0.	0.
(25) TIM WERTNER	2.00									
DIRECTOR	1.00	Х						0.	0.	0.
1b Subtotal		<u> </u>		<u> </u>	L	<u> </u>	<u> </u>	2,678,645.	0.	296,980.
c Total from continuation sheets to	Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)			<u></u>	<u></u>	<u></u>			2,678,645.	0.	296,980.

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

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on

Yes No line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х

39

rendered to the organization? If "Yes." complete Schedule J for such person **Section B. Independent Contractors**

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.

1	
LEGAL SERVICES	470,786.
LABOR - CONSTRUCTION	329,708.
REPLENISHMENT PROGRAM AUDITS	186,000.
MEDIA SERVICES - RADIO	185,350.
SAP HOSTING SERVICES	157,041.
d above) who received more than	
	- 000
-	LABOR - CONSTRUCTION REPLENISHMENT PROGRAM AUDITS MEDIA SERVICES - RADIO

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DIRECT RELIEF 95-1831116 Page 9 Form 990 (2021) Part VIII Statement of Revenue X Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Revenue excluded Total revenue Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c 3,590,990. d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 2,214,234,804 1f 1g \$ 2,047,633,706 g Noncash contributions included in lines 1a-1f 2,217,825,794. h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 310,742. 310,742 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 1,655,747. assets other than inventory b Less: cost or other basis 1,655,747. Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events

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d All other revenue

9 a Gross income from gaming activities. See Part IV, line 19
b Less: direct expenses

c Net income or (loss) from gaming activities10 a Gross sales of inventory, less returns

9b

10a

Business Code

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310,742.

2,218,136,536.

e Total. Add lines 11a-11d

12 Total revenue. See instructions

11 a

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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).

Do	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	3	020 450 500	222 452 522		
	and domestic governments. See Part IV, line 21	239,458,539.	239,458,539.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	19,500.	19,500.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	1,769,866,819.	1,769,866,819.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,789,135.	670,675.	793,174.	325,28
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	11,367,373.	7,769,105.	1,989,286.	1,608,98
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	473,595.	328,923.	75,326.	69,340
9	Other employee benefits	1,354,944.	997,010.	157,960.	199,97
0	Payroll taxes	845,128.	554,525.	165,551.	125,05
1	Fees for services (nonemployees):				
а	Management				
b	Legal	28,415.	1,294.	27,121.	2 12
С	Accounting	152,403.	20,220.	128,753.	3,430
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	5 210 500	4 554 856	545 500	010 145
	column (A), amount, list line 11g expenses on Sch O.)	5,312,500.	4,554,756.	545,599.	212,145
2	Advertising and promotion	391,068.	159,317.	105,185.	126,566
3	Office expenses	170,490.	111,275.	36,825.	22,390
4	Information technology	414,514.	306,774.	30,598.	77,142
15	Royalties	022 204	751 604	44 254	27 244
6	Occupancy	823,204.	751,604.	44,254.	27,346 7,500
7	Travel	354,754.	306,421.	40,833.	7,500
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	138,098.	71,588.	52,890.	13,620
9	Conferences, conventions, and meetings	221,044.	206,662.	8,344.	6,038
20	Interest	221,044.	200,002.	0,344.	0,030
21	Payments to affiliates	1,433,638.	1,321,154.	65,567.	46,917
2	Depreciation, depletion, and amortization	936,614.	468,954.	352,600.	115,060
3	Insurance Other expenses. Itemize expenses not covered	J30,014.	400,334.	332,000.	113,000
4	above. (List miscellaneous expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	INVENTORY ADJ-SEE SCH O	199,765,711.	199,765,711.		
b	FREIGHT & TRANSPORT.	13,814,161.	13,814,161.		
c	SUPPLIES	1,187,058.	1,062,218.	91,026.	33,81
d	DUES AND SUBSCRIPTIONS	753,644.	377,749.	140,104.	235,79
e	All other expenses	2,192,724.	1,177,552.	1,009,204.	5,96
5	Total functional expenses. Add lines 1 through 24e	2,253,265,073.	2,244,142,506.	5,860,200.	3,262,36
6	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)				

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Form 990 (2021)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any l	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			6,183,054.	1	8,017,704.
	2	Savings and temporary cash investments			179,236,886.	2	225,620,451
	3	Pledges and grants receivable, net	6,502,578.	3	9,172,237		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial cor	ntributor, or 35%			
		controlled entity or family member of any of	these person	s		5	
	6	Loans and other receivables from other disqu	ualified perso				
		under section 4958(f)(1)), and persons descri	bed in sectio	n 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net			800,264.	7	890,174
Assets	8	Inventories for sale or use			747,666,649.	8	656,509,104
As	9	Donat all all and a second all defended all all and a			8,043,498.	9	8,384,796
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	50,656,309.			
	b	Less: accumulated depreciation	10b	11,076,271.	40,495,402.	10c	39,580,038
	11	Investments - publicly traded securities			0.	11	79,000
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			3,788,874.	15	10,000,742
	16	Total assets. Add lines 1 through 15 (must e			992,717,205.	16	958,254,246
	17	Accounts payable and accrued expenses			9,624,181.	17	6,314,228
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or f	ormer officer	, director,			
litie		trustee, key employee, creator or founder, su	ıbstantial cor	ntributor, or 35%			
Liabilities		controlled entity or family member of any of	these person	s		22	
⋍	23	Secured mortgages and notes payable to un	related third			23	
	24	Unsecured notes and loans payable to unrela	ated third par	ties		24	
	25	Other liabilities (including federal income tax	, payables to	related third			
		parties, and other liabilities not included on li	ines 17-24). C	Complete Part X			
		of Schedule D			8,203,752.	25	12,359,265
	26	Total liabilities. Add lines 17 through 25			17,827,933.	26	18,673,493
		Organizations that follow FASB ASC 958,	check here	▼ X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			826,526,765.	27	757,271,709
Ва	28	Net assets with donor restrictions		<u></u>	148,362,507.	28	182,309,044
und		Organizations that do not follow FASB AS	C 958, check	k here 🕨 🗌			
ī		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur	nds			29	
set	30	Paid-in or capital surplus, or land, building, o	r equipment	fund		30	
As	31	Retained earnings, endowment, accumulated				31	
Ne.	32	Total net assets or fund balances			974,889,272.	32	939,580,753.
	33	Total liabilities and net assets/fund balances			992,717,205.	33	958,254,246.

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Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,218	,136,	536.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,253	,265,	073.
3	Revenue less expenses. Subtract line 2 from line 1	3	-35	,128,	537.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	974	,889,	272.
5	Net unrealized gains (losses) on investments	5	-	-224,	225.
6	Donated services and use of facilities	6		5,	052.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		39,	191.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	939	,580,	753.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	225	<u> </u>
			Form	990	(2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** DIRECT RELIEF 95-1831116 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021 DIRECT RELIEF 95–1831116 Page 2

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.)

Sec	ction A. Public Support	,, p	oo oompioto i airin	,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		` '	. ,	, ,	` ,	
	membership fees received. (Do not						
	include any "unusual grants.")	1231064403.	1432612920.	1998070429.	1927017337.	2217825794.	8806590883.
2	Tax revenues levied for the organ-						
	ization'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	1231064403.	1432612920.	1998070429.	1927017337.	2217825794.	8806590883.
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)						4725780482.
	Public support. Subtract line 5 from line 4.						4080810401.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1231064403.	1432612920.	1998070429.	1927017337.	2217825794.	8806590883.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	489,967.	1,420,677.	1,274,067.	56,035.	310,742.	3,551,488.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	5,060.					5,060.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						8810147431.
	Total support. Add lines 7 through 10		`				8810147431.
12	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the	•	st, second, third, f	ourth, or fifth tax y	ear as a section 50	J1(c)(3)	. □
Sec	organization, check this box and stop ction C. Computation of Publi		centage			<u></u>	P
	Public support percentage for 2021 (I			olumn (fl)		14	46.32 %
15	Public support percentage from 2020		•	* * * * * * * * * * * * * * * * * * * *		15	45.21 %
	33 1/3% support test - 2021. If the o						,,,
	stop here. The organization qualifies						, T
b	33 1/3% support test - 2020. If the o		-				
	and stop here. The organization qual						
17a							
	'a 10% -facts-and-circumstances test - 2021. 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 te			=	•		▶□
b	10% -facts-and-circumstances test	-	· ·		-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circu						>
18	Private foundation. If the organization						>
<u></u>	ato roundation. It the organization	and the cricent a i	55% OH III O 10, 10e	., . J.D., . r a, Oi 17 D	, 5.100K 1113 DOX al	500 1131140110113	

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

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

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ļ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	ļ					
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
k	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	ļ					
	activities not included on line 10b, whether or not the business is	ļ					
	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 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organization	on,
_	check this box and stop here						>
	ction C. Computation of Publi					т т	
	Public support percentage for 2021 (I			olumn (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					T T	
17	Investment income percentage for 20			ne 13, column (f))		17	<u>%</u>
18						18	%
19a	a 33 1/3% support tests - 2021. If the						7 is not
	more than 33 1/3%, check this box ar						>
k	o 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	▶Ш

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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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		
30		
_		
3c		
4a		
4b		
4c		
Eo		
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5b		
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· u	capporting organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
b	A family member of a person described on line 11a above?	1b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		1c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sec	tion C. Type II Supporting Organizations			
	<u> </u>		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			140
	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			
		1		
Sec	tion 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		100	140
•	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			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
2	the organization maintained a cross and continuous working relationship with the capported organization(o).			
3	By reason of the relationship described on line 2, above, 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	2		
Sec	supported organizations played in this regard. stion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
	· · · · · · · · · · · · · · · · · · ·		- 1	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructional Activities Test. Answer lines 2a and 2b below.	ιτιοn;	s). Yes	No
			res	NO
а	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)		
L	and those delivered constitution of the delivered	2a		
b				
	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)h		
2	and a destruction of the organization of the o	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	ii red or rid provide detaile iii	Ba		
b		3b		
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard)Ü		i

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Pai	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	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functiona	lly integrat	ed Type III supporting orga	nization (see
	instructions).	-		

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			
6	Other distributions (describe in Part VI). See instructions.	6		
7	Total annual distributions. Add lines 1 through 6.	7		
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7				
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Schedule B (Form 990) (2021)

Employer identification number

DIF	95-1831116							
Organization type (check o	rganization type (check one):							
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.						
General Rule								
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	•						
Special Rules								
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) I line 1. Complete Parts I and II.	d that received from any one						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
year, contributions is checked, enter h purpose. Don't cor	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
aution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must swer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify at it doesn't meet the filing requirements of Schedule B (Form 990).								

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

Schedule B (Form 990) (2021) Page **2**

Name of organization

Employer identification number

95-1831116

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* \$ 140,765,339.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **2**

Name of organization

Employer identification number

DIRECT RELIEF

95-1831116

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 8	Name, address, and ZIP + 4	\$\$ 53,834,802.	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, add 655, and Zif + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Noncash Complete Part II for noncash contributions.

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

DIRECT RELIEF

95-1831116

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PHARMACEUTICALS, MEDICAL SUPPLIES	_	
1		-	
		\$ 646,727,029.	07/01/21
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(See instructions.)	
2	PHARMACEUTICALS, MEDICAL EQUIPMENT	-	
2		-	
		\$\$	07/01/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PHARMACEUTICALS		
3			
		-	
		\$\$ 186,403,517.	07/07/21
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PHARMACEUTICALS		
4			
		\$ 140,179,195.	07/06/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PHARMACEUTICALS, MEDICAL SUPPLIES	-	
5		-	
		\$\$	07/02/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	PHARMACEUTICALS	-	
		- QQ 225 271	07/01/21
		\$\$ 89,235,271.	07/01/21

Schedule B (Form 990) (2021) Page **3**

Name of organization

Employer identification number

DIRECT RELIEF

95-1831116

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL EQUIPMENT		
		\$\$1,973,795.	11/01/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	PHARMACEUTICALS, MEDICAL SUPPLIES		
<u> </u>		53,834,802.	07/16/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		. \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		. \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		. \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		:	
		\$	

Schedule B (Form 990) (2021) Page **4**

Name of o	rganization				Employer identification number
DIRECT R	RELIEF				95-1831116
Part III		through (e) and the following line charitable, etc., contributions of \$1,00	ne entry. For or	rganizations	at total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	iption of how gift is held
		(e) Transfer o	of gift		
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of tran	sferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	iption of how gift is held
	Turneformala manna adalma a	(e) Transfer o			of a control of a
	Transferee's name, address, ar	U ZIP + 4	ne	elationship of tran	sferor to transferee
(a) Na					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	iption of how gift is held
		(e) Transfer o	of gift		
-	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of tran	sferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	iption of how gift is held
		(e) Transfer o	of gift		
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of tran	sferor to transferee
ı					

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

DIRECT RELIEF

Employer identification number 95-1831116

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nds or Accounts. Complete if the
		(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 w	_	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
Pai	impermissible private benefit?	anination annual IIVaall on Farm	Yes N
			990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio Preservation of land for public use (for example, recreat	`	ion of a historically important land area
	Protection of natural habitat	· —	on of a historically important land area on of a certified historic structure
	Preservation of open space	Freservat	orror a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the	form of a conservation easement on the last
_	day of the tax year.	od conservation contribution in the	Held at the End of the Tax Ye
а	Total number of conservation easements		2a
b	- · · · · · · · · · · · · · · · · · · ·		•
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired at		
	listed in the National Register	,	2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handlin	g of
	violations, and enforcement of the conservation easements it $% \left(1\right) =\left(1\right) \left(1\right)$	holds?	Yes Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing con	servation easements during the year
_	> \$		4704 (4)(7)(7)
8	Does each conservation easement reported on line 2(d) above	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements.	<u> </u>	atements that describes the
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures. o	r Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 958		ent and balance sheet works
	of art, historical treasures, or other similar assets held for public	•	
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research ir	furtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(m) 4		L A
2	If the organization received or held works of art, historical trea		ancial gain, provide
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

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

DIRECT RELIEF Schedule D (Form 990) 2021 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program Other h Scholarly research Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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? 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 If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d Additions during the year 1e Distributions during the year Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (a) Current year (b) Prior year (e) Four years back 62,341,309, 34,600,273, 36,975,634. 27,758,883 28,521,747. **1a** Beginning of year balance 15,081. 21,313,784. 6,680,042. 8,302,822. 384,988. Contributions 2,236,006. -82,761. 10,021,573. 821,558, 2,233,294. Net investment earnings, gains, and losses Grants or scholarships 3,571,490. 3,208,883. 2,687,197. 1,099,626, 3,177,271. Other expenditures for facilities 6,919,743. and programs 385,438. 270,021. 222,451 203,875. Administrative expenses 58,702,139. 62,341,309. 34,600,273, 36,975,634, 27,758,883. End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment .0000 % Term 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 Yes No 3a(i) (i) Unrelated organizations 3a(ii) Х (ii) Related organizations **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. 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 (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 8,705,985 8,705,985. 32,241,977. 3,159,159. 29,082,818.

Schedule D (Form 990) 2021

900,956.

890,279.

39,580,038.

2,963,002.

4,954,110.

e Other

Buildings
Leasehold improvements

d Equipment

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

3,863,958.

5,844,389.

Schedule D (Form 990) 2021 DIRECT RELIEF		95-	1831116	Page 3
Part VII Investments - Other Securities.	5 000 D 1 N/ II	0 5 000 5		
Complete if the organization answered "Yes" o				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related. Complete if the organization answered "Yes" o	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-o	f-vear 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" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
(a) [Description		(b) Book v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Fortal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.				
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.		
1. (a) Description of liability			(b) Book v	alue
(1) Federal income taxes				
(2) OTHER CURRENT LIABILITIES				729,564.
(3) ACCRUED PAYROLL EXPENSES			2,6	529,701.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			10 :	250 265
Total. (Column (b) must equal Form 990, Part X, col. (B) line				359,265.
 Column (b) must equal Form 990, Part X, col. (B) line Liability for uncertain tax positions. In Part XIII, provide t 				33,1

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 DIRECT RELIEF			95-1	1831116 Page
	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With F	Revenue per Re	turn.	ruge
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	2,221,023,125
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-224,225.		
b	Donated services and use of facilities		3,130,314.		
С	Recoveries of prior year grants				
d		1 1			
е	Add lines 2a through 2d			2e	2,906,089
3	Subtract line 2e from line 1			3	2,218,117,036
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b	19,500.		
С	Add lines 4a and 4b			4c	19,500
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,218,136,536
Pa	T XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	2,256,331,645
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities		3,086,072.		
b	Prior year adjustments				
С	Other losses				
d	,	. 2d			2 225 272
_	Add lines 2a through 2d			2e	3,086,072
3	Subtract line 2e from line 1			3	2,253,245,573
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1			
	Investment expenses not included on Form 990, Part VIII, line 7b		10 500		
b	Other (Describe in Part XIII.)	·	19,500.		10 500
	Add lines 4a and 4b			4c 5	19,500 2,253,265,073
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) T XIII Supplemental Information.			5	2,255,265,075
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	N/ lines 4 h s	and Ohr Doub V. Bana 4	. Dad V	/ line Or Dort VI
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			, Part A	x, line ∠, Part XI,
111103	20 and 40, and 1 art Air, lines 20 and 40. Also complete this part to provide any add	itional imorni	ation.		
PART	V, LINE 4:				
	·				
BOAF	D DESIGNATED ENDOWMENT: DIRECT RELIEF FOUNDATION MAINTAINS CU	STODY OF			
THE	BOARD RESTRICTED INVESTMENT FUND (BRIF), WHICH IS A BOARD DES	IGNATED			
ENDC	WMENT. DIRECT RELIEF FOUNDATION WAS FORMED AS A SUPPORTING				
ODG	NIZATION OF DIRECT RELIEF. THE FOUNDATION IS ORGANIZED TO OPE	ם א חודי			
ORGA	INIZATION OF DIRECT RELIEF. THE FOUNDATION IS ORGANIZED TO OPE	KATE			
SOLE	LY AND EXCLUSIVELY TO SUPPORT, BENEFIT, OR CARRY OUT THE PURPORT	OSES OF			
БОП	bi ind bactorivali to borrowi, banditi, ok cinki oor ind roki	ODED OI			
DIRE	CT RELIEF. THE PURPOSE OF THE BRIF IS TO PROVIDE A RESERVE FO	R CURRENT			
AND	FUTURE OPERATIONS OF DIRECT RELIEF. THE BRIF ALSO PROVIDES FU	NDING TO			
PAY	FOR ALL OF DIRECT RELIEF'S FUNDRAISING EXPENSES AND SOME MANA	GEMENT			

Schedule D (Form 990) 2021

AND GENERAL EXPENSES. FOR THE YEAR ENDED JUNE 30, 2022, 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

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2021
Open to Public Inspection

Name of the organization

Form 990, Part IV, line 14b.

Employer identification number

DIRECT RELIEF

95-1831116

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

the grantees' eligibility for	or the grants or a	assistance, and t	the selection criteria used to award the g	rants or assistance?	Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its (grants and other assistance out	side the
United States.					
3 Activities per Region. (T	he following Parl	I, line 3 table ca	an be duplicated if additional space is ne	eded.)	
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND					1 411 674
THE CARIBBEAN			GRANTMAKING		1,411,674.
EAST ASIA AND THE					145 712
PACIFIC			GRANTMAKING		145,712.
EUROPE (INCLUDING ICELAND AND					
GREENLAND)			GRANTMAKING		13,669,800.
MIDDLE EAST AND					
NORTH AFRICA			GRANTMAKING		56,000.
NORTH AMERICA					
(CANADA AND MEXICO)			GRANTMAKING		690,000.
RUSSIA AND					
NEIGHBORING STATES			GRANTMAKING		400,000.
SOUTH AMERICA			GRANTMAKING		50,000.
SOUTH ASIA			GRANTMAKING		3,594,618.
3 a Subtotal	0	0			20,017,804.
b Total from continuation sheets to Part I	0	0			1804295074.
c Totals (add lines 3a and 3b)	0	0			1824312878.

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

DIRECT RELIEF 95-1831116 Page 1

Schedule F (Form 990)	DIRECT RELIE			95-1831	116 Page 1
Part I Continuation	n of Activities	s per Regior	• (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			GRANTMAKING		1,135,027.
				COORDINATION OF MEDICAL	
				SUPPORT TO DOCTORS AND	
NORTH AMERICA				MEDICAL CLINICS IN	
(CANADA AND MEXICO)	1	1	PROGRAM SERVICES	MEXICO	3,080.
				COORDINATION OF MEDICAL	·
				SUPPORT TO DOCTORS AND	
				MEDICAL CLINICS IN	
SUB-SAHARAN AFRICA	1	1	PROGRAM SERVICES	AFRICA	77,659.
-				COORDINATION OF MEDICAL	<u> </u>
				SUPPORT TO DOCTORS AND	
				MEDICAL CLINICS IN SOUTH	
SOUTH AMERICA		1	PROGRAM SERVICES	AMERICA	25,886.
				COORDINATION OF MEDICAL	, ,
				SUPPORT TO DOCTORS AND	
CENTRAL AMERICA AND				MEDICAL CLINICS IN THE	
THE CARIBBEAN		3	PROGRAM SERVICES	BAHAMAS AND HAITI	141,082.
					111,002.
				COORDINATION OF MEDICAL	
				SUPPORT TO DOCTORS AND	
SOUTH ASIA		1	PROGRAM SERVICES	MEDICAL CLINICS IN INDIA	44,962.
				COORDINATION OF MEDICAL	11,502.
EUROPE (INCLUDING				SUPPORT TO DOCTORS AND	
ICELAND AND				MEDICAL CLINICS IN THE	
GREENLAND)		1	PROGRAM SERVICES	BALKANS	89,826.
			I Redum BERVIOES	COORDINATION OF MEDICAL	03,020.
				SUPPORT TO DOCTORS AND	
EAST ASIA AND THE				MEDICAL CLINICS IN ASEAN	
PACIFIC	1	2	PROGRAM SERVICES	REGION	99,572.
TACIFIC		2	I ROGRAM BERVICES	COORDINATION OF MEDICAL	33,372.
				SUPPORT TO DOCTORS AND	
RUSSIA AND				MEDICAL CLINICS IN	
		1	DDOCDAM CEDUTCEC		7 766
NEIGHBORING STATES	+	1	PROGRAM SERVICES	UKRAINE	7,766.
				PROVISION OF	
CENTED AT AMERICA AND				PROVISION OF	
CENTRAL AMERICA AND			CD A NUMA WING	PHARMACEUTICALS, MEDICAL	112 020 150
THE CARIBBEAN	1		GRANTMAKING	EQUIPMENT, AND SUPPLIES	113,920,158.
					I
Totals	•				

Schedule F (Form 990)	DIRECT RELIE			95-1831116	Page 1
			- (Schedule F (Form 990), Part I, line 3		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
	offices	employees or	(by type) (i.e., fundraising, program services, grants to	is a program service, describe specific type	expenditures
	in the region	agents in region	recipients located in the region)	of service(s) in region	for region
		region	Teopletic reduced in the region,	or service(s) in region	
				PROVISION OF	
EAST ASIA AND THE				PHARMACEUTICALS, MEDICAL	
PACIFIC			 GRANTMAKING		124,322,074.
				,	
EUROPE (INCLUDING				PROVISION OF	
ICELAND AND				PHARMACEUTICALS, MEDICAL	
GREENLAND)			GRANTMAKING	EQUIPMENT, AND SUPPLIES	34,859,888.
				,	
				PROVISION OF	
MIDDLE EAST AND				PHARMACEUTICALS, MEDICAL	
NORTH AFRICA			GRANTMAKING	EQUIPMENT, AND SUPPLIES	137,533,899.
				PROVISION OF	
NORTH AMERICA				PHARMACEUTICALS, MEDICAL	
(CANADA AND MEXICO)			GRANTMAKING	EQUIPMENT, AND SUPPLIES	5,395,985.
				DROWINGTON OF	
DUGGIA AND				PROVISION OF	
RUSSIA AND			GD ANTONA WILLIA	PHARMACEUTICALS, MEDICAL	122 002 221
NEIGHBORING STATES			GRANTMAKING	EQUIPMENT, AND SUPPLIES	432,983,331.
				PROVISION OF	
				PHARMACEUTICALS, MEDICAL	
SOUTH AMERICA			 GRANTMAKING	EQUIPMENT, AND SUPPLIES	163,026,145.
				,	
				PROVISION OF	
				PHARMACEUTICALS, MEDICAL	
SOUTH ASIA			GRANTMAKING		426,847,589.
				PROVISION OF	
				PHARMACEUTICALS, MEDICAL	
SUB-SAHARAN AFRICA			GRANTMAKING	EQUIPMENT, AND SUPPLIES	363,503,423.
NORTH AMERICA					
(CANADA AND MEXICO)			INVESTMENTS		266,262.
					,
SUB-SAHARAN AFRICA			INVESTMENTS		11,460.
Totals	<u> </u>				1804295074.
	-				

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA	HAITI EARTHQUAKE					
			RELIEF & RECOVERY	460,000.	WIRE	0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN		0.		81,403.	EQUIPMENT	PURCHASED PRICE
				-		, -		
		CENTRAL AMERICA					PHARMACEUTICALS,	
		AND THE CARIBBEAN		0.		82,998.	MEDICAL SUPPLIES	WHOLESALE PRICE
		CENTRAL AMERICA						
		AND THE CARIBBEAN		0.		86,025.	EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA				04 530		ESTIMATED
		AND THE CARIBBEAN		0.		94,730.	PHARMACEUTICALS	WHOLESALE PRICE
		CENTRAL AMERICA						ESTIMATED
		AND THE CARIBBEAN		0.		103,680.	MEDICAL SUPPLIES	WHOLESALE PRICE
								ESTIMATED
		CENTRAL AMERICA		_			PHARMACEUTICALS,	WHOLESALE PRICE,
		AND THE CARIBBEAN		0.		135,339.	OTHER, EQUIPMENT	PURCHASED PRICE
								ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	
		AND THE CARIBBEAN		0.		136 011.	EQUIPMENT	PURCHASED PRICE

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

3 Enter total number of other organizations or entities

246 190

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA					PHARMACEUTICALS,	ESTIMATED
		AND THE CARIBBEAN		0.			MEDICAL SUPPLIES	WHOLESALE PRICE
						,		
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					· ·	WHOLESALE PRICE,
		AND THE CARIBBEAN		0.		162,491.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	
		CENTRAL AMERICA					MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.		168,215.	EQUIPMENT	WHOLESALE PRICE
				-		,		
							PHARMACEUTICALS,	
		CENTRAL AMERICA					MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.		168,641.	EQUIPMENT	WHOLESALE PRICE
		CENTRAL AMERICA						ESTIMATED
		AND THE CARIBBEAN		0.		175 200	PHARMACEUTICALS	WHOLESALE PRICE
				•		270,200.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN		0.		186,735.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	
		CENTRAL AMERICA AND THE CARIBBEAN		0.			MEDICAL SUPPLIES, EQUIPMENT	WHOLESALE PRICE
		AND THE CARIBBEAN		0.		109,191.	EQUIPMENT	WHOLESALE PRICE
		CENTRAL AMERICA						ESTIMATED
		AND THE CARIBBEAN		0.		207,740.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		CENTRAL AMERICA		_			PHARMACEUTICALS,	WHOLESALE PRICE,
		AND THE CARIBBEAN		0.		212,157.	MEDICAL SUPPLIES	PURCHASED PRICE

1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FM appraisal, other)
							PHARMACEUTICALS,	
		CENTRAL AMERICA					MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.		218,794.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	WHOLESALE PRICE
		AND THE CARIBBEAN		0.		263,728.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	WHOLESALE PRICE
		AND THE CARIBBEAN		0.		271,541.	EQUIPMENT	PURCHASED PRICE
								ESTIMATED
		CENTRAL AMERICA						WHOLESALE PRIC
		AND THE CARIBBEAN		0.		71,098.	MEDICAL SUPPLIES	PURCHASED PRICE
							DUADNA GRUMT GAL G	поштилипр
		CENTRAL AMERICA					PHARMACEUTICALS, MEDICAL SUPPLIES.	ESTIMATED
		AND THE CARIBBEAN		0.		284,732.	EQUIPMENT	WHOLESALE PRIC PURCHASED PRIC
						,		
		CENTRAL AMERICA						
		AND THE CARIBBEAN		0.		65,844.	EQUIPMENT	PURCHASED PRIC
		CENTRAL AMERICA						ESTIMATED
		AND THE CARIBBEAN		0.		50,614.	PHARMACEUTICALS	WHOLESALE PRIC
		CENTRAL AMERICA						
		AND THE CARIBBEAN		0.		5,015.	EQUIPMENT	PURCHASED PRIC
		CENTRAL AMERICA					PHARMACEUTICALS,	ESTIMATED
		AND THE CARIBBEAN		0.		6,441.	MEDICAL SUPPLIES	WHOLESALE PRICE

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ugo z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA						ESTIMATED
		AND THE CARIBBEAN		0.		6,660.	PHARMACEUTICALS	WHOLESALE PRICE
		CENTRAL AMERICA					MEDICAL SUPPLIES,	
		AND THE CARIBBEAN		0.		8,793.	EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA					MEDICAL SUPPLIES,	
		AND THE CARIBBEAN		0.		10,418.	EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA					PHARMACEUTICALS,	ESTIMATED
		AND THE CARIBBEAN		0.		1	MEDICAL SUPPLIES	WHOLESALE PRICE
						,		
		anumnii 114nniai						
		CENTRAL AMERICA AND THE CARIBBEAN		0.			PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		18 466.	MEDICAL SUPPLIES	PURCHASED PRICE
				-•				
		CENTRAL AMERICA AND THE CARIBBEAN		0.		26,408.	OTHER	ESTIMATED WHOLESALE PRICE
		THE CHILDDIAN		••		20, 200.		THE PROPERTY OF THE PARTY OF TH
		CENTRAL AMERICA AND THE CARIBBEAN		0.		26,408.	OWNED	ESTIMATED WHOLESALE PRICE
		MIND INE CARIDBEAN		0.		20,400.	OTHER	MUOTESATE LYICE
		CENTRAL AMERICA		_		26 400	OWNERD.	ESTIMATED
		AND THE CARIBBEAN		0.		26,408.	отнек	WHOLESALE PRICE

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Part II Continuation of	f Grants and Other I	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), 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)
	,,					23313121100	assistance	appraisal, other)
		CENTED AL AMEDICA					MEDICAL CUDDITEC	
		CENTRAL AMERICA AND THE CARIBBEAN		0.			MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE
		AND THE CARIBBEAN		0.		20,314.	EQUIFMENT	FORCHASED FRICE
		CENTRAL AMERICA						
		AND THE CARIBBEAN		0.		26,585.	MEDICAL SUPPLIES	PURCHASED PRICE
						·		
								ESTIMATED
		CENTRAL AMERICA						WHOLESALE PRICE
		AND THE CARIBBEAN		0.		26,649.	OTHER, EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA						
		AND THE CARIBBEAN		0.		28,431.	EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA					MEDICAL SUPPLIES,	
		AND THE CARIBBEAN		0.			EQUIPMENT	PURCHASED PRICE
				•		20,021.		
		CENTRAL AMERICA					MEDICAL SUPPLIES,	
		AND THE CARIBBEAN		0.		30,451.	EQUIPMENT	PURCHASED PRICE
								ESTIMATED
		CENTRAL AMERICA						WHOLESALE PRICE
		AND THE CARIBBEAN		0.		33,693.	OTHER, EQUIPMENT	PURCHASED PRICE
		CENIMDAL AMERICA					PHARMACEUTICALS,	БСШТМУШБР
		CENTRAL AMERICA AND THE CARIBBEAN		0.			MEDICAL SUPPLIES, EQUIPMENT	WHOLESALE PRICE
		PIND INE CAKIDDEAN		0.		43,335.	E COLLIENT	MICHESALE PRICE
		CENTRAL AMERICA						
		AND THE CARIBBEAN		0.		I 56 050	EQUIPMENT	PURCHASED PRICE

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Part II Cont	tinuation of	Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	Т
1 (a) Name of org		(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)
		(9			assistance	assistance	appraisal, other)
			GENERAL AMERICA					DUADWA GEREMAGA I G	ESTIMATED
			CENTRAL AMERICA AND THE CARIBBEAN		0.			PHARMACEUTICALS, MEDICAL SUPPLIES	WHOLESALE PRICE, PURCHASED PRICE
			AND THE CARIBBEAN		0.		337,704.	MEDICAL SUFFLIES	FORCHASED FRICE
			CENTRAL AMERICA						ESTIMATED
			AND THE CARIBBEAN		0.		244,595.	PHARMACEUTICALS	WHOLESALE PRICE
							,		
			CENTRAL AMERICA						
			AND THE CARIBBEAN		0.		401,130.	EQUIPMENT	PURCHASED PRICE
								PHARMACEUTICALS,	ESTIMATED
			CENTRAL AMERICA		_			MEDICAL SUPPLIES,	1
			AND THE CARIBBEAN		0,		2,016,261.	EQUIPMENT	PURCHASED PRICE
								DUADMACEIMICALC	БСШТМУШБО
			CENTRAL AMERICA					PHARMACEUTICALS, MEDICAL SUPPLIES,	ESTIMATED
			AND THE CARIBBEAN		0.		2,166,131.	1	PURCHASED PRICE
					••		2,100,101.	DQ01111DIV1	TORONIDED TRICE
								PHARMACEUTICALS,	ESTIMATED
			CENTRAL AMERICA					MEDICAL SUPPLIES,	WHOLESALE PRICE,
			AND THE CARIBBEAN		0.		389,205.	EQUIPMENT	PURCHASED PRICE
								PHARMACEUTICALS,	
			CENTRAL AMERICA					MEDICAL SUPPLIES,	
			AND THE CARIBBEAN		0.		2,307,620.	EQUIPMENT	WHOLESALE PRICE
			CENTED AT AMEDICA					PHARMACEUTICALS,	пстилте
			CENTRAL AMERICA AND THE CARIBBEAN		0.		3,231,963.	MEDICAL SUPPLIES,	WHOLESALE PRICE
			THE CAKIDDEAN		0.		3,231,303.	EXOTEMENT.	MICHESALE PRICE
								PHARMACEUTICALS,	ESTIMATED
				•		1		,	1
			CENTRAL AMERICA					MEDICAL SUPPLIES.	WHOLESALE PRICE,

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Part II Continuation o	f Grants and Other <i>I</i>	Assistance to Organiza	tions or Entities Outside the l	United States.	(Schedule F (Form 9	90), Part II, line	1)	T
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FMV
	and Env (ii applicable)		grant	of cash grant	Casif disbursement	assistance	assistance	appraisal, other)
							DIIA DMA CRIMIT CAT C	е стталер
		CENTRAL AMERICA					PHARMACEUTICALS, MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.		3,625,851.	1	PURCHASED PRICE
		AND THE CARIBBEAN		0.		3,023,031.	PHARMACEUTICALS,	FORCHASED FRICE
							OTHER, MEDICAL	ESTIMATED
		CENTRAL AMERICA					SUPPLIES,	WHOLESALE PRICE
		AND THE CARIBBEAN		0.		3,753,345.	· ·	PURCHASED PRICE
				-		, , ,		
		CENTRAL AMERICA					PHARMACEUTICALS,	ESTIMATED
		AND THE CARIBBEAN		0.		3,811,651.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	
		CENTRAL AMERICA					MEDICAL SUPPLIES,	
		AND THE CARIBBEAN		0.		1,862,984.	EQUIPMENT	WHOLESALE PRICE
							DUADNA GRUMTGAT G	
		GENEDAL AMEDICA					PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA AND THE CARIBBEAN		0.		5,859,864.	MEDICAL SUPPLIES,	PURCHASED PRICE
		AND THE CARIBBEAN		0.		3,033,004.	EQUIFMENT	FORCHASED FRICE
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	WHOLESALE PRICE
		AND THE CARIBBEAN		0.		9,750,222.	·	PURCHASED PRICE
						. ,		
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	WHOLESALE PRICE
		AND THE CARIBBEAN		0.		12,259,378.	EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA		_		00.505.55		ESTIMATED
		AND THE CARIBBEAN		0.		23,696,105.	PHARMACEUTICALS	WHOLESALE PRICE
		CENTRAL AMERICA	TAKEDA POST-TRIAL					
		AND THE CARIBBEAN		6,674.	WIRE	0.		
		THE CANTEBEAN	FICCIOS I ROGRAM	0,074.	11112	ı		<u> </u>

Schedule i (Form 990)					<i></i>			Faye Z
Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	1
1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	non-cash	of non-cash	valuation (book, FMV
	and Env (ii applicable)		grant	or casir grant	Casi alsbarsement	assistance	assistance	appraisal, other)
		CENTRAL AMERICA	HAITI EARTHQUAKE					
		AND THE CARIBBEAN	RELIEF & RECOVERY	50,000.	WIRE	0.		
				, , , , , , ,				
		CENTRAL AMERICA	HAITI EARTHQUAKE					
		AND THE CARIBBEAN		95,000.	MIDE	0.		
		AND THE CARIBBEAN	RELIEF & RECOVERI	95,000.	MIKE	0.		
		CENTRAL AMERICA	HAITI EARTHQUAKE					
		AND THE CARIBBEAN	RELIEF & RECOVERY	150,000.	WIRE	0.		
		CENTRAL AMERICA	HAITI EARTHQUAKE					
		AND THE CARIBBEAN	RELIEF & RECOVERY	200,000.	WIRE	0.		
		CENTRAL AMERICA	HAITI EARTHQUAKE					
		AND THE CARIBBEAN		450,000.	WIRE	0.		
		INCO THE CHATEBERN	TELLET & NECOVERT	130,000.	11112	• •		
							PHARMACEUTICALS,	ESTIMATED
		GENUDAL AMEDICA					1	
		CENTRAL AMERICA				6 060 030	MEDICAL SUPPLIES,	WHOLESALE PRICE,
		AND THE CARIBBEAN		0.		6,969,238.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	1
		AND THE CARIBBEAN		0.		1,774,895.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		AND THE CARIBBEAN		0.		2,170,582.		PURCHASED PRICE
						,	PHARMACEUTICALS,	
							OTHER, MEDICAL	ESTIMATED
		CENTRAL AMERICA					SUPPLIES,	WHOLESALE PRICE,
		AND THE CARIBBEAN		0.		1,398,762.		PURCHASED PRICE
		TILL CARIBBEAN		ı .	1	1,350,702.	EXOTI HEMI	LOWGIIVOUD LYICE

Page 2

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ugo z
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)
							DUADMACRIMICAL C	
		CENTRAL AMERICA					PHARMACEUTICALS, MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.		452 937	EQUIPMENT	WHOLESALE PRICE
						102,707.		
		GUNDAL ANDRIGA						полиманть
		CENTRAL AMERICA AND THE CARIBBEAN		0.		472 640	DUADMACEIMICAI C	ESTIMATED WHOLESALE PRICE
		AND THE CARIBBEAN		0.		4/2,640.	PHARMACEUTICALS	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		AND THE CARIBBEAN		0.		524,575.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	
		AND THE CARIBBEAN		0.			EQUIPMENT	PURCHASED PRICE
		GUNDAL ANDREGA						полиманть
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1 445 850	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		AND THE CARIBBEAN		0.		1,445,050.	THARMACHOTICAND	WHOLESALE TRICE
		GDNMDAL ANDDIGA						полиманть
		CENTRAL AMERICA AND THE CARIBBEAN		0.		675 194	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		AND THE CARIBBEAN		0.			PHARMACEUTICALS,	WHOLESALE FRICE
							OTHER, MEDICAL	ESTIMATED
		CENTRAL AMERICA					SUPPLIES,	WHOLESALE PRICE,
		AND THE CARIBBEAN		0.		l	EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA					PHARMACEUTICALS,	ESTIMATED
		AND THE CARIBBEAN		0.			MEDICAL SUPPLIES	WHOLESALE PRICE
						,	PHARMACEUTICALS,	
							OTHER, MEDICAL	ESTIMATED
		CENTRAL AMERICA					SUPPLIES,	WHOLESALE PRICE,
		AND THE CARIBBEAN		0.		779,048.	EQUIPMENT	PURCHASED PRICE

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Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	T
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	(h) Description of non-cash	(i) Method of valuation (book, FM\
	and Int (ii approadit)		9.4	or odorr graint		assistance	assistance	appraisal, other)
							PHARMACEUTICALS,	
		CENTRAL AMERICA					OTHER, MEDICAL	ESTIMATED
		AND THE CARIBBEAN		0.		637,588.	SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	
							OTHER, MEDICAL	ESTIMATED
		CENTRAL AMERICA					SUPPLIES,	WHOLESALE PRICE
		AND THE CARIBBEAN		0.		941,603.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	
		CENTRAL AMERICA					MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.		1,002,237.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	
		CENTRAL AMERICA					MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.		1,063,132.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	WHOLESALE PRICE
		AND THE CARIBBEAN		0.		1,139,454.		PURCHASED PRICE
						, ,		
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	WHOLESALE PRICE
		AND THE CARIBBEAN		0.		1,190,726.	1	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	
		AND THE CARIBBEAN		0.		1,223,625.		PURCHASED PRICE
		IND THE CHARDENIA		٠.		1,223,023.	EQ01111DIX1	TORGINIDED TREES
							PHARMACEUTICALS,	
		CENTRAL AMERICA					MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.		1,226,650.	1	WHOLESALE PRICE
		MAN THE CAKIDBEAN		0.		1,220,050.	E O TEMENT	MUODESALE PRICE
							DUADMACRIMICALC	ЕСШТМАПЕР
		CENTRAL AMERICA					PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA		_		1 211 266	MEDICAL SUPPLIES,	WHOLESALE PRICE
		AND THE CARIBBEAN		0.		1,311,366.	EOOT LWENT,	PURCHASED PRICE

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ugo z
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)
							DIIADMA GELIMT GAT G	
		CENTRAL AMERICA					PHARMACEUTICALS, MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.		1,354,727.	1	WHOLESALE PRICE
		IND THE CHIEDDING		٠.		1,334,727.	EQUITMENT.	WHOLIDHILL TRICE
								ESTIMATED
		CENTRAL AMERICA					PHARMACEUTICALS,	WHOLESALE PRICE,
		AND THE CARIBBEAN		0.		779,253.	MEDICAL SUPPLIES	PURCHASED PRICE
							PHARMACEUTICALS,	
		EAST ASIA AND THE					MEDICAL SUPPLIES,	ESTIMATED
		PACIFIC		0.		475,267.	EQUIPMENT	WHOLESALE PRICE
		L					PHARMACEUTICALS,	ESTIMATED
		EAST ASIA AND THE		2			MEDICAL SUPPLIES,	1
		PACIFIC		0.		456,974.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	
		EAST ASIA AND THE					MEDICAL SUPPLIES,	ESTIMATED
		PACIFIC		0.			EQUIPMENT	WHOLESALE PRICE
						,		
							PHARMACEUTICALS,	
		EAST ASIA AND THE					MEDICAL SUPPLIES,	ESTIMATED
		PACIFIC		0.		369,805.	EQUIPMENT	WHOLESALE PRICE
		EAST ASIA AND THE						ESTIMATED
		PACIFIC		0.		17,553.	PHARMACEUTICALS	WHOLESALE PRICE
								естилтер
		EAST ASIA AND THE						ESTIMATED
		PACIFIC		0.		130 333	MEDICAL SUPPLIES	WHOLESALE PRICE, PURCHASED PRICE
				· ·		130,333.	ILDICAL BOILDIES	- SKOIMBED TRICE
								ESTIMATED
		EAST ASIA AND THE					MEDICAL SUPPLIES,	1
		PACIFIC		0.		34,643.	EQUIPMENT	PURCHASED PRICE

Corrodato	F (F0rm 990)								Page 2
Part II	Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Nam	e 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				22 525		ESTIMATED
			PACIFIC		0.		33,795.	PHARMACEUTICALS	WHOLESALE PRICE
			EAST ASIA AND THE						ESTIMATED
			PACIFIC		0.		797,469.	PHARMACEUTICALS	WHOLESALE PRICE
								PHARMACEUTICALS,	
								OTHER, MEDICAL	ESTIMATED
			EAST ASIA AND THE					SUPPLIES,	WHOLESALE PRICE,
			PACIFIC		0.		358,889.	EQUIPMENT	PURCHASED PRICE
								PHARMACEUTICALS,	
			EAST ASIA AND THE					MEDICAL SUPPLIES,	ESTIMATED
			PACIFIC		0.		812,264.	EQUIPMENT	WHOLESALE PRICE
							,		
			EAST ASIA AND THE	PHILIPPINES DISASTER					
			PACIFIC	RELIEF & RECOVERY	32,586.	WIRE	0.		
			EAST ASIA AND THE					PHARMACEUTICALS,	ESTIMATED WHOLESALE PRICE,
			PACIFIC		0.		2 043 607.	MEDICAL SUPPLIES	PURCHASED PRICE
							,,,		
			EAST ASIA AND THE	FACEBOOK CRISIS					
			PACIFIC	RESPONSE MAPPING	53,600.	WIRE	0.		
			EAST ASIA AND THE					PHARMACEUTICALS,	ESTIMATED
			PACIFIC		0.		l	MEDICAL SUPPLIES	WHOLESALE PRICE
					· .		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			EAST ASIA AND THE	AUSTRALIA WILDFIRES					
			PACIFIC	RELIEF & RECOVERY	19,526.	WIRE	0.		

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Part II (Continuation or	f Grants and Other /	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1		(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name o	of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	1 ''	non-cash	of non-cash	valuation (book, FMV,
		and Env (ii applicable)		grant	or odorr grant	Cash disparsement	assistance	assistance	appraisal, other)
			EAST ASIA AND THE	PHILIPPINES DISASTER					
			PACIFIC	RELIEF & RECOVERY	15,000.	WIRE	0.		
					·				
			EAST ASIA AND THE	PHILIPPINES DISASTER					
				RELIEF & RECOVERY	25,000.	WTRE	0.		
			111011110	TELLET & RESOVERE	23,000.	WIKE	<u> </u>		
			ביים אמדא איים פיים						БСШТМУШБР
			EAST ASIA AND THE				44 544 410	D D G	ESTIMATED
			PACIFIC		0.		44,744,418.	PHARMACEUTICALS	WHOLESALE PRICE
								PHARMACEUTICALS,	
								OTHER, MEDICAL	
			EAST ASIA AND THE					SUPPLIES,	ESTIMATED
			PACIFIC		0.		12,325,651.	EQUIPMENT	WHOLESALE PRICE
			EAST ASIA AND THE						ESTIMATED
			PACIFIC		0.		3,087,020.	PHARMACEUTICALS	WHOLESALE PRICE
			EAST ASIA AND THE						ESTIMATED
			PACIFIC		0.		2,323,840.	PHARMACEUTICALS	WHOLESALE PRICE
							, ,		
								PHARMACEUTICALS,	ESTIMATED
			EAST ASIA AND THE					MEDICAL SUPPLIES,	
			PACIFIC		0.		54,095,540 .	•	PURCHASED PRICE
					<u> </u>		22,050,040.		
			EUROPE (INCLUDING					PHARMACEUTICALS,	
			ICELAND AND					MEDICAL SUPPLIES,	EGMIMAMED
							200 012	1	
			GREENLAND)		0.		209,813.	EQUIPMENT	WHOLESALE PRICE
			EUROPE (INCLUDING						
			ICELAND AND						ESTIMATED
			GREENLAND)		0.		647,830.	PHARMACEUTICALS	WHOLESALE PRICE

Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), 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)
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		381 716.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		229,777.	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		183,047.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		27,381.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		68,244.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		51,929.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		27,956.	OTHER, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		1,115,677.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	T
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, FM\ appraisal, other)
		EUROPE (INCLUDING					PHARMACEUTICALS,	
		ICELAND AND					MEDICAL SUPPLIES	ESTIMATED
		GREENLAND)		0.		19,864.	EQUIPMENT	WHOLESALE PRICE
		EUROPE (INCLUDING					PHARMACEUTICALS,	
		ICELAND AND					MEDICAL SUPPLIES,	ESTIMATED
		GREENLAND)		0.		172,989.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	
		EUROPE (INCLUDING					OTHER, MEDICAL	ESTIMATED
		ICELAND AND					SUPPLIES,	WHOLESALE PRICE
		GREENLAND)		0.		12,179,784.	EQUIPMENT	PURCHASED PRICE
		EUROPE (INCLUDING						
		ICELAND AND					PHARMACEUTICALS,	ESTIMATED
		GREENLAND)		0.		18,435.	MEDICAL SUPPLIES	WHOLESALE PRICE
		EUROPE (INCLUDING						
			FISTULA REPAIR					
		GREENLAND)	PROGRAM	31,000.	WIRE	0.		
		EUROPE (INCLUDING					PHARMACEUTICALS,	ESTIMATED
		ICELAND AND					MEDICAL SUPPLIES,	WHOLESALE PRICE
		GREENLAND)		0.		19,216,567.	,	PURCHASED PRICE
		EUDODE / INGLUDING						
		EUROPE (INCLUDING ICELAND AND	COVID19 RELIEF &					
		GREENLAND)	RECOVERY	152,800.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND	UKRAINE CRISIS RELIEF					
		GREENLAND)	& RECOVERY	10,000,000.	WIRE	0.		
		EUROPE (INCLUDING	THE ATTER OF THE					
			UKRAINE CRISIS RELIEF	750 000	MIDE	_		
		GREENLAND)	& RECOVERY	750,000.	MTKE	0.		

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Part II	Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), 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, FM' appraisal, other)
		,		-	_		assistance	2333121100	appraisal, other)
			EUDODE / INGLIDING						
			EUROPE (INCLUDING ICELAND AND	UKRAINE CRISIS RELIEF					
			GREENLAND)	& RECOVERY	500,000.	WIRE	0.		
			CREDITED /	a RECOVERT	300,000.	WIKE	0.		
			EUROPE (INCLUDING						
			ICELAND AND	UKRAINE CRISIS RELIEF					
			GREENLAND)	& RECOVERY	350,000.	WIRE	0.		
			EUROPE (INCLUDING						
			ICELAND AND	UKRAINE CRISIS RELIEF					
			GREENLAND)	& RECOVERY	583,000.	WIRE	0.		
			EUROPE (INCLUDING	GOVERNA 0 DEL TERRO					
			ICELAND AND GREENLAND)	COVID19 RELIEF &	260 000	MIDE			
			GREENLAND)	RECOVERY	260,000.	WIKE	0.		
			EUROPE (INCLUDING						
			ICELAND AND	VASELINE HEALING					
			GREENLAND)	PROJECT	253,000.	WIRE	0.		
					,				
			EUROPE (INCLUDING						
			ICELAND AND	CITY CANCER CHALLENGE					
			GREENLAND)	PROGRAM	200,000.	WIRE	0.		
			EUROPE (INCLUDING						
				UKRAINE CRISIS RELIEF					
			GREENLAND)	& RECOVERY	140,000.	WIRE	0.		
			EUROPE (INCLUDING						
			ICELAND AND	UKRAINE CRISIS RELIEF					
			GREENLAND)	& RECOVERY	100,000.	WIRE	0.		
			,		200,000.		,		
			EUROPE (INCLUDING						
			ICELAND AND	COVID19 RELIEF &					
			GREENLAND)	RECOVERY	50,000.	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 (c) Regio	-cash valuation (book, FMV,
EUROPE (INCLUDING	
ICELAND AND UKRAINE CRISIS RELIEF GREENLAND) & RECOVERY 300,000.WIRE 0.	
SALEMENT A MESOVERT 350,000, NEW	
MIDDLE EAST AND	ESTIMATED
NORTH AFRICA 0. 257,028. PHARMACEUT	FICALS WHOLESALE PRICE
MIDDLE EAST AND	ESTIMATED
NORTH AFRICA 0. 453,314. PHARMACEUT	FICALS WHOLESALE PRICE
MIDDLE EAST AND	ESTIMATED
NORTH AFRICA 0. 424,923.PHARMACEUT	
MIDDLE EAST AND	ESTIMATED
NORTH AFRICA 0. 409,584. PHARMACEUT	FICALS WHOLESALE PRICE
	L
MIDDLE EAST AND NORTH AFRICA 0. 321,698.PHARMACEUT	ESTIMATED
NORTH AFRICA 0. 321,698. PHARMACEUT	FICALS WHOLESALE PRICE
PHARMACEUT	FICALS
	JPPLIES, ESTIMATED
NORTH AFRICA 0. 213,706. EQUIPMENT	WHOLESALE PRICE
MIDDLE EAST AND	ESTIMATED
NORTH AFRICA 0. 69,488. PHARMACEUT	ricals wholesale price
	е сттилтер
MIDDLE EAST AND	ESTIMATED WHOLESALE PRICE,
NORTH AFRICA 0. 122,536. MEDICAL SU	· · · · · · · · · · · · · · · · · · ·

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	Jnited States.	(Schedule F (Form 9	90), Part II, line	1)	r ugo z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		118,165.	PHARMACEUTICALS	WHOLESALE PRICE
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		86,748.	PHARMACEUTICALS	WHOLESALE PRICE
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		75,363.	PHARMACEUTICALS	WHOLESALE PRICE
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		71,374.	PHARMACEUTICALS	WHOLESALE PRICE
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		532,088.	PHARMACEUTICALS	WHOLESALE PRICE
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		34,136.	PHARMACEUTICALS	WHOLESALE PRICE
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		185,251.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		MIDDLE EAST AND					PHARMACEUTICALS,	WHOLESALE PRICE,
		NORTH AFRICA		0.		543,036.	MEDICAL SUPPLIES	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		MIDDLE EAST AND					MEDICAL SUPPLIES,	
		NORTH AFRICA		0.		1,695,361.	EQUIPMENT	PURCHASED PRICE

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Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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, FI appraisal, other
		MIDDLE ENGE IND						
		MIDDLE EAST AND NORTH AFRICA		0.		849 532	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
				1		015,002.		
		MIDDLE EAST AND						
		NORTH AFRICA	REFUGEE ASSISTANCE	50,000.	WIRE	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	TAKEDA CAP PROJECT	6,000.	WIRE	0.		
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		573,341.	PHARMACEUTICALS	WHOLESALE PRIC
		MIDDIE ENGE NO					PHARMACEUTICALS,	ESTIMATED
		MIDDLE EAST AND NORTH AFRICA		0.		24,034,664.	MEDICAL SUPPLIES,	PURCHASED PRICE
		NOKIH AFKICA		· ·		24,034,004.	PHARMACEUTICALS,	TOKCHASED TKI
							OTHER, MEDICAL	ESTIMATED
		MIDDLE EAST AND					SUPPLIES,	WHOLESALE PRIC
		NORTH AFRICA		0.		17,817,017.	EQUIPMENT	PURCHASED PRIC
						1	PHARMACEUTICALS,	
							OTHER, MEDICAL	ESTIMATED
		MIDDLE EAST AND					SUPPLIES,	WHOLESALE PRIC
		NORTH AFRICA		0.		16,665,395.	EQUIPMENT	PURCHASED PRIC
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		34,492,425.	PHARMACEUTICALS	WHOLESALE PRIC
		MIDDLE EAST AND					PHARMACEUTICALS,	ESTIMATED
		NORTH AFRICA		0.		7,813,043.	MEDICAL SUPPLIES	WHOLESALE PRICE

Part II Continuation	n of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organizati	on (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						ESTIMATED
		NORTH AFRICA		0.		4,136,240.	PHARMACEUTICALS	WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		4 093 788	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
						1,033,700.		MIGDEBIED TRICE
		MIDDLE EAST AND		_				ESTIMATED
		NORTH AFRICA		0.		3,831,984.	PHARMACEUTICALS	WHOLESALE PRICE
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		1,897,763.	PHARMACEUTICALS	WHOLESALE PRICE
								ECHTMANED
		MIDDLE EAST AND					PHARMACEUTICALS,	ESTIMATED WHOLESALE PRICE,
		NORTH AFRICA		0.		1,628,679.	OTHER, EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	
							OTHER, MEDICAL	
		MIDDLE EAST AND NORTH AFRICA		0.		14,086,228.	SUPPLIES,	ESTIMATED WHOLESALE PRICE
		NORTH AFRICA		0.		14,000,220.	EQUITMENT	WHODESADE TRICE
				_				
		NORTH AMERICA		0.		36,425.	EQUIPMENT	PURCHASED PRICE
			GENERAL EMERGENCY					
		NORTH AMERICA	PREP & RESPONSE	50,000.	WIRE	0.		
								ESTIMATED
		NORTH AMERICA		0.		3,938,687.	MEDICAL SUPPLIES	

Part II Continuation o	f Grants and Other A	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), 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, FM\ appraisal, other)
		NORTH AMERICA		0.			PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		NORTH AMERICA		0.		358,200.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		NORTH AMERICA		0.		151,065.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		NORTH AMERICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
				3.		70,022.		
		NORTH AMERICA		0.		43,402.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		NORTH AMERICA		0.		29,833.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		NORTH AMERICA (CANADA AND						ESTIMATED
		MEXICO)	EQUIPMENT	0.		23,724.	EQUIPMENT	WHOLESALE PRICE
			SUPPORT OF RELATED PARTY ORGANIZATION IN					
		MEXICO)	MEXICO	690,000.	WIRE	0.		
		RUSSIA AND						
		NEIGHBORING STATES	UKRAINE CRISIS RELIEF & RECOVERY	250,000.	WIRE	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ugo z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND						
		NEIGHBORING					PHARMACEUTICALS,	ESTIMATED
		STATES		0.			MEDICAL SUPPLIES	WHOLESALE PRICE
		DIIGGIA AND						
		RUSSIA AND NEIGHBORING						ESTIMATED
		STATES		0.		19,810.	PHARMACEUTICALS	WHOLESALE PRICE
		RUSSIA AND						
		NEIGHBORING		0.		70 090	DIIADMAGEIIMTGALG	ESTIMATED
		STATES		0.		70,080.	PHARMACEUTICALS	WHOLESALE PRICE
		RUSSIA AND						
		NEIGHBORING					PHARMACEUTICALS,	ESTIMATED
		STATES		0.		175,527.	OTHER	WHOLESALE PRICE
		RUSSIA AND						
		NEIGHBORING STATES				210 506	DIIADMAGEIIMTGALG	ESTIMATED
		STATES		0.		218,506.	PHARMACEUTICALS	WHOLESALE PRICE
		RUSSIA AND					PHARMACEUTICALS,	ESTIMATED
		NEIGHBORING					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		STATES		0.		514,307.	EQUIPMENT	PURCHASED PRICE
		RUSSIA AND					PHARMACEUTICALS,	
		NEIGHBORING					MEDICAL SUPPLIES,	ESTIMATED
		STATES		0.			EQUIPMENT	WHOLESALE PRICE
		RUSSIA AND						EGMINA MED
		NEIGHBORING STATES		0.		1 483 997	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
						=,200,237,		
		RUSSIA AND					PHARMACEUTICALS,	
		NEIGHBORING					MEDICAL SUPPLIES,	ESTIMATED
		STATES		0.		2,315,759.	EQUIPMENT	WHOLESALE PRICE

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line	1)	r ugo z
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)
		DUGGEN AND						
		RUSSIA AND NEIGHBORING						ESTIMATED
		STATES		0.		2 407 148	ם המשמת מהווש המשום המשמח לא המשמח המשמח המשחח המש משום המשחח המש	WHOLESALE PRICE
		STATES		0.		2,497,140.	PHARMACEUTICALS PHARMACEUTICALS,	WHOLESALE PRICE
		RUSSIA AND					OTHER, MEDICAL	ESTIMATED
		NEIGHBORING					SUPPLIES,	WHOLESALE PRICE,
		STATES		0.		3,885,643.	1	PURCHASED PRICE
		SIAIES		0.		3,003,043.	EQUIFMENT	FORCHASED FRICE
		RUSSIA AND					PHARMACEUTICALS,	ESTIMATED
		NEIGHBORING					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		STATES		0.		983 189	EQUIPMENT	PURCHASED PRICE
		DIMILIO		· ·		303,103.	EQ011MEN1	TOKEMINDED TRICE
		RUSSIA AND						
		NEIGHBORING						ESTIMATED
		STATES		0.		6 367 390	PHARMACEUTICALS	WHOLESALE PRICE
				٠.		0,307,330.	I IIII III III III III III III III III	MIGDEDIED TRICE
		RUSSIA AND						
		NEIGHBORING	UKRAINE CRISIS RELIEF					
		STATES	& RECOVERY	150,000.	WIRE	0.		
			a necoveni	230,000.	, , , , , , , , , , , , , , , , , , ,	•		
		RUSSIA AND						
		NEIGHBORING					MEDICAL SUPPLIES.	ESTIMATED
		STATES		0.		5,695,940.	· ·	WHOLESALE PRICE
				· .		0,000,010.	PHARMACEUTICALS,	
		RUSSIA AND					OTHER, MEDICAL	
		NEIGHBORING					SUPPLIES,	ESTIMATED
		STATES		0.		42,512,656.		WHOLESALE PRICE
							PHARMACEUTICALS,	
		RUSSIA AND					OTHER, MEDICAL	ESTIMATED
		NEIGHBORING					SUPPLIES,	WHOLESALE PRICE,
		STATES		0.		38,934,873.	1	PURCHASED PRICE
						, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PHARMACEUTICALS,	
		RUSSIA AND					OTHER, MEDICAL	ESTIMATED
		NEIGHBORING					SUPPLIES,	WHOLESALE PRICE,
		STATES		0.		32,268,179.		PURCHASED PRICE

1 (a) Name of organization	(b) IRS code section	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FM
	and EIN (if applicable)		grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other
							PHARMACEUTICALS,	
		RUSSIA AND					OTHER, MEDICAL	ESTIMATED
		NEIGHBORING					SUPPLIES,	WHOLESALE PRIC
		STATES		0.		239,822,172.	EQUIPMENT	PURCHASED PRIC
		RUSSIA AND						
		NEIGHBORING						ESTIMATED
		STATES		0.		13,312,278.	PHARMACEUTICALS	WHOLESALE PRI
		RUSSIA AND					PHARMACEUTICALS,	ESTIMATED
		NEIGHBORING					MEDICAL SUPPLIES,	WHOLESALE PRICE
		STATES		0.		9,683,370.	· · · · · · · · · · · · · · · · · · ·	PURCHASED PRICE
		RUSSIA AND					PHARMACEUTICALS,	
		NEIGHBORING		_			OTHER, MEDICAL	ESTIMATED
		STATES		0.		8,417,698.		WHOLESALE PRIC
							PHARMACEUTICALS,	
		RUSSIA AND					OTHER, MEDICAL	ESTIMATED
		NEIGHBORING					SUPPLIES,	WHOLESALE PRIC
		STATES		0.		6,393,552.		PURCHASED PRI
							PHARMACEUTICALS,	
		RUSSIA AND					OTHER, MEDICAL	ESTIMATED
		NEIGHBORING					SUPPLIES,	WHOLESALE PRIC
		STATES		0.		16,691,283.	EQUIPMENT	PURCHASED PRIC
							PHARMACEUTICALS,	
							MEDICAL SUPPLIES,	ESTIMATED
		SOUTH AMERICA		0.		717,070.	EQUIPMENT	WHOLESALE PRIC
							PHARMACEUTICALS,	ESTIMATED
		SOUTH AMERICA		0.		15,416.	EQUIPMENT	WHOLESALE PRIC
							MEDICAL SUPPLIES,	ESTIMATED
		SOUTH AMERICA		0.		56,192.	EQUIPMENT	WHOLESALE PRI

Part II Continuation of	f Grants and Other	Assistance to Organizat	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA		0.		l	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA		0.		109,884.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
							PHARMACEUTICALS,	
		SOUTH AMERICA		0.		196,344.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA		0.			PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
						,		ESTIMATED
		SOUTH AMERICA		0.		l	MEDICAL SUPPLIES, EQUIPMENT	WHOLESALE PRICE, PURCHASED PRICE
		SOUTH AMERICA		0.		537,408.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
							PHARMACEUTICALS,	
		SOUTH AMERICA		0.		1,251,119.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SOUTH AMERICA		0.		8,479,093.	MEDICAL SUPPLIES, EQUIPMENT	WHOLESALE PRICE, PURCHASED PRICE
							PHARMACEUTICALS,	
		SOUTH AMERICA		0.		4,336,974.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

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Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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, Fl appraisal, other
			FACEBOOK CRISIS					
		SOUTH AMERICA	RESPONSE MAPPING	50,000.	WIRE	0.		
							PHARMACEUTICALS,	ESTIMATED
							MEDICAL SUPPLIES,	
		SOUTH AMERICA		0.		27,946,505.		PURCHASED PRI
							PHARMACEUTICALS,	ESTIMATED
							MEDICAL SUPPLIES,	WHOLESALE PRI
		SOUTH AMERICA		0.		25,099,468.	EQUIPMENT	PURCHASED PRI
							PHARMACEUTICALS, MEDICAL SUPPLIES,	ESTIMATED
		SOUTH AMERICA		0.		19,091,660.	1	PURCHASED PRI
		DOGIN MILITERIA		•		13,031,000.	2011111111	I OKOMISES TRIV
								ESTIMATED
		SOUTH AMERICA		0.		50,688,107.	MEDICAL SUPPLIES	WHOLESALE PRIC
								ESTIMATED
		SOUTH AMERICA		0.		2 017 324.	PHARMACEUTICALS	WHOLESALE PRIC
						,,		
							PHARMACEUTICALS,	
							MEDICAL SUPPLIES,	ESTIMATED
		SOUTH AMERICA		0.		4,924,132.	EQUIPMENT	WHOLESALE PRIC
							DUADNA GRUMT GAT S	
		SOUTH AMERICA		_		1 671 101	PHARMACEUTICALS,	ESTIMATED WHOLESALE PRI
		BOOTH AMERICA		0.		4,671,191.	EČOTEMENI	WHOLESALE PRI
							PHARMACEUTICALS,	
							MEDICAL SUPPLIES,	ESTIMATED
		SOUTH AMERICA		0.		12,309,364.	· ·	WHOLESALE PRIC

Part II Continuation o	f Grants and Other	Assistance to Organizat	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), 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)
								ESTIMATED
		SOUTH ASIA		0.		318,031.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		202,335.	PHARMACEUTICALS	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
							MEDICAL SUPPLIES,	WHOLESALE PRICE,
		SOUTH ASIA		0.		208,347.	EQUIPMENT	PURCHASED PRICE
								ESTIMATED
		SOUTH ASIA		0.		235,347.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		257,754.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		277,373.	PHARMACEUTICALS	WHOLESALE PRICE
							PHARMACEUTICALS,	
							· ·	ESTIMATED
		SOUTH ASIA		0.		285,263.	EQUIPMENT	WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		326,126.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		540,229.	PHARMACEUTICALS	WHOLESALE PRICE

Part II Continuation o			tions or Entities Outside the				(h) Description	(i) Method of
(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	of non-cash assistance	valuation (book, FN appraisal, other)
								ESTIMATED
		SOUTH ASIA		0.		400,266.	PHARMACEUTICALS	WHOLESALE PRIC
							PHARMACEUTICALS,	
							MEDICAL SUPPLIES,	ESTIMATED
		SOUTH ASIA		0.		417,282.	EQUIPMENT	WHOLESALE PRIC
								ESTIMATED
		SOUTH ASIA		0.		456,809.	PHARMACEUTICALS	WHOLESALE PRIC
							OTHER, MEDICAL	ESTIMATED
		SOUTH ASIA		0.		l	SUPPLIES, EQUIPMENT	WHOLESALE PRICE PURCHASED PRICE
						, , , ,		
							PHARMACEUTICALS,	
						l	MEDICAL SUPPLIES,	ESTIMATED
		SOUTH ASIA		0.		570,444.	EQUIPMENT	WHOLESALE PRIC
							PHARMACEUTICALS,	
						l	MEDICAL SUPPLIES,	ESTIMATED
		SOUTH ASIA		0.		572,530.	EQUIPMENT	WHOLESALE PRIC
								ESTIMATED
		SOUTH ASIA		0.		652,253.	PHARMACEUTICALS	WHOLESALE PRIC
								ESTIMATED
		SOUTH ASIA		0.		680,166.	PHARMACEUTICALS	WHOLESALE PRIC
								ESTIMATED
		SOUTH ASIA		0.		326 126	PHARMACEUTICALS	WHOLESALE PRICE

 1	(In) IDC code postion		(d) Durage of	(a) Amount	(f) Mannay of	(g) Amount of	(h) Description	(i) Method of
(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	non-cash assistance	of non-cash assistance	valuation (book, FM' appraisal, other)
							PHARMACEUTICALS,	ESTIMATED
							MEDICAL SUPPLIES,	WHOLESALE PRICE
		SOUTH ASIA		0.		183,362.	EQUIPMENT	PURCHASED PRICE
								ESTIMATED
		SOUTH ASIA		0.		111,753.	EQUIPMENT	WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		169,792.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
							PHARMACEUTICALS,	WHOLESALE PRICE
		SOUTH ASIA		0.		1	MEDICAL SUPPLIES	PURCHASED PRICE
								ESTIMATED
							PHARMACEUTICALS,	WHOLESALE PRIC
		SOUTH ASIA		0.		11,550.	MEDICAL SUPPLIES	PURCHASED PRIC
								ESTIMATED
						1	MEDICAL SUPPLIES,	WHOLESALE PRICE
		SOUTH ASIA		0.		13,721.	EQUIPMENT	PURCHASED PRICE
								ESTIMATED
								WHOLESALE PRICE
		SOUTH ASIA		0.		14,828.	MEDICAL SUPPLIES	PURCHASED PRIC
							PHARMACEUTICALS,	
							MEDICAL SUPPLIES,	ESTIMATED
		SOUTH ASIA		0.		21,220.	EQUIPMENT	WHOLESALE PRICE
		COUMU ACTA		_		25 602	DUADMACRIMICALC	ESTIMATED
		SOUTH ASIA	1	0.		25,002.	PHARMACEUTICALS	WHOLESALE PRIC

Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), 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)
							MEDICAL SUPPLIES,	
		SOUTH ASIA		0.		1	EQUIPMENT	PURCHASED PRICE
		SOUTH ASIA		0.		30,067.	EQUIPMENT	ESTIMATED WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		32,490.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		55,291.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS, MEDICAL SUPPLIES,	ESTIMATED
		SOUTH ASIA		0.		1	EQUIPMENT	PURCHASED PRICE
								ESTIMATED
		SOUTH ASIA		0.		73,724.	PHARMACEUTICALS	WHOLESALE PRICE
		SOUTH ASIA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		SOUTH ASIA		0.			MEDICAL SUPPLIES, EQUIPMENT	WHOLESALE PRICE, PURCHASED PRICE
								п сттил тер
		SOUTH ASIA		0.		760,296.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Part II Continuation of	f Grants and Other	Assistance to Organizat	tions or Entities Outside the l	Jnited States.	(Schedule F (Form 9	90), Part II, line	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
								ESTIMATED
		SOUTH ASIA		0.		146,873.	PHARMACEUTICALS	WHOLESALE PRICE
		GOUTHI AGTA		0		140 707	DIIADMA GELIMTOAT G	ESTIMATED
		SOUTH ASIA		0.		148,797.	PHARMACEUTICALS	WHOLESALE PRICE
		SOUTH ASIA		0.		1	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		815,316.	PHARMACEUTICALS	WHOLESALE PRICE
							DIIADMA GELIMTOAT G	
							PHARMACEUTICALS, MEDICAL SUPPLIES,	ESTIMATED
		SOUTH ASIA		0.		17,433.	EQUIPMENT	WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		1,124,784.	PHARMACEUTICALS	WHOLESALE PRICE
		SOUTH ASIA		0		14 050 605	PHARMACEUTICALS	ESTIMATED
		BOOTH ABIA		0.		14,039,003.	FINAMACEUTICALS	WHOLESALE PRICE
		SOUTH ASIA		0.		15,966,221.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
				-		, ,		
								ESTIMATED
		SOUTH ASIA		0.		19,007,406.	PHARMACEUTICALS	WHOLESALE PRICE

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Part II Continuation of	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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, FM appraisal, other)
							DUADNA GRUMT GAL G	
							PHARMACEUTICALS, MEDICAL SUPPLIES.	ESTIMATED WHOLESALE PRIC
		SOUTH ASIA		0.		19,891,053.		PURCHASED PRICE
		DOUTH ADIA		1		15,051,055.	EQUITMENT	TOKCHASED TRIC
		GOLIMIT AGEA		0		20 701 007	DIADMAGRIMICALG	ESTIMATED
		SOUTH ASIA		0.		30,791,997.	PHARMACEUTICALS	WHOLESALE PRIC
								ESTIMATED
		SOUTH ASIA		0.		87,734,724.	PHARMACEUTICALS	WHOLESALE PRIC
			COVID19 RELIEF &					
		SOUTH ASIA	RECOVERY	7,495.	WIRE	0.		
		SOUTH ASIA	COVID19 RELIEF & RECOVERY	15,000.	MIDE	0.		
		SOUTH ASTA	RECOVERI	15,000.	WIKE	0.		
								ESTIMATED
		SOUTH ASIA		0.		12,925,036.	PHARMACEUTICALS	WHOLESALE PRICE
			VASELINE HEALING					
		SOUTH ASIA	PROJECT	35,000.	WIRE	0.		
			COVID10 DELTER C					
		SOUTH ASIA	COVID19 RELIEF & RECOVERY	85,001.	WIRE	0.		
						· ·		
			COVID19 RELIEF &					
		SOUTH ASIA	RECOVERY	275,500.	WIRE	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ugo z
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)
			COVID19 RELIEF &					
			RECOVERY	298,623.	WIRE	0.		
			CHAL FOUNDATION					
			PAKISTAN	430,000.	WIRE	0.		
			COVID19 RELIEF & RECOVERY	540,000.	WIRE	0.		
			COVID19 RELIEF &	F7F 000				
		SOUTH ASIA	RECOVERY	575,000.	WIRE	0.		
			COVID19 RELIEF &					
		SOUTH ASIA	RECOVERY	1,000,000.	WIRE	0.		
								ESTIMATED
		SOUTH ASIA		0.		940,263.	PHARMACEUTICALS	WHOLESALE PRICE
			MURSHID HOSPITAL					
			SUPPORT	83,000.	WIRE	0.		
								ESTIMATED
		SOUTH ASIA		0.		12,164,740.	PHARMACEUTICALS	WHOLESALE PRICE
						. ,		
			20117010 DEL TER					
			COVID19 RELIEF & RECOVERY	250,000.	WIRE	0.		
				,	1	ı	1	

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the l	Jnited States.	(Schedule F (Form 9	90), Part II, line	1)	r ago <u>z</u>
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(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.		11,404,444.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		1,140,444.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		12,164,740.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		1,446,690.	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SOUTH ASIA		0.		1,962,421.	MEDICAL SUPPLIES, EQUIPMENT	WHOLESALE PRICE, PURCHASED PRICE
							PHARMACEUTICALS, MEDICAL SUPPLIES,	ESTIMATED
		SOUTH ASIA		0.		1,967,473.	EQUIPMENT	WHOLESALE PRICE
				_				ESTIMATED
		SOUTH ASIA		0.		2,280,889.	PHARMACEUTICALS	WHOLESALE PRICE
		SOUTH ASIA		0.		2,445,947.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		2,548,628.	PHARMACEUTICALS	WHOLESALE PRICE

Part II Continuation	on of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organizati	on (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)
						0 650 055	PHARMACEUTICALS, MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE,
		SOUTH ASIA		0.		2,652,255.	EQUIPMENT	PURCHASED PRICE
		SOUTH ASIA		0.		2,223,998.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		4,561,777.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		4,900,751.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		5,322,074.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		6,826,632.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SOUTH ASIA		0.		6,842,666.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		7,602,962.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		11,369,965.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

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Part II Continuation o	f Grants and Other A	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region			cash disbursement	non-cash	of non-cash	valuation (book, FM
	and Env (ii applicable)		grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
							PHARMACEUTICALS,	
							MEDICAL SUPPLIES,	ESTIMATED
		SOUTH ASIA		0.		4,214,684.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	
							MEDICAL SUPPLIES,	ESTIMATED
		SOUTH ASIA		0.		8,354,046.	EQUIPMENT	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		100,661.	PHARMACEUTICALS	WHOLESALE PRICE
		CIID CAHADAN						
		SUB-SAHARAN				06.005	WEDTALL GUDDITES	
		AFRICA		0.		96,025.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN						
		AFRICA		0.		96 025	MEDICAL SUPPLIES	PURCHASED PRICE
				- •				
		SUB-SAHARAN						
		AFRICA		0.		96,025.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		73,580.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE
		AFRICA		0.		76,922.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN						
		AFRICA		0.		69,618.	MEDICAL SUPPLIES	PURCHASED PRICE

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(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)
		GUD GAUADAN					PHARMACEUTICALS, MEDICAL SUPPLIES,	ЕСШТИЗМЕР
		SUB-SAHARAN AFRICA		0.			EQUIPMENT	ESTIMATED WHOLESALE PRICE
		AFRICA		0.		39,407.	EQUIFMENT	WHOLESALE FRICE
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE,
		AFRICA		0.		125,256.	MEDICAL SUPPLIES	PURCHASED PRICE
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE,
		AFRICA		0.		58,271.	MEDICAL SUPPLIES	PURCHASED PRICE
						l	PHARMACEUTICALS,	
		SUB-SAHARAN				l	MEDICAL SUPPLIES,	
		AFRICA		0.		86,008.	EQUIPMENT	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		139 333.	EQUIPMENT	WHOLESALE PRICE
						, , , , , ,		
							PHARMACEUTICALS,	
		SUB-SAHARAN					MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.		389,108.	EQUIPMENT	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		212,425.	PHARMACEUTICALS	WHOLESALE PRICE
							DIIA DMA GEITHT CAT C	
		SUB-SAHARAN					PHARMACEUTICALS, MEDICAL SUPPLIES,	EGULMY WED
		AFRICA		0.			EQUIPMENT	WHOLESALE PRICE
				0.		227,013.		THE TRICE
		SUB-SAHARAN						
		AFRICA		0.		233,586.	MEDICAL SUPPLIES	PURCHASED PRICE

Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organizatio	(b) IRS code section and EIN (if applicable)	I ICI 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)
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		AFRICA		0.		285,431.	EQUIPMENT	PURCHASED PRICE
						·		
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		292,612.	PHARMACEUTICALS	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		326,164.	PHARMACEUTICALS	WHOLESALE PRICE
						·		
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		331,760.	PHARMACEUTICALS	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	
		AFRICA		0.			EQUIPMENT	PURCHASED PRICE
						,		
							PHARMACEUTICALS,	
		SUB-SAHARAN					MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.		411,862.	EQUIPMENT	WHOLESALE PRICE
		SUB-SAHARAN						
		AFRICA		0.		480 000.	MEDICAL SUPPLIES	PURCHASED PRICE
						, , ,		
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED
		AFRICA		0.		567,359.	MEDICAL SUPPLIES	WHOLESALE PRICE
								ECHTMANES
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED WHOLESALE PRICE,
		AFRICA		0.		597 324	MEDICAL SUPPLIES	PURCHASED PRICE
		r	l	١.	I .	1 337,324.		r stronger inter

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		AFRICA		0.		52,539.	EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		166,333.	PHARMACEUTICALS	WHOLESALE PRICE
						,		
		a a						
		SUB-SAHARAN AFRICA		0.		49 701	MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE
		AFRICA		0.		45,701.	EQUITMENT	TORCHASED TRICE
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE,
		AFRICA		0.		11,713.	MEDICAL SUPPLIES	PURCHASED PRICE
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE,
		AFRICA		0.		1	MEDICAL SUPPLIES	PURCHASED PRICE
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE,
		AFRICA		0.		5,564.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		5,672.	MEDICAL SUPPLIES	WHOLESALE PRICE
		SUB-SAHARAN					MEDICAL SUPPLIES,	
		AFRICA		0.		1	EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN					DUADMACRIMICATO	ESTIMATED
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES	WHOLESALE PRICE, PURCHASED PRICE
		RENICA		٠.	l	J, 100.	MEDICAL SOFFILES	LOWCHARDED PRICE

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the l	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ugo z
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	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE,
		AFRICA		0.			MEDICAL SUPPLIES	PURCHASED PRICE
						·		
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE,
		AFRICA		0.		6,935.	MEDICAL SUPPLIES	PURCHASED PRICE
		a a						ESTIMATED
		SUB-SAHARAN AFRICA		0.		7 267	MEDICAL CUDDITEC	WHOLESALE PRICE,
		AFRICA		0.		7,207.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		8,497.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		SUB-SAHARAN						WHOLESALE PRICE,
		AFRICA		0.		10,106.	MEDICAL SUPPLIES	PURCHASED PRICE
		GUD GAUADAN						
		SUB-SAHARAN AFRICA		0.		624 496	MEDICAL SUPPLIES	PURCHASED PRICE
		AFRICA		0.		024,490.	MEDICAL SUFFLIES	FORCHASED FRICE
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE,
		AFRICA		0.			MEDICAL SUPPLIES	PURCHASED PRICE
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE,
		AFRICA		0.		12,174.	MEDICAL SUPPLIES	PURCHASED PRICE
								ECHIMANES
		SUB-SAHARAN						ESTIMATED WHOLESALE PRICE,
		AFRICA		0.		14 853	MEDICAL SUPPLIES	PURCHASED PRICE
		[ı		11,000.	L	L 211211112122 INTER

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), 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)
								ESTIMATED
		SUB-SAHARAN						WHOLESALE PRICE,
		AFRICA		0.		15,390.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED
		AFRICA		0.		15,398.	EQUIPMENT	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		16,106.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE,
		AFRICA		0.		17,550.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN					MEDICAL SUPPLIES,	
		AFRICA		0.		21,663.	EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED WHOLESALE PRICE,
		AFRICA		0.		23,547.	MEDICAL SUPPLIES	PURCHASED PRICE
		GIID GAIIADAN					DUADMA GRUTTERA C	ESTIMATED
		SUB-SAHARAN AFRICA		0.		23 610	PHARMACEUTICALS, MEDICAL SUPPLIES	WHOLESALE PRICE, PURCHASED PRICE
		AFRICA		0.		23,010.	MEDICAL SUITELES	TOKEHADED TRICE
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE,
		AFRICA		0.		23,661.	MEDICAL SUPPLIES	PURCHASED PRICE
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE,
		AFRICA		0.		23,719.	MEDICAL SUPPLIES	PURCHASED PRICE

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ugo z
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)
								ESTIMATED
		SUB-SAHARAN						WHOLESALE PRICE,
		AFRICA		0.		23,790.	MEDICAL SUPPLIES	PURCHASED PRICE
		GUD GAUADAN					DUADNA GRUMTOAT G	ESTIMATED
		SUB-SAHARAN AFRICA		0.		25 202	PHARMACEUTICALS,	WHOLESALE PRICE, PURCHASED PRICE
		AFRICA		0.		25,362.	MEDICAL SUPPLIES	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		AFRICA		0.		30,143.	EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN						
		AFRICA		0.		34,575.	EQUIPMENT	PURCHASED PRICE
		GUD GAUADAN					MEDICAL GUDDITEG	ESTIMATED
		SUB-SAHARAN AFRICA		0.			MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE
		AFRICA		0.		34,341.	EQUIPMENT	PORCHASED PRICE
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED
		AFRICA		0.		38,515.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	1
		AFRICA		0.		709,382.	EQUIPMENT	PURCHASED PRICE
								естилтер
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED
		AFRICA		0.			MEDICAL SUPPLIES	WHOLESALE PRICE, PURCHASED PRICE
				0.		2,342,050.	ILDICAL SOLIDIES	- CRCIMIDED TRICE
							PHARMACEUTICALS,	
		SUB-SAHARAN					MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.		904,826.	EQUIPMENT	WHOLESALE PRICE

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Part II Continuation o	f Grants and Other A	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	non-cash	of non-cash	valuation (book, FM
	and Env (ii approadio)		grant	or odorr grant	odori diobarocinione	assistance	assistance	appraisal, other)
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE
		AFRICA		0.		4,303,604.	MEDICAL SUPPLIES	PURCHASED PRICE
							PHARMACEUTICALS,	
		SUB-SAHARAN					MEDICAL SUPPLIES,	
		AFRICA		0.		5,374,157.	EQUIPMENT	WHOLESALE PRICE
							DUA DWA GRUMTGA I G	
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRICE
		AFRICA		0.		5,663,690.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	
		AFRICA				6 000 077	1	PURCHASED PRICE
		AFRICA		0.		6,009,877.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					1	
						6,306,145.	I .	WHOLESALE PRICE
		AFRICA		0.		6,306,145.	EQ015WEN1.	PURCHASED PRIC
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED
		AFRICA		0.		6 521 430	MEDICAL SUPPLIES	WHOLESALE PRICE
		THE RESERVE OF THE PERSON OF T		· .		0,321,130.	HILDIGHE BOTTELLS	WHODESTEE TREES
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		7,136,590.	PHARMACEUTICALS	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRICE
		AFRICA		0.		7,928,731.	EQUIPMENT	PURCHASED PRICE
								L
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		8,188,916.	PHARMACEUTICALS	WHOLESALE PRICE

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Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), 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, FM appraisal, other)
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		9,442,179.	PHARMACEUTICALS	WHOLESALE PRICE
						, ,		
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE
		AFRICA		0.		10,708,350.	EQUIPMENT	PURCHASED PRICE
							L	ESTIMATED
		SUB-SAHARAN				F 502	PHARMACEUTICALS,	WHOLESALE PRICE
		AFRICA		0.		5,523.	MEDICAL SUPPLIES	PURCHASED PRICE
							PHARMACEUTICALS,	
		SUB-SAHARAN					MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.		4,187,212.		WHOLESALE PRICE
						, ,		
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRICE
		AFRICA		0.		15,718,149.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN		0		20 406 100	MEDICAL SUPPLIES,	
		AFRICA		0.		28,406,198.	EQUIPMENT.	PURCHASED PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		44,057,962.	PHARMACEUTICALS	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		81,272,768.	PHARMACEUTICALS	WHOLESALE PRICE
		GUD GAUADAN	SUPPORT OF RELATED					
		SUB-SAHARAN	PARTY ORGANIZATION IN	45.000	MIDE			
		AFRICA	SOUTH AFRICA	45,000.	MTKE	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	r age z
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	GHANA MENTAL HEALTH					
			PROGRAM	18,000.	WIRE	0.		
				,				
			VASELINE HEALING PROJECT	22,000.	WIDE	_		
		AFRICA	PROUECI	22,000.	MIKE	0.		
			COVID19 RELIEF &					
		AFRICA	RECOVERY	48,730.	WIRE	0.		
		SUB-SAHARAN	COVID19 RELIEF &					
		AFRICA	RECOVERY	85,647.	WIRE	0.		
		SUB-SAHARAN	COVID19 RELIEF &					
		AFRICA	RECOVERY	86,000.	 WIRE	0.		
				7				
			COVID19 RELIEF &	100 000	.,,,,,,,,			
		AFRICA	RECOVERY	100,000.	MIKE	0.		
		SUB-SAHARAN	COVID19 RELIEF &					
		AFRICA	RECOVERY	108,650.	WIRE	0.		
		SUB-SAHARAN						
			REFUGEE ASSISTANCE	621,000.	WIRE	0.		
		GUD GAUADAN					PHARMACEUTICALS,	
		SUB-SAHARAN AFRICA		0.		24,915,978.	MEDICAL SUPPLIES, EOUIPMENT	WHOLESALE PRICE
		<u></u>		٠.	l .	1,515,576.	L×	

1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FM appraisal, other)
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRICE
		AFRICA		0.		3,795,914.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRICE
		AFRICA		0.		3,768,497.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRICE
		AFRICA		0.		3,635,743.	EQUIPMENT	PURCHASED PRICE
								ESTIMATED
		SUB-SAHARAN						WHOLESALE PRICE
		AFRICA		0.		906,558.	MEDICAL SUPPLIES	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRICE
		AFRICA		0.		931,681.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	
		SUB-SAHARAN					MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.		955,606.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	
		SUB-SAHARAN					MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.		974,703.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	
							OTHER, MEDICAL	ESTIMATED
		SUB-SAHARAN		_			SUPPLIES,	WHOLESALE PRICE
		AFRICA		0.		981,216.	EQUIPMENT	PURCHASED PRICE
		CUID CAUADAN						ECMTMAMED.
		SUB-SAHARAN AFRICA		0.	1		PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Scriedule I (I OIIII 990)					(0 1 1 1 5 /5 -			ray c z
	f Grants and Other <i>I</i>	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line	ľ	T
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FMV
	and Env (ii applicable)		grant	or cash grant	cash disbursement	assistance	assistance	appraisal, other)
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	1 '
		AFRICA		0.		1,080,297.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	
		SUB-SAHARAN					MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.		1,118,612.	1	WHOLESALE PRICE
				٠.		1,110,012.	2011111111	WHODDSHED TRICE
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED
		AFRICA		0.		1,265,996.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		AFRICA		0.		1,315,495.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	
		SUB-SAHARAN				1 410 005	MEDICAL SUPPLIES,	
		AFRICA		0.		1,419,927.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	
		SUB-SAHARAN					MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.		1,435,664.	·	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		AFRICA		0.		1,588,182.	EQUIPMENT	PURCHASED PRICE
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE,
		AFRICA		0.		1,628,798.	MEDICAL SUPPLIES	PURCHASED PRICE
		CUD CAUADAN						п стилтер
		SUB-SAHARAN		0		1 602 041	DHYDMYCEIMICYLC	ESTIMATED
		AFRICA		0.		1,002,041.	PHARMACEUTICALS	WHOLESALE PRICE

Part II Continuation o	f Grants and Other /	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), 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)
							PHARMACEUTICALS,	
		SUB-SAHARAN					MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.		1,689,503.	EQUIPMENT	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		2,006,548.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE,
		AFRICA		0.		l	MEDICAL SUPPLIES	PURCHASED PRICE
						, ,		
		SUB-SAHARAN						ESTIMATED
		SUB-SAHARAN AFRICA		0.		2 445 947.	PHARMACEUTICALS	WHOLESALE PRICE
						7		
		SUB-SAHARAN					,	ESTIMATED
		AFRICA		0.		2,534,871.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		AFRICA		0.		2,739,172.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	1
		AFRICA		0.		2,789,331.	1	PURCHASED PRICE
		GUD GAUADAN					PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN AFRICA		0.		3,105,981.	MEDICAL SUPPLIES,	WHOLESALE PRICE, PURCHASED PRICE
		AFRICA		0.		3,103,301.	EÃO TEMENT	FORCHASED PRICE
							PHARMACEUTICALS,	
		SUB-SAHARAN				l	MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.		3,468,225.	EQUIPMENT	WHOLESALE PRICE

 Schedule F (Form 990)
 DIRECT RELIEF
 95-1831116
 Page 2

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the l	Jnited States.	(Schedule F (Form 9	90). Part II. line	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
						l	PHARMACEUTICALS,	
		SUB-SAHARAN		0			MEDICAL SUPPLIES,	1
		AFRICA		0.		3,490,155.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	
		SUB-SAHARAN					MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.		3,526,431.	· ·	WHOLESALE PRICE
				-		-,,		
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE,
		AFRICA		0.		3,625,333.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		711,312.	PHARMACEUTICALS	WHOLESALE PRICE
		SUB-SAHARAN				l	PHARMACEUTICALS,	ESTIMATED
		AFRICA		0.		12,334,281.	MEDICAL SUPPLIES	WHOLESALE PRICE

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

Part III can be duplicated if additional space is needed.

Part III can be duplicated if a	Part III can be duplicated if additional space is needed.											
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)					
						0-11	ulo E (Eorm 000) 2021					

<u>Schedule F (Form 990) 2021</u> DIRECT RELIEF 95-1831116 Page **4**

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)	X 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; don't file with Form 990)	Yes	X 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)	X 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	X 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	X 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; don't file with Form 990)	X Yes	☐ No

Schedule F (Form 990) 2021

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
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 I, LINE 3:
THE ORGANIZATION USED ACCRUAL METHOD FOR ACCOUNTING FOR EXPENDITURES
OUTSIDE THE U.S.

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.

► Go to www.irs.gov/Form990 for the latest information.

2021
Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

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

X Yes criteria used to award the grants or assistance? 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & 1ST CHOICE HEALTHCARE WHOLESALE MEDICAL HEALTH CENTERS FOR PRICE SUPPLIES LOW-INCOME UNINSURED 1300 CREASON ROAD 71-0715998 501(C)(3) 259 219 PURCHASED EOUTPMENT PATTENTS CORNING, AR 72422 0 A PROMISE TO HELP 516 TUSCALOOSA AVENUE SW BIRMINGHAM, AL 35211 47-1137244 501(C)(3) 0. 250,000 FUND FOR HEALTH EOUITY ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS WHOLESALE MEDICAL HEALTH CENTERS FOR A PROMISE TO HELP 516 TUSCALOOSA AVENUE SW PRICE SUPPLIES LOW-INCOME, UNINSURED 47-1137244 501(C)(3) PATTENTS BIRMINGHAM, AL 35211 0. 9,195, PURCHASED EOUIPMENT ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & A+ COUNSELING CENTER AND A+ HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR CENTER - 10351 SOUTHERN MARYLAND PRICE SUPPLIES LOW-INCOME UNINSURED 59-3812335 501(C)(3) 129,800, PURCHASED EOUIPMENT PATIENTS BLVD. - DUNKIRK MD 20754 0 AARON E. HENRY COMMUNITY HEALTH SER - 510 HWY 322 POST OFFICE 64-0624495 501(C)(3) DRAWER 1216 - CLARKSDALE MS 38614 240 000 0. ABBVIE HEALTH EOUITY ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS ABCLINIC FAMILY CARES, INC. WHOLESALE MEDICAL HEALTH CENTERS FOR 110 INDUSTRIAL PARKWAY PRICE SUPPLIES LOW-INCOME, UNINSURED SARALAND AL 36571 81-2703805 501(C)(3) 0. 8 896. PURCHASED EOUIPMENT PATIENTS

2	Enter total number of section	501(c)(3) and government	t organizations listed	in the line 1 table
~	Litter total number of section	i ou nuitoi anu uuvenimeni	i uruariizaiiuris iisieu	i ii i li le iii le ii labie

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) 2021

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SEE PART IV FOR COLUMNS (G) AND (H) DESCRIPTIONS

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	art II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US CLINICS &
ABINGTON- JEFFERSON HEALTH THE					ESTIMATED		HEALTH CENTERS FOR
ABINGTON OB/GYN CENTER - 1200 OLD					WHOLESALE		LOW-INCOME, UNINSURED
YORK ROAD - ABINGTON, PA 19001	23-1352152	501(C)(3)	0.	40,717.	PRICE	PHARMACEUTICALS	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ACACIA MEDICAL MISSION					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
1781 E. AMMANN RD					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
BULVERDE, TX 78163	90-0401594	501(C)(3)	0.	660,060.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ACCESS CARROLL					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
10 DISTILLERY DRIVE, STE 200					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WESTMINISTER, MD 21157	20-2146701	501(C)(3)	0.	25,106.	PURCHASED	EQUIPMENT	PATIENTS
ACCESS HEALTH LOUISIANA ST.				·			SUPPORT TO US CLINICS &
CHARLES COMMUNITY HEALTH CENTER -					ESTIMATED		HEALTH CENTERS FOR
843 MILLING AVENUE - LULING, LA					WHOLESALE		LOW-INCOME, UNINSURED
70070	47-0852944	501(C)(3)	0.	7,152.	PRICE	PHARMACEUTICALS	PATIENTS
				,			SUPPORT TO US CLINICS &
ADA CAMP ASPIRE AMERICAN DIABETES					ESTIMATED		HEALTH CENTERS FOR
ASSOCIATION - 809 FIVE-POINTS ROAD					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
- RUSH, NY 14543	13-1623888	501(C)(3)	0.	8,644.	PRICE	SUPPLIES	PATIENTS
,			-	, -			SUPPORT TO US CLINICS &
ADA CAMP COURAGE AMERICAN DIABETES					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
ASSOCIATION - 134 CAMP SOLES LANE					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
- ROCKWOOD, PA 15557	13-1623888	501(C)(3)	0.	5,452.		EQUIPMENT	PATIENTS
ADA CAMP DISCOVERY AMERICAN				, , , , , ,			SUPPORT TO US CLINICS &
DIABETES ASSOCIATION - 7285 W					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
132ND STREET - OVERLAND PARK, KS					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
66213	13-1623888	501(C)(3)	0.	7,543.		EQUIPMENT	PATIENTS
				.,		×	SUPPORT TO US CLINICS &
ADA CAMP EDI AMERICAN DIABETES					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
ASSOCIATION - 13528 STATE HWY AA -					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
POTOSI, MO 63664	13-1623888	501(C)(3)	0.	9,452.		EQUIPMENT	PATIENTS
101051, 110 00001	15 1025500	331(0)(3)	· ·	7,432.	11100	DQ II IIIIII	SUPPORT TO US CLINICS &
ADA CAMP FREEDOM AMERICAN DIABETES					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
ASSOCIATION - 150 MONUMENT ROAD -					WHOLESALE	SUPPLIES,	
	13_1622000	501/C\/3\	0.	0 660		1	LOW-INCOME, UNINSURED
BALA CYNWYD, PA 19004	13-1623888	DOT(C)(2)	<u> </u>	8,662.	LKICE	EQUIPMENT	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US CLINICS &
ADA CAMP GRANADA AMERICAN DIABETES					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
ASSOCIATION - 55 E. MONROE STREET					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
- CHICAGO, IL 60603	13-1623888	501(C)(3)	0.	6,908.	PRICE	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
ADA CAMP ICANDO AMERICAN DIABETES					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
ASSOCIATION - 986 W. ATHERTON -					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
TAYLORSVILLE, UT 84123	13-1623888	501(C)(3)	0.	6,353.	PRICE	EQUIPMENT	PATIENTS
ADA CAMP JOHN WARVEL AMERICAN							SUPPORT TO US CLINICS &
DIABETES ASSOCIATION - 8604					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
ALLISONVILLE ROAD - INDIANAPOLIS,					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
IN 46250	13-1623888	501(C)(3)	0.	8,777.	PRICE	EQUIPMENT	PATIENTS
ADA CAMP MAVERICK AMERICAN							SUPPORT TO US CLINICS &
DIABETES ASSOCIATION - 8000 WEST					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
78TH ST. SUITE 175 - EDINA, MN					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
55439	13-1623888	501(C)(3)	0.	8,107.	PRICE	EQUIPMENT	PATIENTS
ADA CAMP MIDICHA AMERICAN DIABETES							SUPPORT TO US CLINICS &
ASSOCIATION YMCA CAMP COPNECONIC -					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
10407 NORTH FENTON ROAD - FENTON,					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
MI 48430	13-1623888	501(C)(3)	0.	19,568.	PRICE	EQUIPMENT	PATIENTS
ADA CAMP PLANET D AMERICAN				,			SUPPORT TO US CLINICS &
DIABETES ASSOCIATION - 7285 W					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
132ND STREET - OVERLAND PARK, KS					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
66213	44-0605373	501(C)(3)	0.	9,841.	PRICE	EQUIPMENT	PATIENTS
				,			SUPPORT TO US CLINICS &
ADA CAMP TRIANGLE D AMERICAN					ESTIMATED		HEALTH CENTERS FOR
DIABETES ASSOCIATION - 32405 N.					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
HWY 12 - INGLESIDE, IL 60041	13-1623888	501(C)(3)	0.	5,390.		SUPPLIES	PATIENTS
ADA CAMP WANA KURA AMERICAN				, , , , , , , ,			SUPPORT TO US CLINICS &
DIABETES ASSOCIATION - 6065					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
COZZENS STREET - SAN DIEGO, CA					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
92122	13-1623888	501(C)(3)	0.	7,416.		EQUIPMENT	PATIENTS
		, _ ,	1	.,110	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ADAMS COMPASSIONATE HEALTHCARE					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
4431 BROOKFIELD CORPORATE DRIVE					PRICE.	SUPPLIES.	LOW-INCOME, UNINSURED
CHANTILLY, VA 20151	46-1959130	501(C)(3)	0.	25 020	PURCHASED	EQUIPMENT	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
ADELANTE HEALTHCARE, INC					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
3033 N. CENTRAL AVENUE					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
PHOENIX, AZ 85012	86-0377821	501(C)(3)	0.	18,890.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ADVENTHEALTH WATERMAN COMMUNITY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CLINIC - 2300 KURT STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
EUSTIS, FL 32726	59-3140669	501(C)(3)	0.	22,244.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
AGAPE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
4104 JUNIUS STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DALLAS, TX 75246	14-1847977	501(C)(3)	0.	2,925,662.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
AGAPE COMMUNITY HEALTH CENTER, INC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1680 DUNN AVE SUITE #35					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
JACKSONVILLE, FL 32218	16-1660966	501(C)(3)	0.	176,658.	PURCHASED	SUPPLIES	PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
AGHABY COMPREHENSIVE COMMUNITY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
HEALTH CENTER - 349 W. COMPTON					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BLVD - COMPTON, CA 90220	46-2637814	501(C)(3)	0.	35,091.	PURCHASED	EQUIPMENT	PATIENTS
AHS FAMILY HEALTH CENTER 2424 W. PETERSON AVENUE CHICAGO, IL 60659	01-0567661	501(C)(3)	50,000.	0.			INCREASING IMMUNITY AWARDS - CVS
ALABAMA APPLESEED CENTER FOR LAW & JUSTICE - 400 SOUTH UNION ST MONTGOMERY, AL 36104	06-1647437	501(C)(3)	210,000.	0.			FUND FOR HEALTH EQUITY
ALABAMA STATEWIDE AREA HEALTH							
EDUCA - 930 20TH STREET S -							
BIRMINGHAM, AL 35205	63-6005396	501(C)(3)	225,000.	0.			FUND FOR HEALTH EQUITY
,			, , ,		ESTIMATED		SUPPORT TO US CLINICS &
ALAMEDA COUNTY HEALTH CARE					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
384 14TH STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
		i	1		-,	1	1

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ALASKA NATIVE HERITAGE CENTER										
8800 HERITAGE CENTER DRIVE										
ANCHORAGE, AK 99504	92-0127531	501(C)(3)	198,588.	0.			FUND FOR HEALTH EQUITY			
interioring, int 33501	32 012/331	301(0)(3)	150,500.	••						
ALASKA NATIVE TRIBAL HEALTH										
4000 AMBASSADOR DRIVE										
ANCHORAGE, AK 99508-5909	92-0162721	501(C)(3)	300,000.	0.			COVID19-US			
·			, -	-						
ALASKA PACIFIC UNIVERSITY										
4101 UNIVERSITY DR										
ANCHORAGE, AK 99508	92-0023588	501(C)(3)	228,615.	0.			FUND FOR HEALTH EQUITY			
ALBEMARLE HOSPITAL FOUNDATION DBA			·		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
COMMUNITY CARE CLINIC - 918					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
GREENLEAF STREET - ELIZABETH CITY,					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
NC 27909	43-2031990	501(C)(3)	0.	169,912.	PURCHASED	EQUIPMENT	PATIENTS			
					ESTIMATED		SUPPORT TO US CLINICS &			
ALBRECHT FREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR			
908 WASHINGTON STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED			
WEST BEND, WI 53095	39-1839654	501(C)(3)	0.	33,256.	PURCHASED	SUPPLIES	PATIENTS			
					ESTIMATED		SUPPORT TO US CLINICS &			
ALCORN STATE UNIVERSITY FAMILY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR			
CLINIC - 15 CAMPUS DRIVE -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED			
NATCHEZ, MS 39120	64-0538018	501(C)(3)	0.	46,983.	PURCHASED	SUPPLIES	PATIENTS			
ALCORN STATE UNIVERSITY FOUNDATION										
1000 ASU DRIVE #810										
LORMAN, MS 39096	64-0538018	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY			
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
ALL FOR HEALTH, HEALTH FOR ALL					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
519 EAST BROADWAY BLVD.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
GLENDALE, CA 91205	95-4773684	501(C)(3)	0.	· · · · · · · · · · · · · · · · · · ·	PURCHASED	EQUIPMENT	PATIENTS			
					ESTIMATED		SUPPORT TO US CLINICS &			
ALL NATIONS HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR			
830 W CENTRAL AVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED			
MISSOULA, MT 59801	81-0330646	501(C)(3)	0.	90,712.	PURCHASED	SUPPLIES	PATIENTS			

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED		SUPPORT TO US CLINICS &
ALLIANCE MEDICAL CENTER					WHOLESALE		HEALTH CENTERS FOR
1381 UNIVERSITY AVE					PRICE,	OTHER, MEDICAL	LOW-INCOME, UNINSURED
HEALDSBURG, CA 95488	94-2308748	501(C)(3)	0.	8,029.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
ALL-INCLUSIVE COMMUNITY HEALTH					ESTIMATED		HEALTH CENTERS FOR
CENTER - 1311 NORTH SAN FERNANDO					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
BLVD - BURBANK, CA 91504	27-4198722	501(C)(3)	0.	6,250.	PRICE	SUPPLIES	PATIENTS
ALPHA OMEGA ALLIANCE INC DBA					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
RIVIERA BEACH INTEGRATED CARE - 31					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
W 20TH STREET - RIVIERA BEACH, FL					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
33404	42-1615117	501(C)(3)	0.	182,501.	PURCHASED	EQUIPMENT	PATIENTS
ALTAMED HEALTH SERVICES CORP. 2040 CAMFIELD AVENUE COMMERCE, CA 90040	95-2810095	501(C)(3)	50,000.	0.			INCREASING IMMUNITY AWARDS - CVS
,			1 1 1 1 1 1 1 1 1		ESTIMATED		SUPPORT TO US CLINICS &
ALTAMED HEALTH SERVICES					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CORPORATION - 2040 CAMFIELD AVENUE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
- LOS ANGELES, CA 90040	95-2810095	501(C)(3)	0.	38 828.	PURCHASED	SUPPLIES	PATIENTS
				, , , , , , , , ,			SUPPORT TO US CLINICS &
ALTURA CENTERS FOR HEALTH					ESTIMATED		HEALTH CENTERS FOR
1201 N CHERRY STREET					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
TULARE, CA 93274	77-0465378	501(C)(3)	0.	6,668.		SUPPLIES	PATIENTS
				,,,,,,			SUPPORT TO US CLINICS &
AMERICAN RED CROSS IN-KIND					ESTIMATED		HEALTH CENTERS FOR
DONATIONS TEAM - 431 18TH STREET					WHOLESALE		LOW-INCOME, UNINSURED
NW - WASHINGTON, DC 20006	53-0196605	501(C)(3)	0.	18,760.		PHARMACEUTICALS	PATIENTS
		, , . ,			ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
AMISTAD COMMUNITY HEALTH CENTER					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
1533 SOUTH BROWNLEE AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CORPUS CHRISTI, TX 78404	20-3008507	501(C)(3)	0.	149 364.	PURCHASED	EQUIPMENT	PATIENTS
			1	,		~	
AMPLA HEALTH							POWER FOR HEALTH-CA,
935 MARKET STREET							POWER FOR
YUBA CITY, CA 95991	94-2210447	501(C)(3)	226,310.	0.			HEALTH-UNRESTRICTED

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED		SUPPORT TO US CLINICS &
AMPLA HEALTH DEL NORTE CLINICS,					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
INC - 935 MARKET STREET - YUBA					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CITY, CA 95991-4210	94-2210447	501(C)(3)	0.	31,525.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ANDERSON FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
414 N. FANT STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ANDERSON, SC 29621	57-0787584	501(C)(3)	0.	318,694.	PURCHASED	EQUIPMENT	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
ANN SILVERMAN COMMUNITY HEALTH					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
CLINIC - 595 W. STATE STREET -					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
DOYLESTOWN, PA 18901	23-2892823	501(C)(3)	0.	22,260.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ANTLERS FIRST BAPTIST CHURCH FREE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CLINIC - 208 NE B STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ANTLERS, OK 74523	73-1092316	501(C)(3)	0.	173,592.	PURCHASED	EQUIPMENT	PATIENTS
APNI INC.							
PO BOX 21280							ABBVIE PR MEDICALLY
SAN JUAN, PR 00928	66-0376145	501(C)(3)	250,000.	0.			FRAGILE POPULATIONS
ARCARE							
P.O. BOX 497							GENERAL U.S. EMERGENCY
AUGUSTA, AR 72006	58-1666179	501(C)(3)	50,000.	0.			PREP & RESPONSE
- 12000	30-1000173	501(0/(3/	30,000.	0.	ESTIMATED		SUPPORT TO US CLINICS &
ARCARE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
PO BOX 497					PRICE,	MEDICAL	
	58-1666179	E01/G\/2\	0.	27 207	1 '	, MEDICAL SUPPLIES	LOW-INCOME, UNINSURED PATIENTS
AUGUSTA, AR 72006	38-1000173	501(C)(3)	1	21,291.	PURCHASED	SOLLITES	
ADVANCAC HADM DEDUCATION DECIDAR					ECULMY WED	DUADMACEUMTOATC	SUPPORT TO US CLINICS &
ARKANSAS HARM REDUCTION PROJECT					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
4301 WEST MARKHAM SLOT 641	02 2068460	E01/G\/3\		0.00=	WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
LITTLE ROCK, AR 72205	83-3867162	D0T(C)(3)	0.	8,007.		SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ARLINGTON FREE CLINIC PHARMACY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2921 S. 11TH STREET			_		PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ARLINGTON, VA 22204	54-1671883	501(C)(3)	0.	667,276.	PURCHASED	EQUIPMENT	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED		SUPPORT TO US CLINICS &
ARROYO VISTA FAMILY HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
6000 N. FIGUEROA STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
LOS ANGELES, CA 90042	95-3514918	501(C)(3)	0.	10,771.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ARTHUR NAGEL COMMUNITY CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1116 12TH STREET #3					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
BANDERA, TX 78003	77-0697361	501(C)(3)	0.	170,126.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ASIAN AMERICAN HEALTH COALITION					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
DBA HOPE CLINIC - 7001 CORPORATE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
DRIVE - HOUSTON, TX 77036	31-1756818	501(C)(3)	0.	34,177.	PURCHASED	SUPPLIES	PATIENTS
ASIAN HEALTH SERVICES							FUND FOR HEALTH EQUITY,
101 8TH STREET, SUITE 100							ADDRESS MICRONUTRIENT DEF
OAKLAND, CA 94670	94-2235908	501(C)(3)	360,000.	0.			AWARDS BAYER
					ESTIMATED		SUPPORT TO US CLINICS &
ASIAN HUMAN SERVICES FAMILY HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CENTER - 2424 W. PETERSON AVENUE -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
CHICAGO, IL 60659	01-0567661	501(C)(3)	0.	275,646.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ASIAN PACIFIC HEALTH CARE VENTURE,					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
INC - 1530 HILLHURST AVENUE - LOS					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ANGELES, CA 90027	95-4177752	501(C)(3)	0.	266,645.	PURCHASED	SUPPLIES	PATIENTS
ASIAN SERVICES IN ACTION, INC.							
370 E MARKET STREET				_			L
AKRON, OH 44304	34-1798850	501(C)(3)	224,000.	0.			FUND FOR HEALTH EQUITY
ASOCIACION DE SALUD PRIMARIA DE							SUPPORT TO US CLINICS &
PUERTO RICO, INC EDIFICIO						MEDICAL	HEALTH CENTERS FOR
ALIANZA #400 - RIO PIEDRAS, PR					PURCHASED	SUPPLIES,	LOW-INCOME, UNINSURED
00927	66-0419912	501(C)(3)	0.	70,574.	PRICE	EQUIPMENT	PATIENTS
ASOCIACION PUERTORRIQUENA DIABETES							ABBVIE PR MEDICALLY
1608 CALLE BORI EDIF.	cc 0=	504 (5) (2)		_			FRAGILE POPULATIONS,
RIO PIEDRAS, PR 00927	66-0442165	DOT(G)(3)	62,000.	0.			BAXTER INNOVATION AWARDS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ASYLUM-SEEKERS SHELTER HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
PROGRAM - 4902 PACIFIC HIGHWAY -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SAN DIEGO, CA 92110	95-6006144	501(C)(3)	0.	108,975.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
BANDON COAST COMMUNITY HEALTH					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
CENTER - 1010 SE FIRST - BANDON,					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
OR 97411	94-3455260	501(C)(3)	0.	9,301.	PRICE	SUPPLIES	PATIENTS
BAPTIST COMMUNITY HEALTH SERVICES							
4960 ST. CLAUDE AVENUE							
NEW ORLEANS, LA 70117	45-3792193	501(C)(3)	30,000.	0.			COVID19-ABBOTT
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BAPTIST COMMUNITY HEALTH SERVICES					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
4960 ST. CLAUDE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
NEW ORLEANS, LA 70117	45-3792193	501(C)(3)	0.	130,018.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BARNABAS HEALTH SERVICES					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1303 JASMINE STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
FERNANDINA BEACH, FL 32034	59-2920275	501(C)(3)	0.	116,491.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BARRIER ISLANDS FREE MEDICAL					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
CLINIC - 3226 MAYBANK HIGHWAY, #C					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
- JOHNS ISLAND, SC 29455	20-5628911	501(C)(3)	0.	170,359.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BARTZ-ALTADONNA COMMUNITY HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CENTER - 43322 GINGHAM AVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LANCASTER, CA 93535	27-3261289	501(C)(3)	0.	199,539.	PURCHASED	EQUIPMENT	PATIENTS
BASIC HEALTH INTERNATIONAL							
6425 LIVING PLACE							GENERAL HEALTHCARE
PITTSBURGH, PA 15206	20-3408717	501(C)(3)	121,350.	0.			PROVIDER SUPPORT
BATON ROUGE PRIMARY CARE					ESTIMATED		SUPPORT TO US CLINICS &
COLLABORATIVE JEWEL NEWMAN					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
COMMUNITY CENTER - 2013 CENTRAL					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant noncash or assistance (book, FMV. assistance appraisal, other) SUPPORT TO US CLINICS & BEACON CHARITABLE PHARMACY ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR 408 9TH ST SW WHOLESALE MEDICAL LOW-INCOME, UNINSURED 19,231, PRICE SUPPLIES PATIENTS CANTON, OH 44707 20-0797475 501(C)(3) 0. SUPPORT TO US CLINICS & ESTIMATED WHOLESALE BEACON CHRISTIAN COMMUNITY HEALTH PHARMACEUTICALS HEALTH CENTERS FOR CENTER - 2079 FOREST AVENUE -PRICE MEDICAL LOW-INCOME UNINSURED STATEN ISLAND, NY 10303 02-0703686 501(C)(3) 0 28,216. PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & BEAUFORT COUNTY SYRINGE EXCHANGE WHOLESALE MEDICAL HEALTH CENTERS FOR PROGRAM - 1436 HIGHLAND DRIVE -PRICE SUPPLIES LOW-INCOME UNINSURED WASHINGTON, NC 27889 56-6001521 BEAUFORT COUNTY 0. 12,960, PURCHASED EOUIPMENT PATIENTS BEAUFORT-JASPER HAMPTON SUPPORT TO US CLINICS & HEALTH CENTERS FOR COMPREHENSIVE HEALTH SERVICES ESTIMATED PHARMACEUTICALS BJHCHS CHELSEA - 719 OKATIE HWY -WHOLESALE MEDICAL LOW-INCOME, UNINSURED 57-0523586 501(C)(3) 0 10,315, PRICE SUPPLIES PATTENTS OKATIE, SC 29909 ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & BECKLEY HEALTH RIGHT WHOLESALE MEDICAL HEALTH CENTERS FOR 111 RANDOLPH STREET PRICE SUPPLIES. LOW-INCOME, UNINSURED BECKLEY, WV 25801 55-0774466 501(C)(3) 28,561. PURCHASED EQUIPMENT PATIENTS 0. ESTIMATED SUPPORT TO US CLINICS & BEDFORD STUYVESANT FAMILY HEALTH WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR CENTER - 1456 FULTON STREET -PRICE MEDICAL LOW-INCOME, UNINSURED BROOKLYN NY 11216 11-2412205 501(C)(3) 17 412 PURCHASED SUPPLIES PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR BEE BUSY WELLNESS CENTER 8785 WEST BELLFORT STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 27-0653014 501(C)(3) 411 523 PURCHASED EOUIPMENT PATIENTS HOUSTON, TX 77031 0. BEEBE MEMORIAL CME CATHEDRAL 3900 TELEGRAPH AVENUE TUCREASING THMUNITY OAKLAND, CA 94609 94-1752395 12,500. 0. AWARDS - CVS BEHAVIORAL HEALTH SERVICES FAMILY SUPPORT TO US CLINICS & HEALTH CENTER PACIFICA HOUSE -ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR WHOLESALE 2501 W. EL SEGUNDO BLVD. -MEDICAL LOW-INCOME, UNINSURED HAWTHORNE, CA 90250 95-2838006 501(C)(3) 0. 38 462. PRICE SUPPLIES PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	rage i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELINGTON COMMUNITY MEDICAL					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SERVICES ASSOCIATION - 70 NORTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
STURMER STREET - BELINGTON, WV					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
26250	23-7310126	501(C)(3)	0.	15,197.	PURCHASED	EQUIPMENT	PATIENTS
BERGEN VOLUNTEER MEDICAL							
INITIATIVE - 75 ESSEX STREET,							
SUITE 100 - HACKENSACK, NJ 07601	20-2633437	501(C)(3)	234,100.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BERGEN VOLUNTEER MEDICAL					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
INITIATIVE, INC 75 ESSEX STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
- HACKENSACK, NJ 07601	20-2633437	501(C)(3)	0.	58,961.	PURCHASED	EQUIPMENT	PATIENTS
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BETANCES HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
280 HENRY STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
NEW YORK, NY 10002-4618	13-2697725	501(C)(3)	0.	259,438.	PURCHASED	EQUIPMENT	PATIENTS
				,			
BETHENY BAPTIST CHURCH							
460 MARCUS GARVEY BLVD							INCREASING IMMUNITY
BROOKLYN, NY 11216	11-2341436	501(C)(3)	12,500.	0.			AWARDS - CVS
•			,		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BETHESDA COMMUNITY CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
111 MOUNTAIN BROOK DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CANTON, GA 30115	27-4923001	501(C)(3)	0.	516,739.	PURCHASED	EQUIPMENT	PATIENTS
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BETHESDA FREE HEALTH CLINIC OF					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
DIBERVILLE - 6912 N WASHINGTON					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
AVENE - OCEAN SPRINGS, MS 39564	27-3534168	501(C)(3)	0.	11,737.	PURCHASED	EQUIPMENT	PATIENTS
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BETHESDA HEALTH CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
409 W. FERGUSON					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
TYLER, TX 75702	26-0036674	501(C)(3)	0.	978.730.	PURCHASED	EQUIPMENT	PATIENTS
,				,	ESTIMATED	-	SUPPORT TO US CLINICS &
BEVERLYCARE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
101 EAST BEVERLY BLVD.					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
MONTEBELLO, CA 90640	47-1545656	E01/G\/3\	0.	6 550	PURCHASED	SUPPLIES	PATIENTS

Schedule I (Form 990)

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(2) =:: \	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
BIG BETHEL							
204 AUBURN AVE							INCREASING IMMUNITY
ATLANTA, GA 30303	58-1035682		12,500.	0.			AWARDS - CVS
BIG SPRINGS MEDICAL ASSOCIATION					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
DBA MISSOURI HIGHLANDS HEALTH CARE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
- 110 SOUTH SECOND STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ELLINGTON, MO 63638	43-1068291	501(C)(3)	0.	524,777.	PURCHASED	EQUIPMENT	PATIENTS
BLACK RIVER HEALTH SERVICES, INC.				•	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
DBA BLACK RIVER FAMILY PRACTICE -					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
301 S. CAMPBELL STREET - BURGAW,					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
NC 28425	23-7356223	501(C)(3)	0.	106,752.	PURCHASED	EQUIPMENT	PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BLAND COUNTY MEDICAL CLINIC, INC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
12301 GRAPEFIELD RD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BASTIAN, VA 24314	54-1074890	501(C)(3)	0.	48,804.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
BLUE RIDGE COMMUNITY HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
SERVICES, INC 2579 CHIMNEY ROCK					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
RD - HENDERSONVILLE, NC 28792	56-0794933	501(C)(3)	0.	28,075.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
BLUE RIDGE MEDICAL CENTER PHARMACY					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
4038 THOMAS NELSON HIGHWAY					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
ARRINGTON, VA 22922	54-1222147	501(C)(3)	0.	9,722.	PRICE	SUPPLIES	PATIENTS
BOND COMMUNITY HEALTH CENTER YOURX					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PHARMACY @ BONDCHC - 1720 SOUTH					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
GADSDEN STREET - TALLAHASSEE, FL					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
32301	59-2426414	501(C)(3)	0.	299,949.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
BOONE FREE MEDICAL CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
703 ARDEN STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
BOONE, IA 50036	42-1428706	501(C)(3)	0.	59,791.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BORINQUEN HEALTH CARE CENTER, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
3601 N FEDERAL HWY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MIAMI, FL 33137-3795	59-1417397	501(C)(3)	0.	261,787.	PURCHASED	EQUIPMENT	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T uge T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOUNDARY REGIONAL COMMUNITY HEALTH					ESTIMATED		SUPPORT TO US CLINICS &
CENTER DBA KANIKSU HEALTH SERVICES					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
- 810 N. SIXTH AVE - SANDPOINT, ID					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
83864	04-3634356	501(C)(3)	0.	8,057.	PURCHASED	SUPPLIES	PATIENTS
BOYS & GIRLS CLUB OF THE NORTHERN PO BOX 309 LAME DEER, MT 59043	36-3945776	501(C)(3)	50,000.	0.			COVID19-US
mm bbm, m 35043	30 3343770	501(0)(3)	30,000.	• •	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BOYS & GIRLS CLUB OF THE NORTHERN					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
CHEYENNE NATION - 634 CHEYENNE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
AVENUE - LAME DEER, MT 59043	36-3945776	501(C)(3)	0.	16 551	PURCHASED	EQUIPMENT	PATIENTS
AVENUE DAME DEEK, MI 33043	30 3343770	501(0)(3)	· ·	10,331.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BRADLEY FREE CLINIC OF ROANOKE					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
VALLEY INC PHARMACY - 1240 THIRD					PRICE,	SUPPLIES,	
	23-7380491	E01/G\/2\	0.	227 504	PURCHASED	EQUIPMENT	LOW-INCOME, UNINSURED PATIENTS
STREET, SW - ROANOKE, VA 24016	23-7360491	501(C)(3)	0.	227,304.	ESTIMATED	EQUIPMENT	SUPPORT TO US CLINICS &
BREAD OF HEALING CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1821 NORTH 16TH STREET					PRICE,	MEDICAL	
MILWAUKEE, WI 53205	81-0669867	501/01/31	0.	330 610	PURCHASED	, MEDICAL SUPPLIES	LOW-INCOME, UNINSURED PATIENTS
MILWAUREE, WI 33203	01-0003007	501(0/(3/	0.	330,010.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BRIDGES TO HEALTH					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
119 SOUTH WASHINGTON STREET					PRICE,	SUPPLIES.	LOW-INCOME, UNINSURED
MARION, IN 46952	20-5405181	501(C)(3)	0.	71 288	PURCHASED	EQUIPMENT	PATIENTS
MARION, IN 40332	20-3403101	501(0/(3/	0.	71,200.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BROAD STREET CLINIC FOUNDATION					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
534 NORTH 35TH STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
MOREHEAD CITY, NC 28557	56-1853604	501(C)(3)	0.	37 519	PURCHASED	SUPPLIES	PATIENTS
BROTHER BILL'S HELPING HAND	30 1033004	501(0)(3)	· ·	37,313.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY CLINIC - 3906 N.					WHOLESALE	OTHER.	HEALTH CENTERS FOR
WESTMORELAND RD DALLAS, TX					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
75212	75-6027740	501(C)(3)	0.	389 824	PURCHASED	SUPPLIES,	PATIENTS
13212	73-0027740	501(0)(3)	· · · · ·	309,024.	LOKCHASED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BROWARD COMMUNITY & FAMILY HEALTH					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
CENTER - 5010 HOLLYWOOD BLVD -					WHOLESALE	SUPPLIES.	LOW-INCOME, UNINSURED
	59-3489664	501(C)(3)	0.	11 050		EQUIPMENT	PATIENTS
HOLLYWOOD, FL 33021	55-3405004	DOT(C)(3)	<u> </u>	11,052.	LVICE	EXOTEMENT.	LUITENIS.

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	ırt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
BROWNSVILLE COMMUNITY HEALTH					ESTIMATED	, OTHER,	HEALTH CENTERS FOR
CENTER - 191 EAST PRICE ROAD -					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
BROWNSVILLE, TX 78521	74-2176836	501(C)(3)	0.	9,522.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BROWNSVILLE MULTI-SERVICE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
592 ROCKAWAY AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BROOKLYN, NY 11212	11-2544630	501(C)(3)	0.	27,984.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BULLHOOK COMMUNITY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
INC 521 4TH ST - HAVRE, MT					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
59501	20-5970239	501(C)(3)	0.	13,476.	PURCHASED	EQUIPMENT	PATIENTS
C. W. WILLIAMS COMMUNITY HEALTH				,	ESTIMATED		SUPPORT TO US CLINICS &
CENTER PHARMACY - 5800 OLD					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
PINEVILLE ROAD - CHARLOTTE, NC					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
28217	56-1262478	501(C)(3)	0.	29,696.	PURCHASED	SUPPLIES	PATIENTS
				, -	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
C.A.R.E. CLINIC					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
906 COLLEGE AVE, DOOR #1					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
RED WING, MN 55066	27-0540451	501(C)(3)	0.	428 234.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
CABELL-HUNTINGTON HEALTH					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
DEPARTMENT - 703 7TH AVE -					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
HUNTINGTON, WV 25701	55-0400653	CABELL COUNTY	0.	67,366.		SUPPLIES	PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CABIN CREEK HEALTH SYSTEMS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
104 ALEX LANE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CHARLESTON, WV 25304	55-0709223	501(C)(3)	0.	724 931	PURCHASED	EQUIPMENT	PATIENTS
	33 0,03223	301(0)(3)		,21,331.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CABRINI CLINIC					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
1234 PORTER ST					PRICE,	SUPPLIES,	
	38-3129349	501/C\/3\	0.	11 611	PURCHASED	EQUIPMENT	LOW-INCOME, UNINSURED PATIENTS
DETROIT, MI 48226	30-3123343	301(0)(3)	1	41,044.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CACMIIC UPAIMU CEDVICEC TWO						MEDICAL	
CACTUS HEALTH SERVICES, INC.					WHOLESALE	'	HEALTH CENTERS FOR
700 N. MAIN ST.	16 1663004	F01/G)/2)		207 206	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
FORT STOCKTON, TX 79735	16-1663081	PNT(G)(3)	0.	227,826.	PURCHASED	EQUIPMENT	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMARENA HEALTH							
730 N. I STREET							ADDRESS MICRONUTRIENT DEF
MADERA, CA 93637	94-2503904	501(C)(3)	50,000.	0.			AWARDS BAYER
				- •			SUPPORT TO US CLINICS &
CAMELBACK FAMILY PLANNING					ESTIMATED		HEALTH CENTERS FOR
4141 N 32ND ST, STE 105					WHOLESALE		LOW-INCOME, UNINSURED
PHOENIX, AZ 85018	86-0937180		0.	110,420.		PHARMACEUTICALS	PATIENTS
,				, -	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CAMILLUS HEALTH CONCERN					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
336 NW 5TH ST.					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
MIAMI, FL 33128	65-0063921	501(C)(3)	0.	53,761.	PURCHASED	SUPPLIES	PATIENTS
				,			SUPPORT TO US CLINICS &
CAMP ADAM FISHER					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
8001 M W RICKENBAKER ROAD					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
SUMMERTON, SC 29148	54-2101275	501(C)(3)	0.	19,879.	PRICE	EQUIPMENT	PATIENTS
				-			SUPPORT TO US CLINICS &
CAMP CONRAD-CHINNOCK					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
4700 JENKS LAKE ROAD, EAST					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
ANGELUS OAKS, CA 92305	95-3897543	501(C)(3)	0.	57,058.	PRICE	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
CAMP FREEDOM SOUTH TEXAS JUVENILE					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
DIABETES ASSOCIATION - 3601 WEST					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
ALBERTA RD EDINBURG, TX 78539	45-3645389	501(C)(3)	0.	18,706.	PRICE	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
CAMP GILBERT					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
1315 S. CLIFF AVENUE					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
SIOUX FALLS, SD 57105	20-8521374	501(C)(3)	0.	5,630.	PRICE	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
CAMP HERTKO HOLLOW					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
501 GRAND AVE					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
DES MOINES, IA 50309	76-0717999	501(C)(3)	0.	10,898.	PRICE	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
CAMP HOPEWELL					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
24 CR 231					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
OXFORD, MS 38655	23-6393377	501(C)(3)	0.	13,270.	PRICE	EQUIPMENT	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV. assistance appraisal, other) SUPPORT TO US CLINICS & CAMP KUDZU ESTIMATED MEDICAL HEALTH CENTERS FOR 5885 GLENRIDGE DRIVE WHOLESALE SUPPLIES LOW-INCOME, UNINSURED 103,754. PRICE ATLANTA, GA 30328 58-2449646 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & CAMP SWEET ESCAPE ESTIMATED MEDICAL HEALTH CENTERS FOR 1120 15TH STREET BLDG, 1014 (DUGAS WHOLESALE SUPPLIES LOW-INCOME UNINSURED AUGUSTA, GA 30912 47-1776514 501(C)(3) 0 9,147. PRICE EOUIPMENT PATTENTS CAMP VALOR UTAH HEMOPHILIA SUPPORT TO US CLINICS & FOUNDATION CAMP WAPITI - 772 EAST ESTIMATED HEALTH CENTERS FOR WHOLESALE 3300 SOUTH - SALT LAKE CITY, UT LOW-INCOME UNINSURED 84106 87-6127162 501(C)(3) 0. 32,900, PRICE PHARMACEUTICALS PATIENTS CAMUY HEALTH SERVICES, INC PO BOX 660 ABBUTE PR MEDICALLY CAMUY, PR 00627 66-0428652 501(C)(3) 0 FRAGILE POPULATIONS 220,000 SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS WHOLESALE MEDICAL HEALTH CENTERS FOR CAMUY HEALTH SERVICES, INC. AVENUE MUNOZ RIVERA #63 PRICE SUPPLIES LOW-INCOME, UNINSURED 66-0428652 501(C)(3) 7,770. PURCHASED EQUIPMENT PATIENTS CAMUY, PR 00627 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CANYONLANDS HEALTHCARE WHOLESALE MEDICAL HEALTH CENTERS FOR 827 VISTA AVENUE PRICE SUPPLIES LOW-INCOME, UNINSURED PAGE AZ 86040 86-0350153 501(C)(3) 51 615 PURCHASED EOUIPMENT PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR CAPE FEAR CLINIC, INC PHARMACEUTICALS 1605 DOCTORS CIRCLE PRICE MEDICAL LOW-INCOME, UNINSURED 609 116 PURCHASED SUPPLIES PATIENTS WILMINGTON NC 28401 56-1984630 501(C)(3) 0. PHARMACEUTICALS ESTIMATED SUPPORT TO US CLINICS & CAPITAL CITY RESCUE MISSION FREE WHOLESALE MEDICAL HEALTH CENTERS FOR 259 SOUTH PEARL STREET PRICE. SUPPLIES. LOW-INCOME, UNINSURED ALBANY, NY 12202 56-2663290 501(C)(3) 0. 46 965 PURCHASED EOUIPMENT PATTENTS CAPITOL CITY FAMILY HEALTH CENTER ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & DBA CARESOUTH MEDICAL & DENTAL -WHOLESALE OTHER HEALTH CENTERS FOR 3140 FLORIDA STREET - BATON ROUGE PRICE MEDICAL LOW-INCOME, UNINSURED SUPPLIES LA 70806 72-1395500 501(C)(3) 0. 14 917 PURCHASED PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant noncash or assistance (book, FMV. assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS CARACOLE, INC. WHOLESALE MEDICAL HEALTH CENTERS FOR 4138 HAMILTON AVENUE PRICE. SUPPLIES LOW-INCOME, UNINSURED 26,012. PURCHASED CINCINNATI, OH 45208 31-1210524 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED CARBON MEDICAL SERVICE ASSOCIATION WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR EAST CARBON CLINIC - 331 HIGHWAY PRICE MEDICAL LOW-INCOME UNINSURED 123 - SUNNYSIDE, UT 84520 87-0217443 501(C)(3) 0 17,012, PURCHASED SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS CARE BEYOND THE BOULEVARD WHOLESALE MEDICAL HEALTH CENTERS FOR 530 OUINDARO BLVD PRICE SUPPLIES LOW-INCOME, UNINSURED KANSAS CITY, KS 66101 83-1122028 501(C)(3) 0. 347,008, PURCHASED EOUIPMENT PATIENTS CARE FOR THE HOMELESS 30 EAST 33RD STREET - 5TH FLOOR TNCREASING IMMUNITY 13-3666994 501(C)(3) 47,017. 0 AWARDS - CVS NEW YORK, NY 10016-5337 ESTIMATED SUPPORT TO US CLINICS & CARE FOR THE HOMELESS WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 30 EAST 33RD STREET - FIFTH FLOOR PRICE MEDICAL LOW-INCOME, UNINSURED 13-3666994 501(C)(3) 26,292, PURCHASED SUPPLIES PATIENTS NEW YORK, NY 10016 0. SUPPORT TO US CLINICS & CARE HARBOR ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR 18436 HAWTHORNE BLVD. WHOLESALE MEDICAL LOW-INCOME, UNINSURED TORRANCE CA 90504 27-2984870 501(C)(3) 12,389, PRICE SUPPLIES PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR CARE RESOURCE 3510 BISCAYNE BLVD., 2ND FLOOR PRICE SUPPLIES LOW-INCOME, UNINSURED 43 537. PURCHASED EOUIPMENT PATIENTS MIAMI FL 33137 59-2564198 501(C)(3) 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR CARESOUTH CAROLINA, INC. 201 SOUTH 5TH STREET PRICE. MEDICAL LOW-INCOME, UNINSURED HARTSVILLE, SC 29550 57-0664826 501(C)(3) 0. 12 479 PURCHASED SUPPLIES PATTENTS PHARMACEUTICALS SUPPORT TO US CLINICS & CARIDAD CENTER ESTIMATED MEDICAL HEALTH CENTERS FOR WHOLESALE LOW-INCOME, UNINSURED 8645 W. BOYNTON BEACH BLVD. SUPPLIES. BOYNTON BEACH, FL 33472 65-0149423 501(C)(3) 0. 93 953. PRICE EOUIPMENT PATIENTS

Schedule I (Form 990)

CARING COMMUNITY CLINIC 200 DOCTORS DRIVE, STE L 300 DOCTORS DRIVE, STE L 302 DOCTORS DRIVE, STE L 303 RASE (SEEN STREET - WILSON, NO 304 RASE (SEEN STREET - WILSON, NO 305 RASE (SEEN STREET - WILSON, NO 306 RASE (SEEN STREET - WILSON, NO 307 RASE (SEEN STREET - WILSON, NO 308 RASE (SEEN STREET - WILSON, NO 309 RASE (SEEN STREET - WILSON, NO 309 RASE (SEEN STREET - WILSON, NO 300 RASE (SEEN STREET - WILSON, NO 300 RASE (SEEN STREET - WILSON, NO 301 RASE (SEEN STREET - WILSON, NO 302 RASE (SEEN STREET - WILSON, NO 303 RASE (SEEN STREET - WILSON, NO 304 RASE (SEEN STREET - WILSON, NO 305 RASE (SEEN STREET - WILSON, NO 306 RASE (SEEN STREET - WILSON, NO 306 RASE (SEEN STREET - WILSON, NO 307 RASE (SEEN STREET - WILSON, NO 308 RASE (SEEN STREET - WILSON, NO 309 RASE (SEEN STREET	Part II Continuation of Grants and Other	Assistance to Doi	nestic Organizations	and Domestic Go	(OCI)	leddie i (i oiiii 330), i a		1
CARING COMMUNITY CLINIC 200 DOCTORS DRIVE, STE L 300 DOCTORS DRIVE, STE L 302 DOCTORS DRIVE, STE L 303 RASE (SEEN STREET - WILSON, NO 304 RASE (SEEN STREET - WILSON, NO 305 RASE (SEEN STREET - WILSON, NO 306 RASE (SEEN STREET - WILSON, NO 307 RASE (SEEN STREET - WILSON, NO 308 RASE (SEEN STREET - WILSON, NO 309 RASE (SEEN STREET - WILSON, NO 309 RASE (SEEN STREET - WILSON, NO 300 RASE (SEEN STREET - WILSON, NO 300 RASE (SEEN STREET - WILSON, NO 301 RASE (SEEN STREET - WILSON, NO 302 RASE (SEEN STREET - WILSON, NO 303 RASE (SEEN STREET - WILSON, NO 304 RASE (SEEN STREET - WILSON, NO 305 RASE (SEEN STREET - WILSON, NO 306 RASE (SEEN STREET - WILSON, NO 306 RASE (SEEN STREET - WILSON, NO 307 RASE (SEEN STREET - WILSON, NO 308 RASE (SEEN STREET - WILSON, NO 309 RASE (SEEN STREET	` '	(b) EIN	` '		noncash	valuation (book, FMV,		
200 DOCTORS DRIVE, STE L 302 DOCTORS DRIVE, SEE L 303 CASTS (SEASE) 304 DOCTORS DRIVE, SEE L 305 CASTS (SEASE) 305 CASTS (SEASE) 305 CASTS (SEASE) 306 COMMUNITY HEALTH CENTER - WILSON, NC 27893 58-2079819 501(C)(3) 0. 41,470, PRICE 404 DUBLIN STREET 405 DUBLIN STREET 406 DUBLIN STREET 407 CHISUM STREET - SICILY 507 CHISUM STREET - SICILY 507 CHISUM STREET - SICILY 507 CHISUM STREET - SICILY 508 CASTIMATED 508 CASTIMATED 509 CONTINUES CO						ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
JACKSONVILLE, NC 28546 56-1705813 501(C)(3) 0. 52,202. PURCHASED SQUIPMENT PAILENTS	CARING COMMUNITY CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CAROLINA FAMILY HEALTH CENTERS SUPPORT TO US CLINICS A HEALTH CENTERS SUPPORT TO US CLINICS AND	200 DOCTORS DRIVE, STE L					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
STIMATED HEALTH CENTER - 303 BASF GREEN STREET - WILSON, NC 278939 501(c)(3) 0. 41,470. FRICE	JACKSONVILLE, NC 28546	56-1705813	501(C)(3)	0.	52,202.	PURCHASED	EQUIPMENT	PATIENTS
303 EAST GREEN STREET - WILSON, NC 27893 501(C)(3) 0. 41,470. PRICE PHARMACEUTICALS PATIENTS CASA EL BUEN SAMARITANO ESTIMATED HEALTH CENTERS FOR 14660 DUBLIN STREET HOUSTON, TX 77085 37-1546805 501(C)(3) 0. 27,726. PRICE EQUIPMENT PATIENTS CATAHOULA PARISH HOSPITAL DISTRICT NO. 2 - 307 CHISUM STREET - SICILY SILVING ENGINEERS FOR 15,229. FORCHASED FOR HEALTH CENTERS FOR 16,240. PRICE PRICE NEED PHARMACEUTICALS SUPPORT TO US CLINICS ENGINEERS FOR 15,240. PRICE NEED PHARMACEUTICALS SUPPORT TO US CLINICS ENGINEERS FOR 15,240. PRICE NEED PHARMACEUTICALS SUPPORT TO US CLINICS ENGINEERS FOR 15,240. PRICE NEED PHARMACEUTICALS SUPPORT TO US CLINICS ENGINEERS FOR 15,240. PRICE NEED PHARMACEUTICALS SUPPORT TO US CLINICS ENGINEERS FOR 15,240. PRICE NEED PHARMACEUTICALS SUPPORT TO US CLINICS ENGINEERS FOR 15,240. PRICE NEED PHARMACEUTICALS SUPPORT TO US CLINICS ENGINEERS FOR 15,440. PRICE NEED PHARMACEUTICALS SUPPORT TO US CLINICS ENGINEERS FOR 15,440. PRICE NEED PHARMACEUTICALS SUPPORT TO US CLINICS ENGINEERS FOR 15,440. PRICE NEED PHARMACEUTICALS SUPPORT TO US CLINICS ENGINEERS FOR 15,440. PRICE NEED PHARMACEUTICALS SUPPORT TO US CLINICS ENGINEERS FOR 15,440. PRICE NEED PHARMACEUTICALS SUPPORT TO US CLINICS ENGINEERS FOR 15,440. PRICE NEED PHARMACEUTICALS SUPPORT TO US CLINICS ENGINEERS FOR 15,440. PRICE NEED PHARMACEUTICALS SUPPORT TO US CLINICS ENGINEERS FOR 15,440. PRICE SUPPLIES NEED PHARMACEUTICALS SUPPORT TO US CLINICS ENGINEERS FOR 15,440. PRICE SUPPLIES NEED PHARMACEUTICALS SUPPORT TO US CLINICS ENGINEERS FOR 16,440. PRICE NEED PHARMACEUTICALS SUPPORT TO US CLINICS ENGINEERS FOR 16,440. PRICE NEED PHARMACEUTICALS SUPPORT TO US CLINICS ENGINEERS FOR 16,440. PRICE NEED PHARMACEUTICALS SUPPORT TO US CLINICS ENGINEERS FOR 16,440. PRICE NEED PHARMACEUTICALS SUPPORT TO US CLINICS ENGINEERS FOR 16,440. PRICE NEED PHARMACEUTICALS SUPPORT TO US CLINICS ENGINEERS FOR 16,440. PRICE NEED PHARMACEUTICALS SUPPORT TO US CLINICS ENGINEERS FOR 16,440. PRICE NEED PHARMACEUTICALS SUPPORT TO US CLINICS ENGINEERS FOR 16,440. PRICE	CAROLINA FAMILY HEALTH CENTERS							SUPPORT TO US CLINICS &
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CASA EL BUEN SAMARITANO 1.060 DUBLIN STREET 1.000 HOLDIN STREET 1.	303 EAST GREEN STREET - WILSON, NC					WHOLESALE		LOW-INCOME, UNINSURED
CARA EL BUEN SAMARITANO 14060 DUBLIN STREET 14061 DUBLIN STREET 15060 SUPPLIES 1507-15060 SUPPLIES 1507-15	27893	58-2079819	501(C)(3)	0.	41,470.	PRICE	PHARMACEUTICALS	PATIENTS
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HOUSTON, TX 77085 37-1546805 501(c)(3) 0. 27,726, PRICE EQUIPMENT PATIENTS	14060 DUBLIN STREET					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
CATHADULA PARISH HOSPITAL DISTRICT NO. 2 - 307 CHISUM STREET - SICILY ISLAND, LA 71368 72-0838896 501(C)(3) 0. 15,829, PURCHASED PHARMACEUTICALS PHARMACEUTICALS SUPPLIES PATIENTS CATHERINE'S HEALTH CENTER 1211 LAFAYETTE AVE. NE 1211 LAFAYETTE AVE. N	HOUSTON, TX 77085	37-1546805	501(C)(3)	0.	27,726.	PRICE	EQUIPMENT	
NO. 2 - 307 CHISUM STREET - SICILY ISLAND, LA 71368 72-0838896 501(C)(3) 0. 15,829, PURCHASED SUPPLIES PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS OF PRICE, PRICE, SUPPLIES PHARMACEUTICALS SUPPORT TO US CLINICS OF PRICE, SUPPLIES, COM-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS OF CATHERINE SUPPORT TO US CLINICS OF PRICE, PRICE, SUPPLIES, COM-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS OF CATHERINE SUPPORT TO US CLINICS OF PRICE, PRICE, PRICE, PRICE, SUPPLIES, COM-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS OF CATHERINE SUPPORT TO US CLINICS OF PRICE, P						ESTIMATED		SUPPORT TO US CLINICS &
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CATHERINE'S HEALTH CENTER 1211 LAFAYETTE AVE. NE GRAND RAPIDS, MI 49505 20-3572418 501(C)(3) 0. 95,924. PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS A WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS A WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS A WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS A WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS A WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED COROZAL, PR 00783 66-0864150 501(C)(3) 0. 64,619. PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS A WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS A WHOLESALE PHARMACEUTICALS WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS A WHOLESALE PHARMACEUTICALS SUPPORT	ISLAND, LA 71368	72-0838896	501(C)(3)	0.	15,829.	PURCHASED	SUPPLIES	PATIENTS
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WESTSIDE FREE MEDICAL CLINIC - 2500 N. TYLER STREET - LITTLE ROCK, AR 72207 71-0236871 501(C)(3) 0. 30,203. PURCHASED EQUIPMENT PATIENTS CBV MANAGEMENT INC CARRETERA 159 KM 13.9 COROZAL, PR 00783 66-0864150 501(C)(3) 0. 64,619. PURCHASED PHARMACEUTICALS WHOLESALE WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED FRICE, SUPPLIES, LOW-INCOME, UNINSURED FRICE, SUPPLIES, LOW-INCOME, UNINSURED FRICE, SUPPLIES, LOW-INCOME, UNINSURED WHOLESALE WHOLESALE WHOLESALE WHOLESALE WHOLESALE WHOLESALE WHOLESALE WHOLESALE WHOLESALE SILVER SPRING, MD 20910 52-0988386 501(C)(3) 0. 908,432. PURCHASED ESTIMATED WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS	GRAND RAPIDS, MI 49505	20-3572418	501(C)(3)	0.	95,924.	PURCHASED	EQUIPMENT	· ·
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CEV MANAGEMENT INC CARRETERA 159 KM 13.9 COROZAL, PR 00783 66-0864150 501(C)(3) 0. 64,619. PURCHASED ESTIMATED WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED ESTIMATED WHOLESALE WHOLESALE WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED O. 908,432. PURCHASED ESTIMATED WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED SUPPORT TO US CLINICS OF THE PRICE, SUPPLIES, LOW-INCOME, UNINSURED WHOLESALE WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS OF THE PRICE, WHOLESALE WHOLESALE PHARMACEUTICALS WHOLESALE WHOLESAL	ROCK AR 72207	71-0236871	501(C)(3)	0.	30,203.	· ·	,	'
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CCI HEALTH & WELLNESS SERVICES 8630 FENTON STREET SILVER SPRING, MD 20910 52-0988386 501(C)(3) 0. 908,432 PURCHASED EQUIPMENT ESTIMATED CENLA MEDICATION ACCESS PROGRAM CMAP - 1101 4TH STREET, SUITE 203 WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR CMAP - 1101 4TH STREET, SUITE 203					, , , , , , ,		-	
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ESTIMATED SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR CMAP - 1101 4TH STREET, SUITE 203 PRICE, MEDICAL LOW-INCOME, UNINSURED		52-0988386	501(C)(3)	n	908 432	· '	· '	'
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CMAP - 1101 4TH STREET, SUITE 203 PRICE, MEDICAL LOW-INCOME, UNINSURED	CENTA MEDICATION ACCESS PROGRAM						PHARMACEIITTCAT.S	
- ALEXANDRIA, LA 71301 02-0751416 501(C)(3) 0. 414,969. PURCHASED SUPPLIES PATIENTS	- ALEXANDRIA, LA 71301	02-0751416	501 (C) (3)	0.	111 060	· '	SUPPLIES	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR BLACK WOMEN'S WELLNESS							
477 WINDSOR STREET, SW							
ATLANTA, GA 30312	58-2212203	501(C)(3)	180,000.	0.			FUND FOR HEALTH EQUITY
	30 2212203	301(0)(3)	100,000.	•			
CENTER FOR EMPOWERED POLITICS							
EDUCATION FUND - 1042 GRANT AVE -							
SAN FRANCISCO, CA 94113	84-3636499	501(C)(3)	500,000.	0.			COVID19-US
CENTER FOR FAMILY HEALTH AND			,		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
EDUCATION - 8727 VAN NUYS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
BOULEVARD - PANORAMA CITY, CA					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
91402	27-0224623	501(C)(3)	0.	581,016.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
CENTER FOR HAITIAN STUDIES, INC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
8260 NE 2ND AVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
MIAMI, FL 33138	65-0136723	501(C)(3)	0.	28,777.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
CENTER FOR HEALING AND HOPE					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
400 W LINCOLN AVE.					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
GOSHEN, IN 46526	02-0560511	501(C)(3)	0.	105,000.	PRICE	SUPPLIES	PATIENTS
CENTRAL CITY INTEGRATED HEALTH 10 PETERBORO							
DETROIT, MI 48201	38-1986574	501(C)(3)	200,000.	0.			LILLY HEALTH EQUITY
			, -		ESTIMATED		SUPPORT TO US CLINICS &
CENTRAL FLORIDA HEALTH CARE					WHOLESALE		HEALTH CENTERS FOR
1129 NORTH MISSOURI AVENUE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
LAKELAND, FL 33805	59-1404594	501(C)(3)	0.	11,378.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CENTRAL LOUISIANA AIDS SUPPORT					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
SERVICES - 1785 JACKSON STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ALEXANDRIA, LA 71301	72-1097079	501(C)(3)	0.	74,355.	PURCHASED	EQUIPMENT	PATIENTS
CENTRAL MISSOURI DIABETIC							SUPPORT TO US CLINICS &
CHILDREN'S CAMP HICKORY HILL -					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
2800 ROYAL OAK COURT - COLUMBIA,					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
MO 65203	43-0983917	501(C)(3)	0.	9,238.	PRICE	EQUIPMENT	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CENTRAL MS HEALTH SERVICE, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1134 WINTER STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
JACKSON, MS 39204	64-0426295	501(C)(3)	0.	278,494.	PURCHASED	EQUIPMENT	PATIENTS
CENTRAL OHIO DIABETES ASSOCIATION							SUPPORT TO US CLINICS &
LIFECARE ALLIANCE CAMP HAMWI -					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
1100 DENNISON AVE - COLUMBUS, OH					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
43201	31-6054100	501(C)(3)	0.	28,290.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
CENTRAL VIRGINIA HEALTH SERVICES					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
INC PHARMACY - 25892 JAMES MADISON					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
HIGHWAY - NEW CANTON, VA 23123	54-0887287	501(C)(3)	0.	8,269.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CENTRE VOLUNTEERS IN MEDICINE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2520 GREEN TECH DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
STATE COLLEGE, PA 16803	25-1897969	501(C)(3)	0.	132,774.	PURCHASED	EQUIPMENT	PATIENTS
·				•			
CENTRO DE SALUD DE LARES, INC							
PO BOX 379							
LARES, PR 00669	66-0426506	501(C)(3)	115,966.	0.			ABBVIE PR MOBILE HEALTH
CENTRO DE SALUD FAMILIAR DR JULIO			,				
DR JULIO PALMIERI FERRI, INC -							
MORSE ST. #46 VALENTINA CORNER -							
ARROYO, PR 00714	66-0496484	501(C)(3)	100,000.	0.			ABBVIE PR MOBILE HEALTH
,							ABBVIE PR INFRASTRUCTURE
CENTRO DE SERVICIOS PRIMARIOS -							EQUIPMENT, ABBVIE PR
PATILLAS - PO BOX 697 - PATILLAS,							MOBILE HEALTH, ABBVIE PR
PR 00723	66-0430826	501(C)(3)	305,000.	0.			MEDICALLY FRAGILE
CENTRO DE SERVICIOS PRIMARIOS DE				•	ESTIMATED		SUPPORT TO US CLINICS &
SALUD DE PATILLAS, INC 99 CALLE					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
GUILLERMO RIEFKOHL STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PATILLAS, PR 00723	66-0430826	501(C)(3)	0.	18 874	PURCHASED	EQUIPMENT	PATIENTS
THE TOTAL OF THE T	00 0430320	551(5)(5)	· ·	10,074.	z ortomiono	DZ TI IIIIII	F 111 1 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CENTRO HISPANO DE EAST TENNESSEE							
2455 SUTHERLAND AVE							
KNOXVILLE, TN 37919	20-3415545	501(C)(3)	186,000.	0.			LILLY HEALTH EQUITY
MONVILLE, IN 3/313	20-2412242	DOT (C)(3)	100,000.	<u> </u>			PIDDI REVOLU EGOILI

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Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
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					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CENTRO MEDICO COMMUNITY CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1303 W SIXTH STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CORONA, CA 92882	33-0986880	501(C)(3)	0.	100,871.	PURCHASED	EQUIPMENT	PATIENTS
CENTRO SALUD FAMILIAR DR. JULIO					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PALMIERI FERRI, INC MORSE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
STREET #46 VALENTINA CORNER -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ARROYO, PR 00714	66-0496484	501(C)(3)	0.	16,241.	PURCHASED	EQUIPMENT	PATIENTS
CENTRO SAN VICENTE							
8061 ALAMEDA AVE.							LILLY NAVIGATOR GRANT,
EL PASO, TX 79915	74-2505561	501(C)(3)	200,000.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED		SUPPORT TO US CLINICS &
CENTRO SAN VICENTE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
8061 ALAMEDA AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
EL PASO, TX 79915	74-2505561	501(C)(3)	0.	194,514.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
CENTROMED SOUTH PARK CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
PHARMACY - 6315 SOUTH ZARZAMORA -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SAN ANTONIO, TX 78211	74-1787031	501(C)(3)	0.	17,679.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CENTROS DE SALUD DE LARES, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CARRETERA 111 KM 33.2					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LARES, PR 00669	66-0426506	501(C)(3)	0.	30,987.	PURCHASED	EQUIPMENT	PATIENTS
				•	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CHARIS HEALTH CENTER					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
2620 NORTH MT. JULIET RD.					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
MT. JULIET, TN 37122	35-2298919	501(C)(3)	0.	380,458.	PURCHASED	SUPPLIES,	PATIENTS
•				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CHARITABLE PHARMACY OF CENTRAL					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
OHIO - 200 EAST LIVINGSTON AVENUE					PRICE,	SUPPLIES.	LOW-INCOME, UNINSURED
- COLUMBUS, OH 43215	27-0147099	501(C)(3)	0.	830 744.	PURCHASED	EQUIPMENT	PATIENTS
	_: :=::322		-	,:	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CHARITABLE PHARMACY OF HOPE CLINIC					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
OF ROSS COUNTY, INC 610 CENTRAL					PRICE,	SUPPLIES.	LOW-INCOME, UNINSURED
CENTER - CHILLICOTHE, OH 45601	45-2390821	501(C)(3)	0.	108 058	PURCHASED	EOUIPMENT	PATIENTS
CENTER CHIEBICOTHE, OH 45001	13 2330021	501(6/(3/	ı	100,050.	r ortomion <i>D</i>	DX011 HIHM1	F111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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CHARLES D. WANG COMMINITED HEALTH							
CHARLES B. WANG COMMUNITY HEALTH							
CENTER INC - 268 CANAL STREET -	12 0720604	F01/G)/2)	100 000				
NEW YORK, NY 10013	13-2739694	501(0)(3)	120,000.	0.	EGETMA BED	DUADNA GEUMT GAT G	FUND FOR HEALTH EQUITY
avianin aldia congrutati dilabilat					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CHATHAM CARES COMMUNITY PHARMACY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
127 EAST RALEIGH STREET	44 04 70006	F04 (#) (0)		54.400	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SILVER CITY, NC 27344	41-2170926	501(C)(3)	0.	54,489.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
CHERRY STREET SERVICES, INC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
100 CHERRY STREET SE			_		PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
GRAND RAPIDS, MI 49503	38-2853534	501(C)(3)	0.	5,641.	PURCHASED	SUPPLIES	PATIENTS
GURURNUR DAVID VOURV DDO ARGE							
CHEYENNE RIVER YOUTH PROJECT							
PO BOX 410							
EAGLE BUTTE, SD 57625	46-0423106	501(C)(3)	50,000.	0.			COVID19-US
aviana							
CHICAGO FAMILY HEALTH CENTER							THE THE THE TANK
9119 S. EXCHANGE AVE							INCREASING IMMUNITY
CHICAGO, IL 60617	36-2893854	501(C)(3)	50,000.	0.			AWARDS - CVS
CUITGAGO UITGDANITG UEALMU GOALTMION							
CHICAGO HISPANIC HEALTH COALITION							
UIC IMHR (MC 762) 1819 W POLK ST,		E01/G)/2)	164 000				THE TOP HEALTH TOHER
CHICAGO, IL 60612	36-4193052	501(0)(3)	164,000.	0.	ESTIMATED	PHARMACEUTICALS	FUND FOR HEALTH EQUITY
CUITGAGO UITGDANTG UEALMU GOALTMION						MEDICAL	SUPPORT TO US CLINICS &
CHICAGO HISPANIC HEALTH COALITION					WHOLESALE	,	HEALTH CENTERS FOR
1819 W POLK STREET	26 44 22 25 2	F04 (#) (0)		10.501	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CHICAGO, IL 60612	36-4193052	501(C)(3)	0.	12,581.	PURCHASED	EQUIPMENT	PATIENTS
CHILDREN & COMMUNITY HEALTH CENTER					ESTIMATED		SUPPORT TO US CLINICS &
OF MCKINNEY DBA COMMUNITY HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CLINIC OF MC - 4510 MEDICAL CENTER					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
DRIVE, SUITE 20 - MCKINNEY, TX	20-0637782	501(C)(3)	0.	7,637.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
CHILDREN'S DIABETES CAMP OF					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
CENTRAL TEXAS CAMP BLUEBONNET -					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
19051 FM 2484 - KILLEEN, TX 76542	90-0137641	501(C)(3)	0.	5,399.	PRICE	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government valuation non-cash assistance or assistance if applicable cash grant noncash (book, FMV. assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS CHILDREN'S VILLAGE WHOLESALE MEDICAL HEALTH CENTERS FOR 2001 18TH STREET SW PRICE SUPPLIES LOW-INCOME, UNINSURED 8,445. PURCHASED BIRMINGHAM AL, AL 35211 63-6061834 501(C)(3) 0. EOUIPMENT PATTENTS CHILDREN'S VILLAGE 2001 18TH STREET SW BIRMINGHAM, AL 35211 63-6061834 501(C)(3) 175,000 0 FUND FOR HEALTH EQUITY ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CHIPPEWA VALLEY FREE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 1030 OAK RIDGE DRIVE PRICE SUPPLIES LOW-INCOME UNINSURED EAU CLAIRE, WI 54701 39-1840231 501(C)(3) 0. 24,743. PURCHASED EOUIPMENT PATIENTS CHOICE HEALTH NETWORK HARM SUPPORT TO US CLINICS & HEALTH CENTERS FOR REDUCTION PROGRAM - 900 EAST HILL ESTIMATED PHARMACEUTICALS AVENUE SUITE #285 - KNOXVILLE, TN WHOLESALE MEDICAL LOW-INCOME, UNINSURED SUPPLIES 37915 62-1698383 501(C)(3) 0 56,073, PRICE PATTENTS ESTIMATED SUPPORT TO US CLINICS & CHOTA COMMUNITY HEALTH SERVICES WHOLESALE MEDICAL HEALTH CENTERS FOR 4798 NEW HIGHWAY 68 PRICE SUPPLIES LOW-INCOME, UNINSURED 68-0560048 501(C)(3) 7,634. PURCHASED EQUIPMENT PATIENTS MADISONVILLE, TN 37354 0. SUPPORT TO US CLINICS & CHRIS DUDLEY FOUNDATION CHRIS ESTIMATED MEDICAL HEALTH CENTERS FOR DUDLEY BASKETBALL CAMP - 6191 WHOLESALE SUPPLIES LOW-INCOME, UNINSURED 6,417. PRICE WITZEL ROAD SE - SALEM, OR 97317 80-0276022 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR CHRIST CLINIC 25722 KINGSLAND BLVD., SUITE 101 PRICE SUPPLIES LOW-INCOME, UNINSURED 782 395 PURCHASED EOUIPMENT PATIENTS KATY TX 77494 90-0789318 501(C)(3) 0. CHRISTIAN CHAPEL TEMPLE OF FAITH 14120 NOEL ROAD TUCREASING THMUNITY DALLAS, TX 75254 75-1577592 12,500. 0. AWARDS - CVS ESTIMATED SUPPORT TO US CLINICS & CHRISTOPHER RURAL HEALTH PLANNING WHOLESALE HEALTH CENTERS FOR CORPORATION - 4241 HIGHWAY 14 WEST PRICE MEDICAL LOW-INCOME, UNINSURED SUPPLIES - CHRISTOPHER, IL 62822 37-1041283 501(C)(3) 0. 12 579 PURCHASED PATIENTS

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					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
CITRUS HEALTH NETWORK, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
4175 W 20TH AVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
HIALEAH, FL 33012-5874	59-1865751	501(C)(3)	0.	120,531.	PURCHASED	EQUIPMENT	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
CITY OF NEW ORLEANS					WHOLESALE	, OTHER,	HEALTH CENTERS FOR		
1300 PERDIDO STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED		
NEW ORLEANS, LA 70112	72-6000969	CITY OF NEW ORLE	0.	17,179.	PURCHASED	SUPPLIES,	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
CITY ON A HILL HEALTH CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
100 S. PINE STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
ZEELAND, MI 49464	20-3901260	501(C)(3)	0.	92,240.	PURCHASED	EQUIPMENT	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
CLACKAMAS VOLUNTEERS IN MEDICINE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
1001 MOLALLA AVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
OREGON CITY, OR 97045	37-1621141	501(C)(3)	0.	108,936.	PURCHASED	EQUIPMENT	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
CLAIBORNE COUNTY FAMILY HEALTH					WHOLESALE	, OTHER,	HEALTH CENTERS FOR		
CENTER - 2045 HIGHWAY 61 NORTH -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED		
PORT GIBSON, MS 39150	64-0651149	501(C)(3)	0.	207,643.	PURCHASED	SUPPLIES,	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
CLARKSTON COMMUNITY HEALTH CENTER,					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
INC 3700 MARKET STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
CLARKSTON, GA 30021	46-1402143	501(C)(3)	0.	148,836.	PURCHASED	EQUIPMENT	PATIENTS		
				,	ESTIMATED		SUPPORT TO US CLINICS &		
CLEARWATER FREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR		
1218 COURT STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED		
CLEARWATER, FL 33756	59-1852871	501(C)(3)	0.	232,914.	PURCHASED	SUPPLIES	PATIENTS		
·				•	ESTIMATED		SUPPORT TO US CLINICS &		
CLINICA DE SALUD DEL VALLE DE					WHOLESALE		HEALTH CENTERS FOR		
SALINAS - 440 AIRPORT BLVD -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED		
SALINAS, CA 93905	94-2652757	501(C)(3)	0.	7,940.	PURCHASED	SUPPLIES	PATIENTS		
·				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
CLINICA ESPERANZA					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
60 VALLEY STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		

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					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
CLINICA MSR. OSCAR A ROMERO					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
123 S ALVARADO STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
LOS ANGELES, CA 90057	95-3881333	501(C)(3)	0.	22,312.	PURCHASED	EQUIPMENT	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
CLINICAS DEL CAMINO REAL, INC.					WHOLESALE	, OTHER,	HEALTH CENTERS FOR		
200 SOUTH WELLS ROAD					PRICE,	MEDICAL	LOW-INCOME, UNINSURED		
VENTURA, CA 93004	95-2977147	501(C)(3)	0.	32,284.	PURCHASED	SUPPLIES,	PATIENTS		
						PHARMACEUTICALS	SUPPORT TO US CLINICS &		
COASTAL BEND WELLNESS FOUNDATION					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR		
2882 HOLLY ROAD					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED		
CORPUS CHRISTI, TX 78415	74-2429518	501(C)(3)	0.	9,631.	PRICE	EQUIPMENT	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
COASTAL COMMUNITY HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
106 SHOPPERS WAY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
BRUNSWICK, GA 31525	46-1859206	501(C)(3)	0.	454,155.	PURCHASED	EQUIPMENT	PATIENTS		
							SUPPORT TO US CLINICS &		
COASTAL FAMILY HEALTH CENTER					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR		
1025 A DIVISION STREET					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED		
BILOXI, MS 39530	64-0592416	501(C)(3)	0.	44,269.	PRICE	SUPPLIES	PATIENTS		
						PHARMACEUTICALS	SUPPORT TO US CLINICS &		
COASTAL HEALTH & WELLNESS					ESTIMATED	, OTHER,	HEALTH CENTERS FOR		
9850 EMMETT F. LOWRY EXPY, SUITE					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED		
TEXAS CITY, TX 77591	74-1665318		0.	12,177.	PRICE	SUPPLIES,	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
COASTAL VOLUNTEERS IN MEDICINE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
730 LACEY ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
FORKED RIVER, NJ 08731	27-3491473	501(C)(3)	0.	105,876.	PURCHASED	EQUIPMENT	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
COLUMBIA COUNTY VOLUNTEERS IN					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
MEDICINE CLINIC - 310 EAST THIRD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
STREET - MIFFLINVILLE, PA 18631	20-5695518	501(C)(3)	0.	44,291.	PURCHASED	EQUIPMENT	PATIENTS		
COMM HEALTH & SOCIAL SERV CTR, INC									
5635 WEST FORT STREET									
DETROIT, MI 48043	38-3094394	501(C)(3)	103,587.	0.			FUND FOR HEALTH EQUITY		

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COMMONSENSE CHILDBIRTH							
213 S. DILLARD ST STE 340							
WINTER GARDEN, FL 34787	59-3479821	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
,			, -	-	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMONSENSE CHILDBIRTH					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
SUITE 340					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WINTER GARDEN, FL 34787	59-3479821	501(C)(3)	0.	36,276.	PURCHASED	EQUIPMENT	PATIENTS
,				,	ESTIMATED		SUPPORT TO US CLINICS &
COMMONSHARE HDH RETAIL PHARMACY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1602 SKIPWITH DR					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
RICHMOND, VA 23229	84-2490661	501(C)(3)	0.	12,867.	PURCHASED	, SUPPLIES	PATIENTS
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNIHEALTH SERVICES					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
518 DURHAM STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
BASTROP, LA 71220	82-0579411	501(C)(3)	0.	27,960.	PURCHASED	SUPPLIES	PATIENTS
				·			SUPPORT TO US CLINICS &
COMMUNITY HEALTH SERVICE AGENCY					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
INC., DBA CAREVIDE - 4500 WESLEY					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
STREET - GREENVILLE, TX 75401	75-1528614	501(C)(3)	0.	10,208.	PRICE	EQUIPMENT	PATIENTS
COMMUNITY ACTION COMMITTEE OF PIKE					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COUNTY VALLEY VIEW HEALTH CENTERS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
- 227 VALLEY VIEW DRIVE - WAVERLY,					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ОН 45690	31-0718042	501(C)(3)	0.	58,515.	PURCHASED	EQUIPMENT	PATIENTS
COMMUNITY ACTION CORPORATION OF					ESTIMATED		SUPPORT TO US CLINICS &
SOUTH TEXAS ALICE HEALTH CENTER -					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
700 FLOURNEY ROAD, SUITE 2A -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ALICE, TX 78332	74-1679824	501(C)(3)	0.	509,518.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY CARE CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2135 NEW WALKERTOWN ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WINSTON SALEM, NC 27101	58-1403699	501(C)(3)	0.	1,433,155.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY CARE CLINIC OF DARE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
425 W HEALTH CENTER DR					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
NAGS HEAD, NC 27959	20-2230717	501(C)(3)	0.	123,504.	PURCHASED	EQUIPMENT	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV. assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS COMMUNITY CARE CLINIC OF WHOLESALE MEDICAL HEALTH CENTERS FOR HIGHLANDS-CASHIERS - 52 AUNT DORA PRICE SUPPLIES. LOW-INCOME, UNINSURED 156 211. PURCHASED DRIVE - HIGHLANDS, NC 28741 65-1251915 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS WHOLESALE COMMUNITY CARE CLINIC OF ROWAN MEDICAL HEALTH CENTERS FOR COUNTY - 315G MOCKSVILLE AVENUE -PRICE SUPPLIES LOW-INCOME UNINSURED SALISBURY, NC 28144 56-1964773 501(C)(3) 0 239 145 PURCHASED EOUTPMENT PATTENTS COMMUNITY CLINIC OF SHELBYVILLE ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS AND BEDFORD COUNTY - 200 DOVER WHOLESALE MEDICAL HEALTH CENTERS FOR STREET, SUITE 202 - SHELBYVILLE, PRICE SUPPLIES LOW-INCOME UNINSURED TN 37160 34-1974609 501(C)(3) 0. 26,027, PURCHASED EOUIPMENT PATIENTS ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR COMMUNITY CONNECTIONS FREE CLINIC WHOLESALE PHARMACEUTICALS 101 E. FOUNTAIN STREET PRICE MEDICAL LOW-INCOME, UNINSURED 45,427. PURCHASED DODGEVILLE, WI 53533 72-1619112 501(C)(3) 0 SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & COMMUNITY FAMILY CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 2100 ALAN STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 82-0299736 501(C)(3) 32,854. PURCHASED EOUIPMENT PATIENTS IDAHO FALLS, ID 83404 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & COMMUNITY FIRST HEALTH CENTERS WHOLESALE MEDICAL HEALTH CENTERS FOR 555 ST CLAIR RIVER DRIVE PRICE SUPPLIES. LOW-INCOME, UNINSURED 21,019. PURCHASED ALGONAC MI 48001 38-2080825 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR COMMUNITY FREE CLINIC 249 MILL STREET PRICE SUPPLIES LOW-INCOME, UNINSURED EOUIPMENT PATIENTS HAGERSTOWN MD 21740 52-1772594 501(C)(3) 0. 149 863 PURCHASED COMMUNITY HEALTH 2611 W. CHICAGO AVE CHICAGO, IL 60622 36-3831793 501(C)(3) 50,000. 0. BAXTER INNOVATION AWARDS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & COMMUNITY HEALTH & EMERGENCY WHOLESALE MEDICAL HEALTH CENTERS FOR SERVICES, INC - 13245 KESSLER RD PRICE LOW-INCOME, UNINSURED SUPPLIES. 37-1100482 501(C)(3) CAIRO, IL 62914 0. 358 601 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US CLINICS &
COMMUNITY HEALTH ALLIANCE					ESTIMATED		HEALTH CENTERS FOR
1055 S. WELLS AVENUE					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
RENO, NV 89502	88-0293149	501(C)(3)	0.	15,090.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH AND DENTAL CARE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
INC - 351 W. SCHUYLKILL ROAD -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
POTTSTOWN, PA 19465	20-2764402	501(C)(3)	0.	31,248.	PURCHASED	EQUIPMENT	PATIENTS
COMMUNITY HEALTH AND SOCIAL					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SERVICES CENTER - CHASS - 5635					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
WEST FORT STREET - DETROIT, MI					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
48209	38-3094394	501(C)(3)	0.	23,301.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
COMMUNITY HEALTH CARE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
900 N FRANKLIN AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
NORMAL, IL 61761	37-1316328	501(C)(3)	0.	52,129.	PURCHASED	SUPPLIES	PATIENTS
·				•	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH CARE SYSTEMS					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
116 SMITH STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
TENNILLE, GA 31089	58-2001101	501(C)(3)	0.	14,297.	PURCHASED	SUPPLIES,	PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH CARE, INC.					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
1510 EAST RUSHOLME STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DAVENPORT, IA 52803	42-1060724	501(C)(3)	0.	71 663.	PURCHASED	EQUIPMENT	PATIENTS
,				, - , , , , , ,		PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH CENTER					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
606 N. MINNESOTA AVENUE, SUITE 1					WHOLESALE	, SUPPLIES,	LOW-INCOME, UNINSURED
HASTINGS, NE 68901	47-0378779	501(C)(3)	0.	35,299.		EQUIPMENT	PATIENTS
	1, 00,0,,,		•		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH CENTER OF CENTRAL					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
WYOMING - 5000 BLACKMORE ROAD -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CASPER, WY 82609	83-0326307	501(C)(3)	0.	13 975	PURCHASED	EQUIPMENT	PATIENTS
	03 0320307		1	13,513.	- Chemioni	DX011 HTM1	SUPPORT TO US CLINICS &
COMMUNITY HEALTH CENTER OF					ESTIMATED		HEALTH CENTERS FOR
					WHOLESALE	MEDICAL	
RICHMOND - 235 PORT RICHMOND	E1 0567466	E01/G\/3\		10 177			LOW-INCOME, UNINSURED
AVENUE - STATEN ISLAND, NY 10302	51-0567466	DOT(C)(3)	0.	13,177.	RKICE	SUPPLIES	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant noncash non-cash assistance or assistance (book, FMV. assistance appraisal, other) SUPPORT TO US CLINICS & PHARMACEUTICALS COMMUNITY HEALTH CENTER OF ESTIMATED MEDICAL HEALTH CENTERS FOR SOUTHEAST KANSAS - 3011 N. WHOLESALE SUPPLIES. LOW-INCOME, UNINSURED 252,888, PRICE EOUIPMENT MICHIGAN - PITTSBURG, KS 66762 75-3002264 501(C)(3) 0. PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS COMMUNITY HEALTH CENTER OF WEST WHOLESALE MEDICAL HEALTH CENTERS FOR PALM BEACH - 5205 GREENWOOD AVENUE PRICE SUPPLIES LOW-INCOME UNINSURED - WEST PALM BEACH, FL 33407 26-3611337 501(C)(3) 0 150,473, PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & COMMUNITY HEALTH CENTERS OF WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS AMERICA - 517 MAIN STREET -PRICE MEDICAL LOW-INCOME UNINSURED SUPPLIES LIVINGSTON, CA 95334 82-1948361 501(C)(3) 0. 149,055. PURCHASED PATIENTS COMMUNITY HEALTH CENTERS OF ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR PINELLAS AT JRC - EVARA HEALTH -WHOLESALE MEDICAL 1344 22ND ST. SOUTH - ST. PRICE SUPPLIES LOW-INCOME, UNINSURED PETERSBURG, FL 33712 59-2097521 501(C)(3) 0 46,691, PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR COMMUNITY HEALTH CENTERS OF SOUTH CENTRAL TEXAS - 1918 CHURCH STREET PRICE SUPPLIES. LOW-INCOME, UNINSURED 74-1548089 501(C)(3) 101,408, PURCHASED EQUIPMENT PATIENTS - GONZALES, TX 78629 0. ESTIMATED SUPPORT TO US CLINICS & COMMUNITY HEALTH CENTERS OF THE WHOLESALE MEDICAL HEALTH CENTERS FOR CENTRAL COAST - 150 TEJAS PLACE -PRICE SUPPLIES LOW-INCOME, UNINSURED 44,962. PURCHASED 95-3253302 501(C)(3) EOUIPMENT PATTENTS NIPOMO CA 93444 0. COMMUNITY HEALTH CENTERS INC. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR MARY MAHONEY MEMORIAL HEALTH CENTER - 12716 NE 36TH STREET -PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS OKLAHOMA CITY OK 73084 73-0930123 501(C)(3) 0. 90 238 PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & COMMUNITY HEALTH CLINIC OF BUTLER WHOLESALE MEDICAL HEALTH CENTERS FOR COUNTY - 103 BONNIE DRIVE -PRICE. SUPPLIES. LOW-INCOME, UNINSURED BUTLER PA 16002 20-4852135 501(C)(3) 0. 99 297, PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & COMMUNITY HEALTH CLINIC, INC. WHOLESALE MEDICAL HEALTH CENTERS FOR 1113 WOODLAND DRIVE PRICE LOW-INCOME, UNINSURED SUPPLIES. ELIZABETHTOWN, KY 42701 30-0042070 501(C)(3) 0. 190 488 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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 S EVANS							CEMEDAL II C EMEDCENCY
	74 2260720	E01/G\/2\	120 000	0.			GENERAL U.S. EMERGENCY
UVALDE, TX 78801	74-2269739	501(C)(3)	120,000.	0.	ESTIMATED	PHARMACEUTICALS	PREP & RESPONSE
COMMINITAL HEALTH ECHNOLOGICAL OF DR							SUPPORT TO US CLINICS &
COMMUNITY HEALTH FOUNDATION OF PR					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
MARGINAL SANTA CRUZ C-17	66 0740604	504 (5) (2)		54 000	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BAYAMON, PR 00961	66-0749601	501(C)(3)	0.	54,893.	PURCHASED	EQUIPMENT	PATIENTS
					L	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH NORTHWEST FLORIDA					ESTIMATED	, OTHER,	HEALTH CENTERS FOR
2315 WEST JACKSON STREET					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
PENSACOLA, FL 32505	59-3105246	501(C)(3)	0.	9,292.		SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH OF EAST					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
TENNESSEE, INC 130 INDEPENDENCE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LN LAFOLLETTE, TN 37766	58-1470587	501(C)(3)	0.	837,176.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH OF SOUTH FLORIDA					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
10300 SW 216TH STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
MIAMI, FL 33190	59-1372690	501(C)(3)	0.	34,591.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
COMMUNITY HEALTH PARTNERS					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
112 WEST LEWIS STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
LIVINGSTON, MT 59047	84-1420492	501(C)(3)	0.	38,609.	PURCHASED	SUPPLIES	PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH SERVICES OF UNION					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
COUNTY - 1338-C EAST SUNSET DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
- MONROE, NC 28112	46-0495947	501(C)(3)	0.	12,290.	PURCHASED	EQUIPMENT	PATIENTS
<u> </u>				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH SYSTEMS, INC. DBA					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
ACCESS HEALTH - 252 RURAL ACRES					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DRIVE - BECKLEY, WV 25801	55-0490878	501(C)(3)	0.	14 306	PURCHASED	EQUIPMENT	PATIENTS
			<u> </u>			~	SUPPORT TO US CLINICS &
COMMUNITY HEALTHCARE NETWORK					ESTIMATED		HEALTH CENTERS FOR
60 MADISON AVENUE 5TH FLOOR					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
NEW YORK, NY 10010	13-3083068	501(C)(3)	0.	7,235.		SUPPLIES	PATIENTS
MIN TORK, NI TOOTO	13 3003000	DOT(C)(3)	1 0.	1,233.	LITCE	Роттипр	F 171 T 111 T 10

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
COMMUNITARY HEALTHICARE NETHORY THO								
COMMUNITY HEALTHCARE NETWORK, INC.							TNODER CINC IMMINITED	
60 MADISON AVENUE FLOOR 5	13-3083068	E01/a)/3)	50,000.	0.			INCREASING IMMUNITY AWARDS - CVS	
NEW YORK, NY 10010-1600	13-3063066	501(C)(3)	50,000.	0.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
COMMINITING HEAT MUNIORY					WHOLESALE	MEDICAL	HEALTH CENTERS FOR	
COMMUNITY HEALTHWORX						,		
1543 MCGINNIS STREET	70 1444210	E01/a)/2)	0		PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
ALEXANDRIA, LA 71301	72-1444312	501(C)(3)	0.	31,807.	PURCHASED	EQUIPMENT	PATIENTS	
CONTRACTOR WITH DAMA WANTE OF THE					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
COMMUNITY HELPING HANDS CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
34- C COURTHOUSE SQUARE	64 0050404	F04 (72) (2)			PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
CLEVELAND, GA 30528	64-0950194	501(C)(3)	0.	144,873.	PURCHASED	EQUIPMENT	PATIENTS	
					ESTIMATED		SUPPORT TO US CLINICS &	
COMMUNITY MEDICAL CENTERS					WHOLESALE		HEALTH CENTERS FOR	
7210 MURRAY DRIVE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED	
STOCKTON, CA 95210	94-2437106	501(C)(3)	0.	12,946.	PURCHASED	SUPPLIES	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
COMMUNITY MEDICAL CLINIC OF					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
KERSHAW COUNTY - 110 C EAST DEKALB					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
STREET - CAMDEN, SC 29020	57-1074191	501(C)(3)	0.	8,738.	PURCHASED	EQUIPMENT	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
COMMUNITY MEDICAL WELLNESS CENTERS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
USA - 1360 E. ANAHEIM STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
LONG BEACH, CA 90813	45-2424322	501(C)(3)	0.	257,631.	PURCHASED	EQUIPMENT	PATIENTS	
					ESTIMATED		SUPPORT TO US CLINICS &	
COMMUNITY MEDICINE PHARMACY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR	
423 SALUDA STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED	
ROCK HILL, SC 29730	57-0891008	501(C)(3)	0.	64,255.	PURCHASED	SUPPLIES	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
COMMUNITY OF HOPE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
4 ATLANTIC STREET SW					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
WASHINGTON, DC 20032	52-1184749	501(C)(3)	0.	99,969.	PURCHASED	EQUIPMENT	PATIENTS	
COMMUNITY OF HOPE HEALTH SERVICES								
4 ATLANTIC STREET, SW								
WASHINGTON, DC 20032	52-1184749	501(C)(3)	250,000.	0.			ABBVIE HEALTH EQUITY	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV. assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS COMMUNITY OUTREACH HEALTH CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR W180 N8085 TOWN HALL ROAD PRICE SUPPLIES LOW-INCOME, UNINSURED 240 115 PURCHASED MENOMONEE FALLS, WI 53051 39-1743056 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED COMMUNITY VOLUNTEERS IN MEDICINE WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 300 B LAWRENCE DRIVE PRICE MEDICAL LOW-INCOME UNINSURED WEST CHESTER, PA 19380 23-2944553 501(C)(3) 0 114,817, PURCHASED SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR COMMUNITYHEALTH PHARMACEUTICALS 2611 W. CHICAGO AVENUE PRICE MEDICAL LOW-INCOME UNINSURED CHICAGO, IL 60622 36-3831793 501(C)(3) 0. 3,559,282, PURCHASED SUPPLIES PATIENTS COMMUNITY-UNIVERSITY HEALTH CARE ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR CENTER UNIVERSITY OF MINNESOTA -WHOLESALE PHARMACEUTICALS 2001 BLOOMINGTON AVENUE -PRICE MEDICAL LOW-INCOME, UNINSURED MINNEAPOLIS, MN 55404 41-6007513 501(C)(3) 0 9,740, PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR COMPASSION HEALTH TOLEDO 1638 BROADWAY ST PRICE SUPPLIES LOW-INCOME, UNINSURED 47-3197108 501(C)(3) 9,072, PURCHASED EQUIPMENT PATIENTS TOLEDO, OH 43609 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & COMPASSIONATE CARE OF SHELBY WHOLESALE MEDICAL HEALTH CENTERS FOR COUNTY - 124 NORTH OHIO AVENUE -PRICE SUPPLIES LOW-INCOME, UNINSURED 20-8479583 501(C)(3) 263 129 PURCHASED EOUIPMENT PATIENTS SIDNEY OH 45365 0. COMUNIDADES LATINAS UNIDAS EN SERVI - 797 EAST 7TH STREET - ST PAUL MN 55106 41-1386986 501(C)(3) 50 000 0. COVID19-US COMUNILIFE, INC. 462 7TH AVENUE, 3RD FLOOR NEW YORK, NY 10018 13-3530299 501(C)(3) 77,900. 0. FUND FOR HEALTH EOUITY CONCILIO DE SALUD INTEGRAL DE ABBVIE PR MEDICALLY LOIZA - CARRETERA 187. INTERSECCION 188 - LOIZA, PR 00772 66-0314649 501(C)(3) 0. FRAGILE POPULATIONS 62 000.

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
CONCILIO DE SALUD INTEGRAL DE					WHOLESALE	, OTHER,	HEALTH CENTERS FOR		
LOIZA, INC - CARR. 187,					PRICE,	MEDICAL	LOW-INCOME, UNINSURED		
INTERSECCION 188 - LOIZA, PR 00772	23-7259899	501(C)(3)	0.	17,759.	PURCHASED	SUPPLIES,	PATIENTS		
CONGRESO DE LATINOS UNIDOS, INC. 216 WEST SOMERSET STREET									
PHILADELPHIA, PA 19133	23-2051143	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY		
CONGRESO DE LATINOS UNIDOS, INC. 216 WEST SOMERSET STREET	22 2051142	E01/G)/2)	E0 000	0.			20/17/21 0 1/2		
PHILADELPHIA, PA 19133	23-2051143	501(C)(3)	50,000.	0.			COVID19-US		
CONSEJO RENAL DE PUERTO RICO PO BOX 10542							ABBVIE PR MEDICALLY		
SAN JUAN, PR 00922	66-0408212	501(C)(3)	150,000.	0.			FRAGILE POPULATIONS		
CONSUELO FOUNDATION 110 NORTH HOTEL STREET HONOLULU, HI 96817	99-0266163	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY		
CO-OP CITY BAPTIST CHURCH 135 EINSTEIN LOOP RM 50 NEW YORK, NY 10475	13-2912993	501(C)(3)	10,000.	0.			INCREASING IMMUNITY AWARDS - CVS		
NEW TORK, NT 10475	13-2312333	501(0/(3/	10,000.	0.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
COOPERATIVE CHRISTIAN MINISTRIES					WHOLESALE	MEDICAL	HEALTH CENTERS FOR		
AND CLINIC - 133 ARBOR STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
HOT SPRINGS, AR 71901	62-1671396	501(C)(3)	0.	33,022.	PURCHASED	EQUIPMENT	PATIENTS		
,				,			SUPPORT TO US CLINICS &		
CORNELL SCOTT-HILL HEALTH					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR		
CORPORATION - 400-428 COLUMBUS AVE					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED		
- NEW HAVEN, CT 06519	06-0870990	501(C)(3)	0.	59,764.	PRICE	SUPPLIES	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
CORNERSTONE CARE, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
7 GLASSWORKS ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
GREENSBORO, PA 15338	25-1346194	501(C)(3)	0.	11,108.	PURCHASED	EQUIPMENT	PATIENTS		

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	raye i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CORPORACIN LA FONDITA DE JESS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
704 CALLE MONSERRATE ESQ. FERNANDE	Z				PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SAN JUAN, PR 00907	66-0426787	501(C)(3)	0.	31,969.	PURCHASED	EQUIPMENT	PATIENTS
CORPORACION DE SERVICIOS MEDICOS					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PRIMARIOS Y PREVENCION DE HATILLO,					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
INC CARR. #2 KM86.6 INTERIOR,					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MARGINAL - HATILLO, PR 00659	66-0427194	501(C)(3)	0.	79,400.	PURCHASED	EQUIPMENT	PATIENTS
CORPORACION EL PUNTO EN LA MONTANA							PUERTO RICO, ABBVIE PR
PO BOX 30183							MEDICALLY FRAGILE
SAN JUAN, PR 00929	66-0714669	501(C)(3)	175,000.	0.			POPULATIONS
CORPORACION LA FONDITA DE JESUS PO BOX 19384							
SAN JUAN, PR 00910	66-0426787	501(C)(3)	225,000.	0.			ABBVIE PR MOBILE HEALTH
SAN COAN, PR 00910	00-0420707	501(0/(3/	223,000.	٠.			ABBVIE FR MOBILE REALIR
CORPORACION SANOS							
PO BOX 1025							ABBVIE PR INFRASTRUCTURE,
	66-0671421	E01/G\/3\	75 000	0.			EQUIPMENT
CAGUAS, PR 00726	00-0071421	501(0/(3/	75,000.	٠.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CORPORACION SANOS					WHOLESALE	, MEDICAL	
	7					l'	HEALTH CENTERS FOR
AVE. RAFAEL CORDERO, ESQUINA TROCH	66-0671421	E01/G\/2\	0.	46 763	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED PATIENTS
CAGUAS, PR 00725	00-00/1421	501(C)(3)	0.	40,703.	PURCHASED ESTIMATED	EQUIPMENT	
CORDUC CUDICATI NUMBO MINICATORICA						DUADNA GRUMTGAT G	SUPPORT TO US CLINICS &
CORPUS CHRISTI METRO MINISTRIES					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
INC 1919 LEOPARD ST - CORPUS	74 2247261	E01/G\/2\		00 601	PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
CHRISTI, TX 78408	74-2247261	D01(C)(3)	0.	80,621.	PURCHASED	SUPPLIES	PATIENTS
COSSAO CORPORACION DE SERVICIOS DE							
SALUD DESARROLLO SOCIOECONOMICO EL							
OTOAO - CENTRO COMMUNCAL RD 134		504 (5) (2)	051	_			ABBVIE PR INFRASTRUCTURE,
KM. 39.6 - BARRIO MAMEYES UTUADO,	66-0812599	D01(C)(3)	271,250.	0.			EQUIPMENT
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COSSMA, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
AVE. EL JIBARO CARR. 172 KM 13.3					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CIDRA, PR 00739	66-0434923	p01(C)(3)	0.	299,397.	PURCHASED	EQUIPMENT	PATIENTS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV. assistance appraisal, other) COSTA SALUD COMM HEALTH CTR ABBVIE PR INFRASTRUCTURE PO BOX 638 EQUIPMENT, ABBVIE PR RINCON, PR 00677 66-0428488 501(C)(3) 220,000 0. MOBILE HEALTH SUPPORT TO US CLINICS & ESTIMATED COSTA SALUD COMMUNITY HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR CENTERS RINCN - CALLE MUNOZ RIVERA PRICE SUPPLIES LOW-INCOME UNINSURED #28 - RINCON, PR 00677 66-0428488 501(C)(3) 0 15,616. PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS COUNTRY DOCTOR COMMUNITY HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR CENTERS - 2101 EAST YESLER WAY -PRICE SUPPLIES LOW-INCOME UNINSURED SEATTLE, WA 98122 23-7100868 501(C)(3) 0. 11,004. PURCHASED EOUIPMENT PATTENTS COUNTY OF MONTEREY HEALTH ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR DEPARTMENT CLINIC SERVICES - 1615 WHOLESALE BUNKER HILL WAY - SALINAS, CA PRICE SUPPLIES LOW-INCOME, UNINSURED 139 023 PURCHASED 94-6000524 501(C)(3) 0 EOUTPMENT PATTENTS 93906 ESTIMATED SUPPORT TO US CLINICS & COUNTY OF SANTA CRUZ HEALTH WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS SERVICES - 115A CORAL ST. - SANTA PRICE MEDICAL LOW-INCOME, UNINSURED 94-6000534 501(C)(3) 8,819, PURCHASED SUPPLIES PATIENTS CRUZ, CA 95060 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & COVE HOUSE FREE CLINIC WHOLESALE OTHER HEALTH CENTERS FOR 108 EAST HALSTEAD STREET PRICE MEDICAL LOW-INCOME, UNINSURED COPPERAS COVE TX 76522 74-2764062 501(C)(3) 839 094 PURCHASED SUPPLIES PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR COVENANT COMMUNITY CARE INC. 559 W GRAND BLVD PRICE SUPPLIES LOW-INCOME, UNINSURED EOUIPMENT PATIENTS DETROIT MI 48216 38-3533998 501(C)(3) 0. 462 684 PURCHASED ESTIMATED SUPPORT TO US CLINICS & COWETA SAMARITAN CLINIC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 137 JACKSON STREET PRICE. MEDICAL LOW-INCOME, UNINSURED 37,980, PURCHASED NEWNAN GA 30263 80-0518912 501(C)(3) 0. SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & COWLITZ FAMILY HEALTH CENTER WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 1057 12TH AVENUE PRICE MEDICAL LOW-INCOME, UNINSURED LONGVIEW, WA 98632 91-0896241 501(C)(3) 9 917 PURCHASED SUPPLIES PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CRAVEN COUNTY HEALTH DEPARTMENT 2818 NEUSE BOULEVARD NEW BERN, NC 28560	56-2002666	501(C)(3)	0.	7,833.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS		
CRESCENTCARE HOLDINGS 1631 ELYSIAN FIELDS AVE NEW ORLEANS, LA 70117	82-1082057	501(C)(3)	642,200.	0.			POWER FOR HEALTH-LA, MS		
CRISIS CONTROL MINISTRY 200 E 10TH ST WINSTON SALEM, NC 27101	23-7348168	501(C)(3)	0.	7,699.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS		
CROSS AND CROWN CLINIC 1008 NORTH MCKINLEY STREET OKLAHOMA CITY, OK 73106	73-1608071	501(C)(3)	0.	,	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS		
CROSSINGS COMMUNITY CLINIC 10255 NORTH PENN AVENUE OKLAHOMA CITY, OK 73120	86-1115863	501/C)/3)	0.	8,820.	ESTIMATED WHOLESALE	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS		
CROSSINGS COMMUNITY CLINIC INC. DBA GOOD SHEPHERD MINISTRIES OF OK, INC - 222 NW 12TH ST - OKLAHOMA CITY, OK 73103	20-0526892		0.	,	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS		
CROSSOVER HEALTHCARE MINISTRY 8600 QUIOCCASIN RD RICHMOND, VA 23229	54-1371067		250,000.	0.			FUND FOR HEALTH EQUITY		
CROSS-OVER HEALTHCARE MINISTRY 108 COWARDIN AVENUE RICHMOND, VA 23224	54-1371067	501(C)(3)	0.		ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS		
CSUSM SCHOOL OF NURSING STUDENT HEALTHCARE PROJECT - 1249 E. OHIO AVENUE - ESCONDIDO, CA 92027	80-0390564	501(C)(3)	0.	9,363.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS		

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CULTIVA LA SALUD								
P.O. BOX 6003								
FRESNO, CA 93703	84-3696370	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY	
PREBIO, CA 33703	04 3030370	501(0)(3)	230,000.	· ·	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
CURTIS V. COOPER PRIMARY HEALTH					WHOLESALE	OTHER.	HEALTH CENTERS FOR	
106 E BROAD ST					PRICE,	MEDICAL	LOW-INCOME, UNINSURED	
SAVANNAH, GA 31401	58-1136296	501(C)(3)	0.	256 332	PURCHASED	SUPPLIES,	PATIENTS	
BAVANNAH, GA 31401	30-1130230	501(0)(3)	0.	230,332.	FORCHASED	SUFFIIES,	FAILENIS	
DANIEL CHAPEL AMEZ								
15250 THIRD AVENUE							INCREASING IMMUNITY	
PHOENIX, IL 60426	36-2903948	501(C)(3)	12,500.	0.			AWARDS - CVS	
Inchain, In 00420	30 2303340	501(0)(3)	12,300.	<u> </u>			IMMEDS CV5	
DATA FOR INDIGENOUS JUSTICE								
9205 COMMONS PL								
ANCHORAGE, AK 99502	85-0771076	501(C)(3)	75,000.	0.			FUND FOR HEALTH EQUITY	
DAVID RAINES COMMUNITY HEALTH	00 0,,10,0		,,,,,,,,	•	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
CENTERS SHREVEPORT PHARMACY - 1625					WHOLESALE	MEDICAL	HEALTH CENTERS FOR	
DAVID RAINES ROAD - SHREVEPORT, LA					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
71107	58-2000630	501(C)(3)	0.	174 609	PURCHASED	EQUIPMENT	PATIENTS	
DBA VIRGINIA B. ANDES VOLUNTEER					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
COMMUNITY CLINIC VOLUNTEERS IN					WHOLESALE	OTHER.	HEALTH CENTERS FOR	
MEDICINE ALLIANCE - 21297 OLEAN					PRICE,	MEDICAL	LOW-INCOME, UNINSURED	
BLVD UNIT B - PORT CHARLOTTE, FL	65-0958642	501(C)(3)	0.	291 138.	PURCHASED	SUPPLIES,	PATIENTS	
						,		
DELAWARE VALLEY COMMUNITY HEALTH								
1412 FAIRMOUNT AVENUE								
PHILADELPHIA, PA 19130	23-2077750	501(C)(3)	50,000.	0.			ABBVIE HEALTH EQUITY	
			, , , , , , , , , , , , , , , , , , ,		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
DENVER INDIAN HEALTH AND FAMILY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
SERVICES, INC 2880 W. HOLDEN					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
PLACE - DENVER, CO 80204	84-0724261	501(C)(3)	0.	23,933.	PURCHASED	EQUIPMENT	PATIENTS	
•				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
DESERT AIDS PROJECT					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
1695 N. SUNRISE WAY	l				PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
					TRICE,	politible,	HOW INCOME, ONINDORED	

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	1
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					ESTIMATED		SUPPORT TO US CLINICS &
DESERT STAR INST. FOR FAMILY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
PLANNING - 5501 NORTH 19TH AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
- PHOENIX, AZ 85015	82-1523284	501(C)(3)	0.	27,464.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
DIABETES ASSOCIATION OF PIERCE					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
COUNTY PANTHER DAY CAMP - 2423 -					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
172ND PLACE SE - BOTHELL, WA 98012	91-1192064	501(C)(3)	0.	7,022.	PRICE	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
DIABETES FOUNDATION OF THE HIGH					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
PLAINS CAMP NEW DAY - 1400 COULTER					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
STREET - AMARILLO, TX 79106	47-1596568	501(C)(3)	0.	7,063.	PRICE	EQUIPMENT	PATIENTS
DIRECT RELIEF FOUNDATION 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	20-5983698	501(C)(3)	3,881,308.	0.			INTERCOMPANY TRANSFER OF
·					ESTIMATED		SUPPORT TO US CLINICS &
DIRNE HEALTH CENTERS INC DBA					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
HERITAGE HEALTH - PO BOX 1387 -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
HAYDEN, ID 83835	94-3036820	501(C)(3)	0.	8,290.	PURCHASED	SUPPLIES	PATIENTS
DISTRICT OF COLUMBIA PRIMARY CARE ASSOCIATION - 1620 I STREET, NW,							
SUITE 300 - WASHINGTON, DC 20005	52-1999196	501(C)(3)	461,450.	0.			COVID19-US
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
DIVERSITY HEALTH CENTER, INC.					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
213 NORTH MCDONALD STREET					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
LUDOWICI, GA 31316	20-5746618	501(C)(3)	0.	9,654.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
DOCTORS CARE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
609 W LITTLETON BLVD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
LITTLETON, CO 80120	84-1150815	501(C)(3)	0.	6,628.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
DOWNTOWN CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
611 S. 2ND ST.					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
LARAMIE, WY 82070	83-0326354	501(C)(3)	0.	16,620.	PURCHASED	SUPPLIES	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Doi	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T dgo T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
DR. GARY BURNSTEIN COMMUNITY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
HEALTH CLINIC - 45580 WOODWARD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
AVENUE - PONTIAC, MI 48341	32-0015321	501(C)(3)	0.	91,043.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
DREAM CENTERS WOMEN'S CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
4360 MONTEBELLO DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
COLORADO SPRINGS, CO 80918	27-4876080	501(C)(3)	0.	292,324.	PURCHASED	SUPPLIES	PATIENTS
DUPAGE HEALTH COALITION 511 THORNHILL DRIVE SUITE C							
CAROL STREAM, IL 60188	36-4448208	501(C)(3)	125,000.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED		SUPPORT TO US CLINICS &
DUPAGE HEALTH COALITION					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
511 THORNHILL DRIVE, SUITE C					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CAROL STREAM, IL 60188	36-4448208	501(C)(3)	0.	5,058.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
EAST CENTRAL MS HEALTH CARE, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1490 HIGHWAY 487					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SEBASTOPOL, MS 39359	64-0610471	501(C)(3)	0.	111,771.	PURCHASED	EQUIPMENT	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
EAST GEORGIA HEALTHCARE, INC.					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
215 NORTH COLEMAN STREET					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
SWAINSBORO, GA 30401	58-2001607	501(C)(3)	0.	14,403.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
EAST TEXAS COMMUNITY HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
SERVICES - 1401 S. UNIVERSITY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DRIVE - NACOGDOCHES, TX 75963	75-2184369	501(C)(3)	0.	42,451.	PURCHASED	EQUIPMENT	PATIENTS
,				,	ESTIMATED		SUPPORT TO US CLINICS &
EAST VALLEY COMMUNITY HEALTH					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
CENTER - 420 S. GLENDORA AVE -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WEST COVINA, CA 91790	23-7068586	501(C)(3)	0.	6,269.	PURCHASED	EQUIPMENT	PATIENTS
EL CENTRO DE CORAZON 7037 CAPITOL STREET SUITE N100 HOUSTON, TX 77011	76-0442781	501(C)(3)	50,000.	0.			COVID19-US

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED		SUPPORT TO US CLINICS &
EL CENTRO DE CORAZON					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
7037 CAPITOL STREET, STE. N100					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
HOUSTON, TX 77011	76-0442781	501(C)(3)	0.	151,619.	PURCHASED	SUPPLIES	PATIENTS
EL CENTRO HISPANO, INC							
2000 CHAPEL HILL ROAD, SUITE 26A							
DURHAM, NC 27707	56-2011661	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
EL DORADO COUNTY COMMUNITY HEALTH					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
CENTER - 4327 GOLDEN CENTER DRIVE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
- PLACERVILLE, CA 95667	42-1533531	501(C)(3)	0.	48,999.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
EL HOGAR GUEST HOUSE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
600 BERCUT DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SACRAMENTO, CA 95811	68-0032730	501(C)(3)	0.	7,767.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
EL MILAGRO CLINIC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
901 EAST VERMONT AVENUE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
MCALLEN, TX 78503	74-2784427	501(C)(3)	0.	10,583.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
EL PROYECTO DEL BARRIO					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
8902 WOODMAN AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ARLETA, CA 91331	95-2662606	501(C)(3)	0.	529,954.	PURCHASED	EQUIPMENT	PATIENTS
ELLIS COUNTY COALITION FOR HEALTH					ESTIMATED		SUPPORT TO US CLINICS &
OPTION DBA HOPE CLINIC - 411 E.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
JEFFERSON STREET - WAXAHACHIE, TX					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
75165	75-2813621	501(C)(3)	0.	102,378.	PURCHASED	SUPPLIES	PATIENTS
				-			SUPPORT TO US CLINICS &
END OVERDOSE					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
1055 E COLORADO BLVD #5006					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
PASADENA, CA 91101	83-0696963	501(C)(3)	0.	47,586.	PRICE	SUPPLIES	PATIENTS
ENLACE CHICAGO							
2759 S. HARDING AVE							
	36-3727669	501/C\/3\	E0 000	0.			COVID19-US
CHICAGO, IL 60623	30-3/2/009	POT (C)(3)	50,000.	l			COATDI3-09

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
							SUPPORT TO US CLINICS &			
ERIC B. CHANDLER HEALTH CENTER					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR			
277 GEORGE STREET					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED			
NEW BRUNSWICK, NJ 08901	22-3273811	501(C)(3)	0.	25,312.	PRICE	SUPPLIES	PATIENTS			
					ESTIMATED		SUPPORT TO US CLINICS &			
ETOWAH BAPTIST CHARITY PHARMACY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR			
18901 E. ETOWAH ROAD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED			
NOBLE, OK 73068	73-1637078	501(C)(3)	0.	8,331.	PURCHASED	SUPPLIES	PATIENTS			
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
EUNICE COMMUNITY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
450 MOOSA BLVD, STE. E					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
EUNICE, LA 70535	27-0213992	501(C)(3)	0.	467,131.	PURCHASED	EQUIPMENT	PATIENTS			
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
EXCELTH, INC.					WHOLESALE	, OTHER,	HEALTH CENTERS FOR			
1515 POYDRAS STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED			
NEW ORLEANS, LA 70112	72-1193464	501(C)(3)	0.	584,242.	PURCHASED	SUPPLIES,	PATIENTS			
·				-						
EXTRA BASES										
PO BOX 4996							ABBVIE PR MEDICALLY			
AGUADILLA, PR 00605	66-0594469	501(C)(3)	25,000.	0.			FRAGILE POPULATIONS			
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
FAIRVIEW COMMUNITY HEALTH CENTER					WHOLESALE	, OTHER,	HEALTH CENTERS FOR			
225 NATCHEZ TRACE AVENUE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED			
BOWLING GREEN, KY 42103	61-1386859	501(C)(3)	0.	467,161.	PURCHASED	SUPPLIES,	PATIENTS			
•				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
FAITH COMMUNITY HEALTH					WHOLESALE	MEDICAL	HEALTH CENTERS FOR			
610 S SIXTH STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
BRANSON, MO 65616	94-3467834	501(C)(3)	0.	59 _. 025 .	PURCHASED	EQUIPMENT	PATIENTS			
				,						
FAITH COMMUNITY HEALTH CTR INC										
610 S 6TH ST										
BRANSON, MO 65616	94-3467834	501(C)(3)	46,399.	0.			BAXTER INNOVATION AWARDS			
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
FAITH FAMILY MEDICAL CLINIC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR			
326 21ST AVENUE NORTH					PRICE,	MEDICAL	LOW-INCOME, UNINSURED			
NASHVILLE, TN 37203	62-1816811	501(C)(3)	0.	913.398.	PURCHASED	SUPPLIES,	PATIENTS			
		1 - 1 - 1 - 1		,		1				

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
FAMILIES TOGETHER OF ORANGE COUNTY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
661 W. 1ST ST. #G					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
TUSTIN, CA 92780	20-0310654	501(C)(3)	0.	51,815.	PURCHASED	EQUIPMENT	PATIENTS			
							SUPPORT TO US CLINICS &			
FAMILY CARE HEALTH CENTER					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR			
401 HOLLY HILLS AVENUE					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED			
ST. LOUIS, MO 63111	23-7076112	501(C)(3)	0.	29,276.	PRICE	SUPPLIES	PATIENTS			
FAMILY CHRISTIAN HEALTH CENTER 31 W 155TH ST.	36-4346917	E01/C\/2\	151 000	0.			FUND FOR HEALTH EQUITY			
HARVEY, IL 60426	30-4340317	501(C)(3)	151,000.	٠.			FUND FOR HEALTH EQUITE			
FAMILY CHRISTIAN HEALTH CENTER 31 W 155TH ST.										
HARVEY, IL 60426	36-4346917	501(C)(3)	50,000.	0.			COVID19-US			
					ESTIMATED		SUPPORT TO US CLINICS &			
FAMILY CHRISTIAN HEALTH CENTER					WHOLESALE	MEDICAL	HEALTH CENTERS FOR			
31 WEST 155TH STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
HARVEY, IL 60473	36-4346917	501(C)(3)	0.	15,648.	PURCHASED	EQUIPMENT	PATIENTS			
FAMILY HEALTH CARE CENTERS OF					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
GREATER LOS ANGELES BELL GARDENS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
FAMILY MEDICAL CE - 6501 SOUTH					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
GARFIELD AVENUE - BELL GARDENS, CA	95-1641454	501(C)(3)	0.	20,260.	PURCHASED	EQUIPMENT	PATIENTS			
					ESTIMATED		SUPPORT TO US CLINICS &			
FAMILY HEALTH CARE, INC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR			
340 SOUTHWEST BOULEVARD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED			
KANSAS CITY, KS 66103	48-1067752	501(C)(3)	0.	142,193.	PURCHASED	SUPPLIES	PATIENTS			
FAMILY HEALTH CENTER OF CLARK					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
COUNTY DBA FAMILY HEALTH CENTERS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
OF SOUTHERN INDIA - 1319 DUNCAN					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
AVENUE - JEFFERSONVILLE, IN 47130	35-1842342	501(C)(3)	0.	28,818.	PURCHASED	EQUIPMENT	PATIENTS			
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
FAMILY HEALTH CENTERS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
716 S. FIRST AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
OKANOGAN, WA 98840	91-1275011	501(C)(3)	0.	14,295.	PURCHASED	EQUIPMENT	PATIENTS			

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV. assistance appraisal, other) FAMILY HEALTH CENTERS OF SAN DIEGO FUND FOR HEALTH EOUITY 823 GATEWAY CENTER WAY ADDRESS MICRONUTRIENT DEF SAN DIEGO, CA 92102-4541 95-2833205 501(C)(3) 300,000 0. AWARDS BAYER SUPPORT TO US CLINICS & ESTIMATED FAMILY HEALTH CENTERS OF SOUTHWEST WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR FLORIDA - 2232 GRAND AVENUE PRICE MEDICAL LOW-INCOME UNINSURED PHARMACY - FORT MYERS, FL 33901 59-1741273 501(C)(3) 0 25,733. PURCHASED SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & FAMILY HEALTH PARTNERSHIP WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 401 CONGRESS PARKWAY PRICE MEDICAL LOW-INCOME UNINSURED CRYSTAL LAKE, IL 60014 36-4277029 501(C)(3) 0. 21,845. PURCHASED SUPPLIES PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR FAMILY HEALTH SERVICES WHOLESALE ADMINISTRATION - 794 EASTLAND DR PRICE SUPPLIES LOW-INCOME, UNINSURED TWIN FALLS, ID 83301 82-0371093 501(C)(3) 0 342,940, PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR FAMILY HEALTH SERVICES OF DARKE PHARMACEUTICALS COUNTY - 5735 MEEKER ROAD -PRICE MEDICAL LOW-INCOME, UNINSURED 14,708. PURCHASED 34-1119524 501(C)(3) SUPPLIES PATIENTS GREENVILLE, OH 45331 0. ESTIMATED SUPPORT TO US CLINICS & FAMILY HEALTHCARE WHOLESALE HEALTH CENTERS FOR 25 NORTH 100 EAST PRICE MEDICAL LOW-INCOME, UNINSURED 5,804. PURCHASED 35-2163112 501(C)(3) SUPPLIES PATTENTS ST. GEORGE UT 84770 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR FARGO CASS PUBLIC HEALTH FAMILY PHARMACEUTICALS PLANNING CLINIC - 1240 25TH ST S PRICE MEDICAL LOW-INCOME, UNINSURED 20 466 PURCHASED PATIENTS FARGO, ND 58103 45-6002069 501(C)(3) 0. SUPPLIES ESTIMATED SUPPORT TO US CLINICS & FAYETTE CARE CLINIC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 1260 HIGHWAY 54 W PRICE. MEDICAL LOW-INCOME, UNINSURED FAYETTEVILE, GA 30214 20-0314897 501(C)(3) 0. 73 021, PURCHASED SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & FEATHER RIVER TRIBAL HEALTH INC. WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 2145 5TH AVENUE PRICE LOW-INCOME, UNINSURED OTHER. OROVILLE, CA 95965 68-0440292 501(C)(3) 22 377 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV. assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS FEED MY SHEEP FREE CHILDREN'S WHOLESALE MEDICAL HEALTH CENTERS FOR PRICE SUPPLIES. LOW-INCOME, UNINSURED CLINIC - 116 W AVENUE G - TEMPLE. 46-3436384 501(C)(3) 70,903. PURCHASED TX 76504 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & FEMHEALTH USA INC DBA CARAFEM ESTIMATED HEALTH CENTERS FOR 1001 CONNECTICUT AVENUE NW WHOLESALE LOW-INCOME UNINSURED WASHINGTON, DC 20036 46-4144274 501(C)(3) 0 25,732, PRICE PHARMACEUTICALS PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & FERNCARE FREE CLINIC, INC. WHOLESALE MEDICAL HEALTH CENTERS FOR 751 E. NINE MILE ROAD PRICE SUPPLIES LOW-INCOME UNINSURED FERNDALE, MI 48220 32-0246843 501(C)(3) 0. 15,925, PURCHASED EOUIPMENT PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & FETTER HEALTH CARE NETWORK WHOLESALE HEALTH CENTERS FOR OTHER 51 NASSAU STREET PRICE MEDICAL LOW-INCOME, UNINSURED 486,022. PURCHASED CHARLESTON, SC 29403 57-0604703 501(C)(3) 0 SUPPLIES PATTENTS FINDLEY FOUNDATION INC THE FINDLEY ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & FOUNDATION - 10721 W. CAPITOL WHOLESALE MEDICAL HEALTH CENTERS FOR DRIVE, STE 21 - WAUWATOSA, WI PRICE SUPPLIES LOW-INCOME, UNINSURED 82-3097119 501(C)(3) 333,925, PURCHASED EQUIPMENT PATIENTS 53222 0. FIRST ALASKANS INSTITUTE 606 E STREET SET 200 ANCHORAGE AK 99501 92-0174854 501(C)(3) 250,000 0. FUND FOR HEALTH EOUITY FIRST AME 2270 S HARVARD BLVD INCREASING IMMUNITY AWARDS - CVS LOS ANGELES CA 90018 95-6142291 501(C)(3) 12 500 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & FIRST BAPTIST MEDICAL/DENTAL WHOLESALE MEDICAL HEALTH CENTERS FOR CLINIC - 1607 CHERRY STREET -PRICE. SUPPLIES. LOW-INCOME, UNINSURED VICKSBURG, MS 39181 64-0334158 501(C)(3) 0. 58 270 PURCHASED EOUIPMENT PATTENTS FIRST CHOICE HEALTH CENTERS INC. 94 CONNECTICUT BLVD EAST HARTFORD, CT 06108 06-1416492 501(C)(3) 50 000 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
FIRST CHOICE PRIMARY CARE					WHOLESALE	, OTHER,	HEALTH CENTERS FOR			
400 POPLAR STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED			
MACON, GA 31201	20-4391090	501(C)(3)	0.	45,968.	PURCHASED	SUPPLIES,	PATIENTS			
FIRST COAST BLACK NURSES ASSOC. PO BOX 40575										
JACKSONVILLE, FL 32203	59-3740867	501(C)(3)	75,000.	0.			FUND FOR HEALTH EQUITY			
FIRST REFUGE MINISTRIES MEDICAL					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
CLINIC FIRST BAPTIST DENTON					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
MINISTRY CENTER - 1701 BROADWAY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
STREET - DENTON, TX 76201	45-5606427	501(C)(3)	0.	14,758.	PURCHASED	EQUIPMENT	PATIENTS			
FIRST RESPONSE EMERGENCY MEDICAL SERVICES - JUAN J. OSUNA ST. 785 - SAN JUAN, PR 00922	66-0489666	501(C)(3)	350,000.	0.			ABBVIE PR EMERGENCY PREP			
,			,				SUPPORT TO US CLINICS &			
FIRST RESPONSE EMERGENCY MEDICAL							HEALTH CENTERS FOR			
SERVICES - URB. LOS MONTES,					PURCHASED		LOW-INCOME, UNINSURED			
PALOMA ST. 462 - DORADO, PR 00646	66-0489666	501(C)(3)	0.	12,205.	PRICE	EQUIPMENT	PATIENTS			
·				,		PHARMACEUTICALS	SUPPORT TO US CLINICS &			
FISH RIVER RURAL HEALTH					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR			
12 BOLDUC AVENUE - MEDICAL					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED			
FORT KENT, ME 04743	01-0452749	501(C)(3)	0.	25,191.	PRICE	EQUIPMENT	PATIENTS			
					ESTIMATED		SUPPORT TO US CLINICS &			
FIVE RIVERS HEALTH CENTERS					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR			
921 S EDWIN C. MOSES BLVD.					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED			
DAYTON, OH 45417	45-0914398	501(C)(3)	0.	26,659.	PURCHASED	SUPPLIES	PATIENTS			
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
FLAGLER COUNTY FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
703 E. MOODY BLVD.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
BUNNELL, FL 32110	20-5036975	501(C)(3)	0.	236,760.	PURCHASED	EQUIPMENT	PATIENTS			
						PHARMACEUTICALS	SUPPORT TO US CLINICS &			
FLATHEAD CITY, COUNTY PHD FLATHEAD					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR			
FAMILY PLANNING - 1035 1ST AVE W -					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED			
KALISPELL, MT 59901	81-6001361	501(C)(3)	0.	48,218.	PRICE	EQUIPMENT	PATIENTS			

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED		SUPPORT TO US CLINICS &
FLINT HILLS COMMUNITY CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
401 HOUSTON ST.					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
MANHATTAN, KS 66502	20-2306015	501(C)(3)	0.	9,759.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
FLORIDA CAMP FOR CHILDREN AND					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
YOUTH WITH DIABETES - CMS BUILDING					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
A - GAINESVILLE, FL 32608	23-7098099	501(C)(3)	0.	19,009.	PRICE	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
FLORIDA COMMUNITY HEALTH CENTERS					ESTIMATED		HEALTH CENTERS FOR
4450 SOUTH TIFFANY DRIVE					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
WEST PALM BEACH, FL 33407	59-1671640	501(C)(3)	0.	6,353.	PRICE	SUPPLIES	PATIENTS
FLORIDA COUNCIL OF PRIMARY CARE 2340 HANSEN LANE TALLAHASSEE, FL 32301	59-2559163	501(C)(3)	60,488.	0.			HURRICANE MICHAEL
							SUPPORT TO US CLINICS &
FLOYD ROGERS DIABETIC FOUNDATION					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
CAMP FLOYD ROGERS - 7205 WEST					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
CENTER ROAD - OMAHA, NE 68124	47-0592289	501(C)(3)	0.	6,314.	PRICE	EQUIPMENT	PATIENTS
FOOD WELL ALLIANCE 970 JEFFERSON STREET NW SUITE 2 ATLANTA, GA 30318	47-4363668	501(C)(3)	107,000.	0.			FUND FOR HEALTH EQUITY
FOREMOST FAMILY HEALTH CENTERS 2922 - B MARTIN LUTHER KING BLVD							
DALLAS, TX 75215	75-2098992	501(C)(3)	30,000.	0.			COVID19-ABBOTT
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FOREMOST FAMILY HEALTH CENTERS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2922 - B MARTIN LUTHER KING BLVD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DALLAS, TX 75215	75-2098992	501(C)(3)	0.	113,697.	PURCHASED	EQUIPMENT	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
FORT BEND FAMILY HEALTH CENTER					ESTIMATED	, OTHER,	HEALTH CENTERS FOR
ACCESSHEALTH - 400 AUSTIN STREET -					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
RICHMOND, TX 77469	74-1951476	501(C)(3)	0.	493,787.	PRICE	SUPPLIES	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FOUNDATION FOR CHILDREN AND YOUTH							SUPPORT TO US CLINICS &			
WITH DIABETES FCYD CAMP UTADA -					ESTIMATED	MEDICAL	HEALTH CENTERS FOR			
1995 WEST 9000 SOUTH - WEST					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED			
JORDAN, UT 84088	87-0642251	501(C)(3)	0.	27,317.	PRICE	EQUIPMENT	PATIENTS			
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
FRANKLIN COUNTY COMMUNITY CARE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
506 TEXAS STATE HIGHWAY 37					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
MOUNT VERNON, TX 75457	35-2593143	501(C)(3)	0.	768,172.	PURCHASED	EQUIPMENT	PATIENTS			
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
FREE CLINIC OF CENTRAL VIRGINIA					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
INC PHARMACY - 1016 MAIN STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
LYNCHBURG, VA 24504	54-1420756	501(C)(3)	0.	18,576.	PURCHASED	EQUIPMENT	PATIENTS			
FREE CLINIC OF FRANKLIN COUNTY					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
BERNARD HEALTHCARE CLINIC PHARMACY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
- 1171 FRANKLIN STREET - ROCKY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
MOUNT, VA 24151	54-1634138	501(C)(3)	0.	47,509.	PURCHASED	EQUIPMENT	PATIENTS			
					ESTIMATED		SUPPORT TO US CLINICS &			
FREE CLINIC OF MERIDIAN, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR			
4707 POPLAR SPRINGS DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED			
MERIDIAN, MS 39305	45-5309446	501(C)(3)	0.	351,238.	PURCHASED	SUPPLIES	PATIENTS			
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
FREE CLINIC OF ROCKINGHAM COUNTY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
315 S. MAIN STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
REIDSVILLE, NC 27320	56-2003143	501(C)(3)	0.	43,798.	PURCHASED	EQUIPMENT	PATIENTS			
				-	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
FREE CLINIC OF ROME					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
3 PROFESSIONAL COURT SW					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
ROME, GA 30165	20-5296305	501(C)(3)	0.	580,086.	PURCHASED	EQUIPMENT	PATIENTS			
					ESTIMATED		SUPPORT TO US CLINICS &			
FREE CLINIC OF SIMI VALLEY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR			
2003 ROYAL AVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED			
SIMI VALLEY, CA 93065	23-7108154	501(C)(3)	0.	124,270.	PURCHASED	SUPPLIES	PATIENTS			
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
FREE CLINIC OF THE TWIN COUNTIES					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
140 LARKSPUR LANE SUITE C					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
GALAX, VA 24333	54-1632194	501(C)(3)	0.	6,979.	PURCHASED	EQUIPMENT	PATIENTS			

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FREE CLINICS OF HENDERSON COUNTY 841 CASE STREET HENDERSONVILLE NC 28792	56-2212024	501(C)(3)	0.	300 _. 154.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS			
FREE CLINICS OF IOWA PO BOX 12099 DES MOINES, IA 50312	42-1428706	501(C)(3)	0.	8,657.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS			
FREE MEDICAL CLINIC OF DARLINGTON COUNTY - 203 GROVE STREET - DARLINGTON, SC 29532	58-2445265	501(C)(3)	0.	,	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS			
FREE MEDICAL CLINIC OF OAK RIDGE, INC 116 EAST DIVISION ROAD - OAK RIDGE, TN 37830	90-0715369		0.	,	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS			
FREE MEDICAL CLINIC OF THE OZARKS 400 SOUTH SUNSHINE STREET BRANSON, MO 65616	73-1524435	501(C)(3)	0.		ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS			
FREEDOM TEMPLE COGIC 1459 WEST 74TH STREET CHICAGO, IL 60636	36-3206669	501(C)(3)	12,500.	0.			INCREASING IMMUNITY AWARDS - CVS			
FRESNO COUNTY DEPARTMENT OF PUBLIC HEALTH - 1221 FULTON STREET - FRESNO, CA 93721	94-6000512	501(C)(3)	0.	11,033.	PURCHASED PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS			
FRIENDS IN NEED HEALTH CENTER, INC 1105 WEST STONE DRIVE - KINGSPORT, TN 37660	62-1541637	501(C)(3)	0.	63,276.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS			
FRIENDS OF REFUGEES 3701 COLLEGE AVE CLARKSTON, GA 30021	20-1989492	501(C)(3)	120,000.	0.			FUND FOR HEALTH EQUITY			

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDSHIP WEST BAPTIST CHURCH							
2020 WEST WHEATLAND ROAD							INCREASING IMMUNITY
DALLAS, TX 75232	75-2226280		12,500.	0.			AWARDS - CVS
FUND FOR ARMENIAN RELIEF 630 SECOND AVENUE NEW YORK, NY 10016	13-3706646	501 (C) (3)	50,000.	0.			COVID19-GLOBAL (INCL US)
NUM TORRY, NT 10010	13 3700040	301(0)(3)	30,000.	•••			COVIDIO GEODME (INCE OD)
FUNDACION ATENCION ATENCION 267 SIERRA MORENA, PMB 316 SAN JUAN, PR 00926	66-0812537	501(C)(3)	180,000.	0.			ABBVIE PR MEDICALLY FRAGILE POPULATIONS
FUNDACION CAP INC.							
PO BOX 10807							ABBVIE PR MEDICALLY
SAN JUAN, PR 00922	66-0826249	501(C)(3)	100,000.	0.			FRAGILE POPULATIONS
FUNDACION CENTRO PEDIATRICO DE			200,000.	•			
DIABETES - C/O MARIANA BENITEZ,							
260 CONVENTO S - SANTURCE, PR							ABBVIE PR MEDICALLY
00912	66-0597488	501(C)(3)	75,000.	0.			FRAGILE POPULATIONS
			70,000.	•			ABBVIE PR INFRASTRUCTURE
FUNDACION HOSPITAL PEDIATRICO,							EQUIPMENT, ABBVIE PR
INC PO BOX 10728 - SAN JUAN, PR							MEDICALLY FRAGILE
00922	66-0817091	501(C)(3)	1,263,050.	0.			POPULATIONS
FUNDACION YO NO ME QUITO							
PO BOX 190816	66 0053505	F01/G)/2)	05.000				ABBVIE PR MEDICALLY
SAN JUAN, PR 00919	66-0853785	501(C)(3)	25,000.	0.		D.1.3 D.1.3 GD17MT G3.1 G	FRAGILE POPULATIONS
G A CARMICUARI RUG					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
G A CARMICHAEL FHC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1668 WEST PEACE STREET	64 0590040	E01/G\/3\		10 000	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CANTON, MS 39046	64-0580940	DUI(C)(3)	0.	10,029.	PURCHASED	EQUIPMENT PHARMACEUTICALS	PATIENTS
CAIN INC OPENDED ACCESS NO MUCCES					ESTIMATED		SUPPORT TO US CLINICS &
GAIN, INC GREATER ACCESS TO THOSE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
IN NEED - 712 W 3RD STREET -	71 0762410	E01/G\/3\		116 176	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LITTLE ROCK, AR 72201	71-0763418	DOT(C)(2)	0.	110,1/6.	PURCHASED	EQUIPMENT	PATIENTS

Schedule I (Form 990)

organization or government if applicable cash grant noncash assistance valuation (book, FMV, appraisal, other) SUPPORT TO GALES CREEK CAMP FOUNDATION 6950 SW HAMPTON STREET TIGARD, OR 97223 93-6010464 501(C)(3) 0. 11,477. PRICE EQUIPMENT PATIENTS	
GALES CREEK CAMP FOUNDATION 6950 SW HAMPTON STREET TIGARD, OR 97223 93-6010464 501(C)(3) 0. 11,477.PRICE EQUIPMENT SUPPORT TO	PERS FOR UNINSURED
6950 SW HAMPTON STREET TIGARD, OR 97223 93-6010464 501(C)(3) 0. 11,477. PRICE EQUIPMENT PATIENTS SUPPORT TO	UNINSURED
TIGARD, OR 97223 93-6010464 501(C)(3) 0. 11,477.PRICE EQUIPMENT PATIENTS SUPPORT TO	
SUPPORT TO	US CLINICS &
	US CLINICS &
GARFIELD HEALTH CENTER ESTIMATED HEALTH CENT	
	ERS FOR
701 S. ATLANTIC BLVD. #100 WHOLESALE MEDICAL LOW-INCOME,	UNINSURED
MONTEREY PARK, CA 91754 76-0733752 501(C)(3) 0. 10,907. PRICE SUPPLIES PATIENTS	
ESTIMATED PHARMACEUTICALS SUPPORT TO	US CLINICS &
GENERATIONS FAMILY HEALTH CENTER WHOLESALE , MEDICAL HEALTH CENT	ERS FOR
40 MANSFIELD AVENUE PRICE, SUPPLIES, LOW-INCOME,	UNINSURED
WILLIMANTIC, CT 06226 22-3158253 501(C)(3) 0. 21,968. PURCHASED EQUIPMENT PATIENTS	
ESTIMATED PHARMACEUTICALS SUPPORT TO	US CLINICS &
GENESIS COMMUNITY CLINIC WHOLESALE , MEDICAL HEALTH CENT	ERS FOR
215 WEST 35TH STREET PRICE, SUPPLIES, LOW-INCOME,	UNINSURED
GARDEN CITY, ID 83714 82-0505073 501(C)(3) 0. 34,517. PURCHASED EQUIPMENT PATIENTS	
SUPPORT TO	US CLINICS &
GENESIS COMMUNITY HEALTH INC. ESTIMATED PHARMACEUTICALS HEALTH CENT	ERS FOR
639 EAST OCEAN AVENUE WHOLESALE , MEDICAL LOW-INCOME,	UNINSURED
BOYNTON BEACH, FL 33435 80-0374741 501(C)(3) 0. 31,861.PRICE SUPPLIES PATIENTS	
ESTIMATED PHARMACEUTICALS SUPPORT TO	US CLINICS &
GENESIS FAMILY HEALTH WHOLESALE , MEDICAL HEALTH CENT	ERS FOR
224 N. TAYLOR AVE., #1 PRICE, SUPPLIES, LOW-INCOME,	UNINSURED
GARDEN CITY, KS 67846 48-1049519 501(C)(3) 0. 82,778. PURCHASED EQUIPMENT PATIENTS	
	US CLINICS &
GENESIS HEALTH SERVICES, INC. WHOLESALE MEDICAL HEALTH CENT	ERS FOR
707 7TH STREET W PRICE, SUPPLIES, LOW-INCOME,	UNINSURED
PALMETTO, FL 34221 65-0478868 501(C)(3) 0. 109,566.PURCHASED EQUIPMENT PATIENTS	
	US CLINICS &
GEORGIA OVERDOSE PREVENTION ESTIMATED PHARMACEUTICALS HEALTH CENT	ERS FOR
345 CREEKSTONE RIDGE WHOLESALE MEDICAL LOW-INCOME,	
WOODSTOCK, GA 30188 58-2227958 501(C)(3) 0. 15,213.PRICE SUPPLIES PATIENTS	
	US CLINICS &
GET UP PROJECT DBA HOPE MEDICAL WHOLESALE MEDICAL HEALTH CENT	
CLINIC - 8101 CAMERON ROAD - PRICE, SUPPLIES, LOW-INCOME,	
AUSTIN, TX 78754 45-4931906 501(C)(3) 0. 55,037.PURCHASED EQUIPMENT PATIENTS	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV. assistance appraisal, other) GIRLTREK, INC 1800 WYOMING AVE WASHINGTON, DC 20009 06-1811886 501(C)(3) 250,000 0. FUND FOR HEALTH EQUITY SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS GOOD HEALTH CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 91555 OVERSEAS HIGHWAY #2 PRICE SUPPLIES LOW-INCOME UNINSURED TAVERNIER, FL 33070 04-3745805 501(C)(3) 0 22,629. PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & GOOD NEIGHBOR HOUSE WHOLESALE MEDICAL HEALTH CENTERS FOR 627 EAST 1ST STREET PRICE SUPPLIES LOW-INCOME UNINSURED DAYTON, OH 45402 31-1374154 501(C)(3) 0. 49,107. PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR GOOD NEWS CARE CENTER WHOLESALE 7855 SW 104TH STREET PRICE SUPPLIES LOW-INCOME, UNINSURED MIAMI, FL 33156 59-0914210 501(C)(3) 0 752,384. PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & GOOD NEWS CLINICS WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS 810 PINE STREET PRICE MEDICAL LOW-INCOME, UNINSURED 58-2058853 501(C)(3) 245,059, PURCHASED SUPPLIES PATIENTS GAINESVILLE, GA 30501 0. ESTIMATED SUPPORT TO US CLINICS & GOOD NEWS HEALTH CLINIC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 2716 EAST WASHINGTON STREET PRICE MEDICAL LOW-INCOME, UNINSURED 13,607. PURCHASED INDIANAPOLIS, IN 46201 35-0999233 501(C)(3) SUPPLIES PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR GOOD SAMARITAN CLINIC 615 NORTH B STREET PRICE SUPPLIES. LOW-INCOME, UNINSURED 814 817 PURCHASED EOUIPMENT PATIENTS FORT SMITH, AR 72901 71-0863639 501(C)(3) 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & GOOD SAMARITAN CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 3880 WATERMELON ROAD, SUITE A PRICE. SUPPLIES LOW-INCOME, UNINSURED TUSCALOOSA, AL 35473 63-1199900 501(C)(3) 0. 140 258 PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & GOOD SAMARITAN CLINIC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 4435 GULF BREEZE PARKWAY PRICE MEDICAL LOW-INCOME, UNINSURED GULF BREEZE, FL 32563 59-3690750 501(C)(3) 94 043 PURCHASED SUPPLIES PATIENTS 0.

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Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	, , , , , , , , , , , , , , , , , , ,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
GOOD SAMARITAN CLINIC OF WEST					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
VOLUSIA COUNTY - 136 EAST PLYMOUTH					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
AVENUE - DELAND, FL 32724	30-0408193	501(C)(3)	0.	20,263.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
GOOD SAMARITAN HEALTH AND WELLNESS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CENTER - 175 SAMARITAN DRIVE -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
JASPER, GA 30143	58-2576315	501(C)(3)	0.	14,810.	PURCHASED	EQUIPMENT	PATIENTS
GOOD SAMARITAN HEALTH CENTER, INC. 1015 DONALD LEE HOLLOWELL PARKWAY 1							
ATLANTA, GA 30318	58-2373395	501(C)(3)	180,000.	0.			ABBVIE HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
GOOD SAMARITAN HEALTH CLINIC OF					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
PASCO - 5334 ASPEN STREET - NEW					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PORT RICHEY, FL 34652	59-3072334	501(C)(3)	0.	88,718.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
GOOD SAMARITAN HEALTH SERVICES					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1422 E 71ST ST SUITE B					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
TULSA, OK 74136	73-1559561	501(C)(3)	0.	27,136.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
GOOD SAMARITAN PHARMACY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2502 NO. TAMIAMI TRAIL					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
NOKOMIS, FL 34275	26-2295558	501(C)(3)	0.	16,550.	PURCHASED	SUPPLIES	PATIENTS
GOOD SAMARITAN SHELTER					ESTIMATED		SUPPORT TO US CLINICS &
ADMINISTRATION - 245 E. INGER					WHOLESALE		HEALTH CENTERS FOR
DRIVE, #103B - SANTA MARIA, CA					PRICE,	OTHER, MEDICAL	LOW-INCOME, UNINSURED
93458	77-0133375	501(C)(3)	0.	22,096.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
GOOD SHEPHERD CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
6392 MURPHY DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MORROW, GA 30260	58-2578581	501(C)(3)	0.	41,511.	PURCHASED	EQUIPMENT	PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
GOOD SHEPHERD FREE MEDICAL CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
307 NORTH BROAD STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CLINTON, SC 29325	57-0996466	501(C)(3)	0.	23.957.	PURCHASED	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)										
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					ESTIMATED		SUPPORT TO US CLINICS &			
GOOD SHEPHERD MEDICAL AND DENTAL					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR			
FOUNDATION - 20 12TH AVE. NW -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED			
ARDMORE, OK 73401	73-1509801	501(C)(3)	0.	11,297.	PURCHASED	SUPPLIES	PATIENTS			
GOSHEN MEDICAL CENTER INC.										
412 SW CENTER STREET, PO BOX 187							FUND FOR HEALTH EQUITY,			
FAISON, NC 28341	56-1209062	501 (C) (3)	250,000.	0.			LILLY HEALTH EQUITY			
PAISON, NC 20041	30 1203002	301(0)(3)	230,000.				BIBBI MEABIN EQUIII			
GRACE BAPTIST CHURCH										
52 SOUTH 6TH AVENUE							INCREASING IMMUNITY			
MOUNT VERNON, NY 10550	13-6017526		12,500.	0.			AWARDS - CVS			
					ESTIMATED		SUPPORT TO US CLINICS &			
GRACE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR			
800 W CANAL DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED			
KENNEWICK, WA 99336	77-0592408	501(C)(3)	0.	34,660.	PURCHASED	SUPPLIES	PATIENTS			
				-	ESTIMATED		SUPPORT TO US CLINICS &			
GRACE COMMUNITY HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR			
1019 CUMBERLAND FALLS HWY					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED			
CORBIN, KY 40701	26-1779437	501(C)(3)	0.	59,031.	PURCHASED	SUPPLIES	PATIENTS			
·				•	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
GRACE HEALTHCARE SERVICES CORP DBA					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
GRACE PHARMACY - 1329 SW 16TH					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
STREET - GAINESVILLE, FL 32610	81-4300044	501(C)(3)	0.	85,158.	PURCHASED	EQUIPMENT	PATIENTS			
GRACE HOUSE MINISTRIES										
4309 DEBARDELEBEN AVENUE										
FAIRFIELD, AL 35064	57-0903169	501(C)(3)	50,000.	0.			FUND FOR HEALTH EQUITY			
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
GRACE MEDICAL HOME					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
1417 E. CONDCORD ST.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
ORLANDO, FL 32803	26-1817966	501(C)(3)	0.	633,539.	PURCHASED	EQUIPMENT	PATIENTS			
					ESTIMATED		SUPPORT TO US CLINICS &			
GRACE OUTREACH TO HEALTH COMMUNITY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR			
CLINIC - 837 EAST WALNUT STREET -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED			
GRAPEVINE, TX 76051	75-2195702	501(C)(3)	0.	63,895.	PURCHASED	SUPPLIES	PATIENTS			

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV. assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & GRANT PARK CLINIC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 1340 BOULEVARD SE PRICE. MEDICAL LOW-INCOME, UNINSURED 29,865. PURCHASED PATIENTS ATLANTA, GA 30315 58-1577640 501(C)(3) 0. SUPPLIES SUPPORT TO US CLINICS & ESTIMATED WHOLESALE PHARMACEUTICALS GREAT SALT PLAINS HEALTH CENTER. HEALTH CENTERS FOR INC. - 405 S. OKLAHOMA AVE -PRICE MEDICAL LOW-INCOME UNINSURED CHEROKEE, OK 73728 20-8787477 501(C)(3) 0 18,400. PURCHASED SUPPLIES PATTENTS GREATER GREENWOOD UNITED MINISTRY ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & FREE MEDICAL CLINIC - 1404 WHOLESALE MEDICAL HEALTH CENTERS FOR EDGEFIELD STREET - GREENWOOD, SC PRICE SUPPLIES LOW-INCOME UNINSURED 29646 57-1012393 501(C)(3) 0. 13,332. PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR GREATER HARTFORD HARM REDUCTION WHOLESALE COALITION INC. - 28 GRAND ST. -PRICE SUPPLIES LOW-INCOME, UNINSURED 61,298, PURCHASED HARTFORD, CT 06106 47-4312705 501(C)(3) 0 EOUTPMENT PATTENTS SUPPORT TO US CLINICS & HEALTH CENTERS FOR GREATER HICKORY COOPERATIVE ESTIMATED COMMUNITY HEALTH CENTER - 31 1ST WHOLESALE LOW-INCOME UNINSURED AVENUE SE - HICKORY, NC 28602 56-0934855 501(C)(3) 147,281. PRICE PHARMACEUTICALS PATIENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & GREATER KILLEEN FREE CLINIC WHOLESALE OTHER HEALTH CENTERS FOR 718 N. 2ND STREET, STE. A PRICE MEDICAL LOW-INCOME, UNINSURED 963 108 PURCHASED KILLEEN TX 76541 74-2724725 501(C)(3) SUPPLIES PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR GREATER MERIDIAN HEALTH CLINIC PHARMACEUTICALS INC. - 2701 DAVIS STREET -PRICE MEDICAL LOW-INCOME, UNINSURED 8 238 PURCHASED SUPPLIES PATIENTS MERIDIAN MS 39301 64-0732893 501(C)(3) 0. PHARMACEUTICALS GREATER PRINCE WILLIAM COMMUNITY SUPPORT TO US CLINICS & HEALTH CENTER - 4379 RIDGEWOOD ESTIMATED MEDICAL HEALTH CENTERS FOR WHOLESALE CENTER DRIVE - WOODBRIDGE, VA SUPPLIES. LOW-INCOME, UNINSURED 17,746. PRICE 22192 83-0435138 501(C)(3) 0. EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & GREENE COUNTY HEALTH CARE WHOLESALE MEDICAL HEALTH CENTERS FOR 7 PROFESSIONAL DRIVE PRICE SUPPLIES. LOW-INCOME, UNINSURED SNOW HILL, NC 28580 56-0992353 501(C)(3) 0. 169 803 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
					ESTIMATED		SUPPORT TO US CLINICS &			
GREENVILLE FREE MEDICAL CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR			
600 ARLINGTON AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED			
GREENVILLE, SC 29601	57-0855205	501(C)(3)	0.	754,410.	PURCHASED	SUPPLIES	PATIENTS			
					ESTIMATED		SUPPORT TO US CLINICS &			
GUADALUPE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR			
940 S. ST. FRANCIS					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED			
WICHITA, KS 67211	20-1285208	501(C)(3)	0.	721,821.	PURCHASED	SUPPLIES	PATIENTS			
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
GUILFORD COUNTY SOLUTION TO THE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
OPIOID PROBLEM (GCSTOP) - 1601					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
WALKER AVE - GREENSBORO, NC 27403	56-6001468	501(C)(3)	0.	25,556.	PURCHASED	EQUIPMENT	PATIENTS			
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
GULF COAST HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
2548 MEMORIAL BLVD.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
PORT ARTHUR, TX 77640	76-0289927	501(C)(3)	0.	65,421.	PURCHASED	EQUIPMENT	PATIENTS			
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
HAND IN HAND MANO EN MANO					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
4 MAPLE ST					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
MILBRIDGE, ME 04658	01-0836208	501(C)(3)	0.	5,430.	PURCHASED	EQUIPMENT	PATIENTS			
					ESTIMATED		SUPPORT TO US CLINICS &			
HANDS OF GRACE MEDICAL CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR			
203 TWISTED LAUREL LANE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED			
BONAIRE, GA 31005	83-4709039	501(C)(3)	0.	296,177.	PURCHASED	SUPPLIES	PATIENTS			
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
HANDS OF HOPE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
1010 HOSPITAL DRIVE, BLDG B					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
STOCKBRIDGE, GA 30281	42-1591970	501(C)(3)	0.	59,227.	PURCHASED	EQUIPMENT	PATIENTS			
					ESTIMATED		SUPPORT TO US CLINICS &			
HANDS OF HOPE MEDICAL CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR			
320 WEST MAPLE STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED			
YADKINVILLE, NC 27055	27-5569145	501(C)(3)	0.	428,675.	PURCHASED	SUPPLIES	PATIENTS			
				-	ESTIMATED		SUPPORT TO US CLINICS &			
HANNIBAL FREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR			
160 PROGRESS ROAD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED			
HANNIBAL, MO 63401	14-1979983	501(C)(3)	0.	62,039.	PURCHASED	SUPPLIES	PATIENTS			

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant noncash or assistance (book, FMV. assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & HAPPY VALLEY MEDICAL CENTER WEST CALDWELL HEALTH COUNCIL INC. -WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 4330 COLLETTSVILLE ROAD -PRICE. MEDICAL LOW-INCOME, UNINSURED 26,894. PURCHASED COLLETTSVILLE, NC 28611 59-1756933 501(C)(3) 0. SUPPLIES PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS HARBOR HEALTH SERVICES WHOLESALE MEDICAL HEALTH CENTERS FOR 735 ATTUCKS LANE PRICE SUPPLIES LOW-INCOME UNINSURED HYANNIS, MA 02601 23-7100550 501(C)(3) 0 71,172, PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HARDEMAN COUNTY WHOLESALE MEDICAL HEALTH CENTERS FOR 629 NUCKOLLS RD PRICE SUPPLIES LOW-INCOME UNINSURED BOLIVAR, TN 38008 58-1995646 501(C)(3) 0. 348 154 PURCHASED EOUIPMENT PATIENTS ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR HARDIN COUNTY REGIONAL HEALTH WHOLESALE PHARMACEUTICALS CENTER - 765 FLORENCE ROAD PRICE MEDICAL LOW-INCOME, UNINSURED 58-2053386 501(C)(3) 0 302,251. PURCHASED SUPPLIES PATTENTS SAVANNAH, TN 38372 SUPPORT TO US CLINICS & PHARMACEUTICALS HEALTH CENTERS FOR HARM REDUCTION COALITION ESTIMATED 1460 MISSION STREET WHOLESALE MEDICAL LOW-INCOME, UNINSURED 94-3204958 501(C)(3) 38,270, PRICE SUPPLIES PATIENTS SAN FRANCISCO, CA 94103 0. SUPPORT TO US CLINICS & HARM REDUCTION OHIO ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR 935 RIVER ROAD SUITE G WHOLESALE MEDICAL LOW-INCOME, UNINSURED 27,492. PRICE GRANVILLE OH 43023 82-5110907 501(C)(3) SUPPLIES PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR HARM REDUCTION SERVICES 2800 STOCKTON BLVD PRICE SUPPLIES LOW-INCOME, UNINSURED SACRAMENTO CA 95817 130 952 PURCHASED EOUIPMENT PATIENTS 68-0300656 501(C)(3) 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR HARMONY HEALTH CLINIC VOLUNTEERS TN MEDICINE - 201 EAST ROOSEVELT PRICE. MEDICAL LOW-INCOME, UNINSURED ROAD - LITTLE ROCK, AR 72206 20-5691313 501(C)(3) 0. 97 032 PURCHASED SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & HARNEY COUNTY HEALTH DEPARTMENT WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 420 NORTH FAIRVIEW AVENUE PRICE MEDICAL LOW-INCOME, UNINSURED BURNS, OR 97720 93-6002296 501(C)(3) 0. 29 437. PURCHASED SUPPLIES PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED		SUPPORT TO US CLINICS &
HAWAII H.O.M.E. PROJECT					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
651 ILALO STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
HONOLULU, HI 96813	99-0085260	501(C)(3)	0.	82,903.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
HEAL THE CITY FREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
609 S CAROLINA					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
AMARILLO, TX 79106	46-5694050	501(C)(3)	0.	71,385.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HEALING COMMUNITY CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
3915 CASCADE RD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ATLANTA, GA 30331	26-3990559	501(C)(3)	0.	387,642.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
HEALING HANDS HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
245 MIDWAY MEDICAL PARK					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
BRISTOL, TN 37620	62-1677000	501(C)(3)	0.	23,298.	PURCHASED	SUPPLIES	PATIENTS
				•			
HEALING HANDS MINISTRIES							
8515 GREENVILLE AVENUE, SUITE N-112	2						INCREASING IMMUNITY
DALLAS, TX 75243	65-1259379		50,000.	0.			AWARDS - CVS
,			,		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HEALING HANDS MINISTRIES					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
8515 GREENVILLE AVE. N-112					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DALLAS, TX 75243	65-1259379	501(C)(3)	0.	49 661.	PURCHASED	EQUIPMENT	PATIENTS
,							
HEALTH ACCESS FOR ALL							
1919 WEST 7TH ST 2ND FLOOR							INCREASING IMMUNITY
LOS ANGELES, CA 90057	46-2972741	501(C)(3)	50,000.	0.			AWARDS - CVS
HEALTH ACCESS FOR ALL INC. DBA					ESTIMATED		SUPPORT TO US CLINICS &
ANGELES COMMUNITY HEALTH CENTER -					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1919 W 7TH STREET - LOS ANGELES,					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
CA 90057	46-2972741	501(C)(3)	0.	219 328	PURCHASED	SUPPLIES	PATIENTS
	10 20,2,11		•••	215,520.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HEALTH ACCESS, INC.					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
489 WASHINGTON AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CLARKSBURG, WV 26301	55-0715066	501 (C) (3)	0.	217 736	PURCHASED	EQUIPMENT	PATIENTS
CHIRIDDONG, WV 20301	33 0713000	501(0)(3)	ı	247,730.	r ortonabed	EXOTI HEMI	Calcadala I/Farra 200

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH ALLIANCE FOR THE UNINSURED							
3000 UNITED FOUNDERS BLVD							STRENGTHEN REPRODUCTIVE
OKLAHOMA CITY, OK 73112	26-1789292	501(C)(3)	50,000.	0.			HLTH AWARD BAYER
,			,	-	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HEALTH ALLIANCE FOR THE UNINSURED					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
3000 UNITED FOUNDERS BLVD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
OKLAHOMA CITY, OK 73112	26-1789292	501(C)(3)	0.		PURCHASED	EQUIPMENT	PATIENTS
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HEALTH AND HOPE CLINIC, INC.					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
1718 EAST OLIVE ROAD					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
PENSACOLA, FL 32514	26-4336638	501(C)(3)	0.	254,920.	PURCHASED	SUPPLIES,	PATIENTS
HEALTH BRIGADE 1010 N. THOMPSON STREET							
RICHMOND, VA 23230	54-0927792	501(C)(3)	250,000.	0.			ABBVIE HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HEALTH BRIGADE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1010 N. THOMPSON STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
RICHMOND, VA 23230	54-0927792	501(C)(3)	0.	323,466.	PURCHASED	EQUIPMENT	PATIENTS
HEALTH CARE CENTER FOR THE							
HOMELESS DBA ORANGE BLOSSOM FAMILY							
HEALTH CE - 232 NORTH ORANGE							
BLOSSOM TRAIL - ORLANDO, FL 32805	59-3185020	501(C)(3)	30,000.	0.			COVID19-ABBOTT
HEALTH CARE CENTER FOR THE					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HOMELESS DBA ORANGE BLOSSOM FAMILY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
HEALTH CENTER - 232 NORTH ORANGE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BLOSSOM TRAIL - ORLANDO, FL 32805	59-3185020	501(C)(3)	0.	303,931.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HEALTH CENTER OF SOUTHEAST TEXAS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
307 N. WILLIAM BARNETT AVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CLEVELAND, TX 77327	56-2508501	501(C)(3)	0.	298,240.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HEALTH FOR ALL					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
3030 EAST 29TH STREET, SUITE 111					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BRYAN, TX 77802	74-2624477	501(C)(3)	0.	33,408.	PURCHASED	EQUIPMENT	PATIENTS

Schedule I (Form 990)

(a) Name and address of organization or government (b) EIN (c) IRC section of safe grant or oash gra	Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
HEALTH HELP DEA WHITE HOUSE CLINICS 1010 MAIN STREET SOUTH 61-0843731 501(C)(3) 0. 14,168, PRICE SUPPLIES, LOW-INCOME, UNINSURED MEDICAL ENTERS FOR CLINICS LOW-INCOME, UNINSURED MEDICAL ENTER DEATH MINISTRIES CLINIC MEDICAL ENTER PATIENTS MEDICAL ENTER DEATH MINISTRIES CLINIC MEDICAL ENTER DEATH MINISTRIES CLINIC MEDICAL ENTER DEATH MINISTRIES CLINIC MEDICAL ENTER DEATH MINISTRIES DEATH MINISTRIES CLINIC MEDICAL ENTER DEATH MINISTRIES DEATH MINISTRIES CLINIC MEDICAL ENTER DEATH MINISTRIES D	V , ,	(b) EIN	, , , , , , , , , , , , , , , , , , ,	, ,	noncash	valuation (book, FMV,	107	
CLINICS - 1010 MAIN STREET SOUTH - 61-0843731 501(C)(3)								SUPPORT TO US CLINICS &
MCRE, RY 40447 61-0843731 501(C)(3) 0. 14,168,PRICE SQUIPMENT PATIENTS	HEALTH HELP DBA WHITE HOUSE					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
REALTH MINISTRIES CLINIC	CLINICS - 1010 MAIN STREET SOUTH -					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
HEALTH MINISTRIES CLINIC 720 MEDICAL CENTER DR. MEDICAL CENTER DR. MEDICAL CENTER DR. MEDICAL SUPPLIES, LOW-INCOME, UNINSURED MEDICATION, INC. (H.O.P.E.) - 3540 E 3187 STREET, STE 3 - TULSA, OK 74135 73-1537952 501(C)(3) 73-1537952 501(C)(3) 73-1537952 501(C)(3) 74157 MEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY ROAD 25A TROY, OH 45373 MEDICAL SUPPORT TO US CLINICS & HEALTH PARTNERS OF WESTERN OHIO 41 EAST STREETS WESTERS	MCKEE, KY 40447	61-0843731	501(C)(3)	0.	14,168.	PRICE	EQUIPMENT	PATIENTS
720 MEDICAL CENTER DR. NEWTON, KS 67114 48-1091875 501(C)(3) 0. 55,841, PURCHASED EQUIPMENT FUND FOR HEALTH SUTTIVES FUND FOR HEALTH EQUITY FUN						ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NewTon, KS 67114 48-1091875 501(C)(3) 0. 55,841 PURCHASED SQUIPMENT PATIENTS	HEALTH MINISTRIES CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
REALTH PARTNERS OF WESTERN OHIO 14	720 MEDICAL CENTER DR.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
EDUCATION, INC (H.O.P.E.) - 3540 E 31ST STREET, STE 3 - TULSA, OK 73-1537952 SO1(C)(3)	NEWTON, KS 67114	48-1091875	501(C)(3)	0.	55,841.	PURCHASED	EQUIPMENT	PATIENTS
31ST STREET, STE 3 - TULSA, OK 73-1537952 501(C)(3) 58,000. 0.	HEALTH OUTREACH PREVENTION							
73-1537952 501(C)(3) 58,000. 0. FUND FOR HEALTH EQUITY HEALTH PARTNERS FREE CLINIC HEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY ROAD 25A TROY, OH 45373 31-1596731 501(C)(3) 0. 366,509. PURCHASED EQUIPMENT PATIENTS HEALTH PARTNERS OF WESTERN OHIO 441 EAST 8TH STREET LIMA, OH 45804 56-2330309 501(C)(3) 0. 59,838. PURCHASED EQUIPMENT PATIENTS HEALTH PARTNERSHIP CLINIC HEALTH PARTNERSHIP CLINIC HEALTH PARTNERSHIP CLINIC HEALTH PROMED FOUNDATION, INC. AVE. BORINQUEN \$2020 SANTURCE, PR 00915 66-0437924 501(C)(3) 0. 18,536. PURCHASED EQUIPMENT PATIENTS HEALTH PROMOTION DISEASE PREVENTION (HPDP) FORT PECK TRIBES FRIEZ, SUPPLES, LOW-INCOME, UNINSURED HEALTH PROMOTION DISEASE PREVENTION (HPDP) FORT PECK TRIBES FRIEZ, SUPPLES, LOW-INCOME, UNINSURED HEALTH PROMOTION DISEASE PREVENTION (HPDP) FORT PECK TRIBES FRIEZ, SUPPLES, LOW-INCOME, UNINSURED HEALTH PROMOTION DISEASE PREVENTION (HPDP) FORT PECK TRIBES FRIEZ, SUPPLES, LOW-INCOME, UNINSURED HEALTH PROMOTION DISEASE PREVENTION (HPDP) FORT PECK TRIBES FRIEZ, SUPPLES, LOW-INCOME, UNINSURED HEALTH PROMOTION DISEASE PREVENTION (HPDP) FORT PECK TRIBES FRIEZ, SUPPLES, LOW-INCOME, UNINSURED HEALTH PROMOTION DISEASE PREVENTION (HPDP) FORT PECK TRIBES FRIEZ, SUPPLES, LOW-INCOME, UNINSURED HEALTH PROMOTICAL HEALTH CENTERS FOR PRICE, SUPPLES, LOW-INCOME, UNINSURED HEALTH REACH COMMUNITY CLINIC WINDSURED HEALTH REACH COMMUNITY CLINIC WINDSURED HEALTH REACH COMMUNITY CLINIC WINDSURED HEALTH REACH COMMUNITY CLINIC HEALTH CENTERS FOR HEALTH REACH COMMUNITY CLINIC WINDSURED HEALTH REACH COMMUNITY CLINIC WINDSURED HEALTH REACH COMMUNITY CLINIC WI	EDUCATION, INC (H.O.P.E.) - 3540 E							
HEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY ROAD 25A TROY, OH 45373 31-1596731 501(C)(3) 0. 366,509, FURCHASED FRICE, SUPPLIES, LOW-INCOME, UNINSURED FATIENTS ESTIMATED HEALTH PARTNERS OF WESTERN OHIO LIMA, OH 45804 56-2330309 501(C)(3) 0. 59,838, FURCHASED FRICE, SUPPLIES, LOW-INCOME, UNINSURED FRICE, SUPPLIES, LOW-INCOME, UNINSURED FRICE, SUPPLIES, LOW-INCOME, UNINSURED OLATHE, KS 66062 48-115529 501(C)(3) 0. 12,602, FURCHASED FRICE, SUPPLIES, LOW-INCOME, UNINSURED FRICE, SUPPLIES, LOW-INCOME, TOWN THE THE THE THE TROY TO US CLINICS & TOWN THE TROY THE TRO	31ST STREET, STE 3 - TULSA, OK							
HEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY ROAD 25A TROY, OH 45373 31-1596731 501(C)(3) 0. 366,509, PURCHASED EQUIPMENT PATIENTS BESTIMATED HARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE HEALTH PARTNERS OF WESTERN OHIO 441 EAST 8TH STREET LIMA, OH 45804 56-2330309 501(C)(3) 0. 59,838, PURCHASED PRICE, SUPPLIES, LOW-INCOME, UNINSURED PATIENTS BESTIMATED HARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PARTNERSHIP CLINIC HEALTH PARTNERSHIP CLINIC 405 S. CLAIREBORNE ROAD OLATHE, KS 66062 48-1115529 501(C)(3) 0. 12,602, PURCHASED PRICE, SUPPLIES, LOW-INCOME, UNINSURED DATE: HEALTH PROMED FOUNDATION, INC. AVE. BORINGUEN \$2020 SANTURCE, PR 00915 66-0437924 501(C)(3) 0. 18,536, PURCHASED PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, SUPPLIES	74135	73-1537952	501(C)(3)	58,000.	0.			FUND FOR HEALTH EQUITY
1300 NORTH COUNTY ROAD 25A TROY, OH 45373 31-1596731 501(C)(3) 0. 366,509. PURCHASED EQUIPMENT PATIENTS ESTIMATED HEALTH PARTNERS OF WESTERN OHIO 441 EAST 8TH STREET LIMA, OH 45804 56-2330309 501(C)(3) 0. 59,838. PURCHASED EQUIPMENT PATIENTS ESTIMATED HEALTH PARTNERSHIP CLINIC HEALTH PARTNERSHIP CLINIC HEALTH PARTNERSHIP CLINIC HEALTH PROMED FOUNDATION, INC. HEALTH PROMED FOUNDATION, INC. AVE. BORINQUEN #2020 SANTURCE, PR 09915 66-0437924 501(C)(3) 0. 18,536. PURCHASED EQUIPMENT PATIENTS HEALTH PROMED FOR PECK TRIBES PRICE, SUPPLIES, LOW-INCOME, UNINSURED HEALTH CRIMENSHIP HEALTH PROMED FOUNDATION DISEASE PREVENTION (HPDP) FORT PECK TRIBES - 417 13TH AVE EAST - POPLAR, MT 59255 81-0292623 0. 73,314. PURCHASED EQUIPMENT PATIENTS HEALTH CRIMENSHIP HEALTH CRIMENSH						ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
TROY, OH 45373 31-1596731 501(C)(3) 0. 366,509, PURCHASED EQUIPMENT PATIENTS	HEALTH PARTNERS FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
HEALTH PARTNERS OF WESTERN OHIO 411 EAST 8TH STREET LIMA, OH 45804 56-2330309 501(C)(3) 0. 59,838 FURCHASED ESTIMATED PHARMACEUTICAL SUPPORT TO US CLINICS & WHOLESALE LOW-INCOME, UNINSURED LOW-INCOME, UNINSURED PATIENTS SESTIMATED WHOLESALE PATIENTS SUPPLIES, LOW-INCOME, UNINSURED PATIENTS LOW-INCOME, UNINSURED PATIENTS SUPPORT TO US CLINICS & WHOLESALE WHOLESALE PATIENTS SUPPORT TO US CLINICS & WHOLESALE PATIENTS SUPPORT TO US CLINICS & WHOLESALE WHOLESA	1300 NORTH COUNTY ROAD 25A					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
HEALTH PARTNERS OF WESTERN OHIO 411 EAST 8TH STREET LIMA, OH 45804 56-2330309 501(C)(3) 0. 59,838 FURCHASED ESTIMATED PHARMACEUTICAL SUPPORT TO US CLINICS & WHOLESALE LOW-INCOME, UNINSURED LOW-INCOME, UNINSURED PATIENTS SESTIMATED WHOLESALE PATIENTS SUPPLIES, LOW-INCOME, UNINSURED PATIENTS LOW-INCOME, UNINSURED PATIENTS SUPPORT TO US CLINICS & WHOLESALE WHOLESALE PATIENTS SUPPORT TO US CLINICS & WHOLESALE PATIENTS SUPPORT TO US CLINICS & WHOLESALE WHOLESA	TROY, OH 45373	31-1596731	501(C)(3)	0.	366,509.	PURCHASED	EQUIPMENT	PATIENTS
441 EAST 8TH STREET LIMA, OH 45804 56-2330309 501(C)(3) 0. 59,838. PURCHASED EQUIPMENT PATIENTS ESTIMATED WHOLESALE WHOLESALE HEALTH PROMED FOUNDATION, INC. AVE. BORINQUEN #2020 SANTURCE, PR 00915 HEALTH PROMOTION DISEASE PREVENTION (HPDP) FORT PECK TRIBES - 417 13TH AVE EAST - POPLAR, MT 59255 81-0292623 HEALTH ROMED FOUNDATION 81-0292623 PRICE, SUPPLIES, LOW-INCOME, UNINSURED D. 59,838. PURCHASED WHOLESALE WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED EQUIPMENT PATIENTS BESTIMATED WHOLESALE WHOLESALE BESTIMATED WHOLESALE WHOLESALE WHOLESALE WHOLESALE BESTIMATED WHOLESALE WHOLESALE WHOLESALE BESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE W					•	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LIMA, OH 45804 56-2330309 501(C)(3) 0. 59,838.PURCHASED EQUIPMENT PATIENTS HEALTH PARTNERSHIP CLINIC 405 S. CLAIREBORNE ROAD OLATHE, KS 66062 48-1115529 501(C)(3) 0. 12,602.PURCHASED PRICE, WHOLESALE HEALTH PROMED FOUNDATION, INC. AVE. BORINQUEN #2020 SANTURCE, PR 00915 66-0437924 501(C)(3) 0. 18,536.PURCHASED EQUIPMENT PATIENTS HEALTH PROMOTION DISEASE PREVENTION (HPDP) FORT PECK TRIBES - 417 13TH AVE EAST - POPLAR, MT 59255 81-0292623 0. 73,314.PURCHASED EQUIPMENT PATIENTS PATIENTS PATIENTS AUDICAL HEALTH CENTERS FOR HEALTH CENTERS FOR HEALTH CENTERS FOR HEALTH PROMOTION DISEASE PREVENTION (HPDP) FORT PECK TRIBES - 417 13TH AVE EAST - POPLAR, MT SUPPORT TO US CLINICS & WHOLESALE	HEALTH PARTNERS OF WESTERN OHIO					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
HEALTH PARTNERSHIP CLINIC 405 S. CLAIREBORNE ROAD CLATHE, KS 66062 48-1115529 501(C)(3) 0. 12,602. PURCHASED ESTIMATED WHOLESALE WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED SUPPORT TO US CLINICS & WHOLESALE WHOLESALE WHOLESALE MEDICAL HEALTH CENTERS FOR SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR WHOLESALE MEDICAL HEALTH CENTERS FOR AVE. BORINQUEN #2020 SANTURCE, PR 00915 66-0437924 501(C)(3) 0. 18,536. PURCHASED ESTIMATED PHARMACEUTICALS WHOLESALE WHOLESALE WHOLESALE WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE WHOLESALE WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS WHOLESALE WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS WHOLESALE WHOLESALE WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS WHOLESALE WHOLESALE WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED	441 EAST 8TH STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
HEALTH PARTNERSHIP CLINIC 405 S. CLAIREBORNE ROAD OLATHE, KS 66062 48-1115529 501(C)(3) 0. 12,602. PURCHASED EQUIPMENT BESTIMATED WHOLESALE WHOLES	LIMA, OH 45804	56-2330309	501(C)(3)	0.	59,838.	PURCHASED	EQUIPMENT	PATIENTS
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HEALTH PROMED FOUNDATION, INC. AVE. BORINQUEN #2020 SANTURCE, PR 00915 66-0437924 501(C)(3) 0. 18,536. PURCHASED EQUIPMENT PATIENTS HEALTH PROMOTION DISEASE PREVENTION (HPDP) FORT PECK TRIBES - 417 13TH AVE EAST - POPLAR, MT 59255 81-0292623 0. 73,314. PURCHASED ESTIMATED PHARMACEUTICALS WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & PRICE, SUPPLIES, LOW-INCOME, UNINSURED PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE HEALTH REACH COMMUNITY CLINIC WHOLESALE WHOLESALE MEDICAL HEALTH CENTERS FOR PATIENTS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR WHOLESALE MEDICAL HEALTH CENTERS FOR LOW-INCOME, UNINSURED	OLATHE, KS 66062	48-1115529	501(C)(3)	0.	12,602.	PURCHASED	EQUIPMENT	PATIENTS
AVE. BORINQUEN #2020 SANTURCE, PR 00915 66-0437924 501(C)(3) 0. 18,536. PURCHASED EQUIPMENT PATIENTS HEALTH PROMOTION DISEASE PREVENTION (HPDP) FORT PECK TRIBES - 417 13TH AVE EAST - POPLAR, MT 59255 81-0292623 0. 73,314. PURCHASED PRICE, SUPPLIES, LOW-INCOME, UNINSURED PATIENTS LOW-INCOME, UNINSURED PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH REACH COMMUNITY CLINIC WHOLESALE WHOLESALE WHOLESALE WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, SUPPLIES, LOW-INCOME, UNINSURED	•				,	ESTIMATED		SUPPORT TO US CLINICS &
AVE. BORINQUEN #2020 SANTURCE, PR 00915 66-0437924 501(C)(3) 0. 18,536. PURCHASED EQUIPMENT PATIENTS HEALTH PROMOTION DISEASE PREVENTION (HPDP) FORT PECK TRIBES - 417 13TH AVE EAST - POPLAR, MT 59255 81-0292623 0. 73,314. PURCHASED PRICE, SUPPLIES, LOW-INCOME, UNINSURED PATIENTS LOW-INCOME, UNINSURED PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, WHOLESALE HEALTH REACH COMMUNITY CLINIC WHOLESALE WHOLESALE WHOLESALE WHOLESALE MEDICAL HEALTH CENTERS FOR WHOLESALE WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, SUPPLIES, LOW-INCOME, UNINSURED LOW-INCOME, UNINSURED	HEALTH PROMED FOUNDATION, INC.					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
SANTURCE, PR 00915 66-0437924 501(C)(3) 0. 18,536. PURCHASED EQUIPMENT PATIENTS HEALTH PROMOTION DISEASE PREVENTION (HPDP) FORT PECK TRIBES - 417 13TH AVE EAST - POPLAR, MT 59255 81-0292623 0. 73,314. PURCHASED EQUIPMENT PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & PRICE, SUPPLIES, LOW-INCOME, UNINSURED FATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & PRICE, SUPPLIES, LOW-INCOME, UNINSURED HEALTH REACH COMMUNITY CLINIC 400 EAST STATESVILLE AVENUE PRICE, SUPPLIES, LOW-INCOME, UNINSURED	AVE. BORINQUEN #2020					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
HEALTH PROMOTION DISEASE PREVENTION (HPDP) FORT PECK TRIBES - 417 13TH AVE EAST - POPLAR, MT 59255 81-0292623 0. 73,314. PURCHASED ESTIMATED PHARMACEUTICALS WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED EQUIPMENT PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR WHOLESALE HEALTH REACH COMMUNITY CLINIC WHOLESALE AUDICAL WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED	SANTURCE PR 00915	66-0437924	501(C)(3)	0.	18,536.	PURCHASED	EQUIPMENT	'
PRICE, SUPPLIES, LOW-INCOME, UNINSURED 59255 81-0292623 0. 73,314. PURCHASED EQUIPMENT PATIENTS ESTIMATED PHARMACEUTICALS WHOLESALE WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED				-	, -		PHARMACEUTICALS	SUPPORT TO US CLINICS &
PRICE, SUPPLIES, LOW-INCOME, UNINSURED 59255 81-0292623 0. 73,314. PURCHASED EQUIPMENT PATIENTS ESTIMATED PHARMACEUTICALS WHOLESALE WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED								
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HEALTH REACH COMMUNITY CLINIC 400 EAST STATESVILLE AVENUE WHOLESALE , MEDICAL HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	
400 EAST STATESVILLE AVENUE PRICE, SUPPLIES, LOW-INCOME, UNINSURED	HEALTH REACH COMMUNITY CLINIC							
							'	
	MOORESVILLE, NC 28115	20-1020941	501(C)(3)	0.	295.746.	'	EQUIPMENT	PATIENTS

Schedule I (Form 990)

HEALTH SERVICE ALLIANCE 13-4257391 501(c)(3)	Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	1
HEALTH SERVICE ALLIANCE 13-4257391 501(c)(3)	` '	(b) EIN	` '		noncash	valuation (book, FMV,		
13193 CENTRAL AVENUE						ESTIMATED		SUPPORT TO US CLINICS &
CHINO, CA 91710 13-4257391 501(C)(3) 0 10,159, PURCHASED FRANKACEUTICALS SUPFORT TO US CLINICS HEALTH SERVICES INC. HEALTH SERVICES INC. 1845 CHERRY STREET MONTGOMERY, AL 36107 63-0568762 501(C)(3) 0 0 888,087, PURCHASED COUNTED. HEALTH SERVICES OF NORTH TEXAS HEALTH WEST - LAVA CLINIC HEALTH WEST - LAVA CLINIC HEALTH SERVICES OF NORTH TEXAS HEALTH SERVICES OF NORTH TEXAS	HEALTH SERVICE ALLIANCE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
BSTIMATED HARMACEUTICALS SUPPORT TO US CLINICS	13193 CENTRAL AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
HEALTH SERVICES INC.	CHINO, CA 91710	13-4257391	501(C)(3)	0.	10,159.	PURCHASED	SUPPLIES	PATIENTS
1845 CHERRY STREET MONTCOMERY, AL 36107 63-0568762 501(C)(3) 0. 888,087, PURCHASED ESTIMATED MONTCOMERY, AL 36107 63-0568762 501(C)(3) 0. 888,087, PURCHASED ESTIMATED MHOLESALE MHOLESALE MHOLESALE MHOLESALE MHOLESALE MHOLESALE MHOLESALE STIPES TATIBURS 104-IN-COME, UNINSURED MEDITOR, TX 76207 75-2252866 501(C)(3) 0. 120,274, PURCHASED STIPES MHOLESALE						ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MONTGOMERY, AL 36107 63-0568762 501(C)(3) 0. 888,087, PURCHASED EQUIPMENT PATIENTS	HEALTH SERVICES INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
BSTIMATED	1845 CHERRY STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
HEALTH SERVICES OF NORTH TEXAS 401 N. INTERSTATE 35E, SUITE 312 DENTON, TX 76207 75-2252866 501(C)(3) 0. 120,274. PURCHASED ESTIMATED WHOLESALE HEALTH WEST - LAVA CLINIC HEALTH WEST - LAVA CLINIC HEALTH WEST - LAVA CLINIC LAVA HOT SPRINGS, ID 83246 LAVA HOT SPRINGS, ID 84246 LAVA HOT SPRING	MONTGOMERY, AL 36107	63-0568762	501(C)(3)	0.	888,087.	PURCHASED	EQUIPMENT	PATIENTS
## 401 N. INTERSTATE 35E, SUITE 312 75-2252866 501(C)(3) 0. 120,274. PURCHASED SUPPLIES, PATIENTS SUPPLI						ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
DENTON, TX 76207 75-2252866 501(c)(3) 0. 120,274. FURCHASED SUPPLIES, PATIENTS	HEALTH SERVICES OF NORTH TEXAS					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
RESTIMATED HEALTH WEST - LAVA CLINIC HEALTH CENTERS FOR	4401 N. INTERSTATE 35E, SUITE 312					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
HEALTH WEST - LAVA CLINIC 85 SOUTH 5TH WEST LAVA HOT SPRINGS, ID 83246 82-0324100 501(C)(3) 0. 83,813. PURCHASED SUPPLIES PATIENTS BESTIMATED WHOLESALE PHARMACEUTICALS SUPPLIES PATIENTS SUPPORT TO US CLINICS FLORIDA COLLIER HEALTH SERVICES - 1454 MADISON AVENUE - IMMOKALEE, FL 34142 59-1741277 501(C)(3) 0. 574,120. PURCHASED SUPPLIES PATIENTS BESTIMATED WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR LOW-INCOME, UNINSURED FOR AUTOMOTE SUPPLIES PATIENTS BESTIMATED WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR LOW-INCOME, UNINSURED PHARMACEUTICALS WHOLESALE PHARMACEUTICALS WHOLESALE PHARMACEUTICALS SUPPLIES PATIENTS BESTIMATED WHOLESALE PHARMACEUTICALS SUPPLIES, LOW-INCOME, UNINSURED PRICE, SUPPLIES, LOW-INCOME, UNINSURED SUPPORT TO US CLINICS WHOLESALE PHARMACEUTICALS WHOLESALE PHARMACEUTICALS PHARMACEU	DENTON, TX 76207	75-2252866	501(C)(3)	0.	120,274.	PURCHASED	SUPPLIES,	PATIENTS
S SOUTH 5TH WEST						ESTIMATED		SUPPORT TO US CLINICS &
LAVA HOT SPRINGS, ID 83246 82-0324100 501(C)(3) 0. 83,813. PURCHASED SUPPLIES PATIENTS HEALTHCARE NETWORK OF SOUTHWEST FLORIDA COLLIER HEALTH SERVICES - 1454 MADISON AVENUE - IMMOKALEE, FL 34142 59-1741277 501(C)(3) 0. 574,120. PURCHASED SUPPLIES PATIENTS HEALTHLINK DENTAL CENTER, INC 1775 STREET ROAD SUPPLIES PATIENTS SOUTHAMPTON, PA 18966 23-2998708 501(C)(3) 0. 8,902. PURCHASED EQUIPMENT PATIENTS HEALTHLINE OF ROCK COUNTY, INC. 113 S FRANKLIN STREET HARD HEALTH CENTERS FOR PRICE, MEDICAL HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED HEALTHCENTERS FOR PRICE, MEDICAL HEALTH CENTERS FOR PRICE, MEDICAL HEALTH CENTERS FOR PRICE, MEDICAL HEALTH CENTERS FOR HEALTHCENTERS FOR PRICE, MEDICAL HEALTH CENTERS FOR HEALTHCENTERS FOR PRICE, MEDICAL HEALTH CENTERS FOR HEALTHCENTERS FOR PRICE, MEDICAL LOW-INCOME, UNINSURED SUPPORT TO US CLINICS HEALTHCENTERS FOR PRICE, MEDICAL LOW-INCOME, UNINSURED HEALTHCENTERS FOR PRICE, MEDICAL LOW-INCOME, UNINSURED SUPPORT TO US CLINICS HEALTHCENTERS FOR PRICE, MEDICAL LOW-INCOME, UNINSURED SUPPLIES PATIENTS HEALTHNET, INC. 3403 E. RAYMOND ST. INDIANAPOLIS, IN 46203 35-1579827 501(C)(3) 270,000. 0. 0. USE OF TO US CLINICS SUPPORT TO US CLINICS	HEALTH WEST - LAVA CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
LAVA HOT SPRINGS, ID 83246 82-0324100 501(C)(3) 0. 83,813. PURCHASED SUPPLIES PATIENTS HEALTHCARE NETWORK OF SOUTHWEST FLORIDA COLLIER HEALTH SERVICES - 1454 MADISON AVENUE - IMMOKALEE, FL 34142 59-1741277 501(C)(3) 0. 574,120. PURCHASED SUPPLIES PATIENTS HEALTHLINK DENTAL CENTER, INC 1775 STREET ROAD SOUTHAMPTON, PA 18966 23-2998708 501(C)(3) 0. 8,902. PURCHASED SUPPLIES, LOW-INCOME, UNINSURED HEALTHLINE OF ROCK COUNTY, INC. 113 S FRANKLIN STREET HARD SUPPORT TO US CLINICS HEALTHLE OF ROCK COUNTY, INC. 114 S FRANKLIN STREET HARD SUPPORT TO US CLINICS HEALTHNET, INC. 3403 E, RAYMOND ST. INDIANAPOLIS, IN 46203 35-1579827 501(C)(3) 270,000. 0. 0. SUPPLIES PATIENTS SUPPORT TO US CLINICS HEALTHNET, INC. 3403 E, RAYMOND ST. INDIANAPOLIS, IN 46203 35-1579827 501(C)(3) 270,000. 0. SUPPLIES SUPPLIES PATIENTS SUPPORT TO US CLINICS HEALTHNET, INC. 3403 E, RAYMOND ST. INDIANAPOLIS, IN 46203 35-1579827 501(C)(3) 270,000. 0. SUPPORT TO US CLINICS SUPPORT TO US CLINICS HEALTHNET, INC. 3403 E, RAYMOND ST. INDIANAPOLIS, IN 46203 35-1579827 501(C)(3) 270,000. 0. SUPPORT TO US CLINICS SUPPORT TO US CLINICS HEALTHNET, INC. 3403 E, RAYMOND ST. INDIANAPOLIS, IN 46203 35-1579827 501(C)(3) 270,000. 0. SUPPORT TO US CLINICS	85 SOUTH 5TH WEST					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA COLLIER HEALTH SERVICES - 1454 MADISON AVENUE - IMMOKALEE, FL 34142	LAVA HOT SPRINGS, ID 83246	82-0324100	501(C)(3)	0.	83,813.	PURCHASED	SUPPLIES	•
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FL 34142 59-1741277 501(C)(3) 0. 574,120. PURCHASED SUPPLIES PATIENTS HEALTHLINK DENTAL CENTER, INC 1775 STREET ROAD SOUTHAMPTON, PA 18966 23-2998708 501(C)(3) 0. 8,902. PURCHASED EQUIPMENT PATIENTS HEALTHLINET OF ROCK COUNTY, INC. 113 S FRANKLIN STREET JANESVILLE, WI 53548 39-1778804 501(C)(3) 0. 118,756. PURCHASED SUPPLIES PATIENTS HEALTHNET, INC. 3403 E. RAYMOND ST. 110 INDIANAPOLIS, IN 46203 35-1579827 501(C)(3) 270,000. 0. 574,120. PURCHASED SUPPLIES SUPPORT TO US CLINICS HEALTH CENTERS FOR PRICE, MEDICAL LOW-INCOME, UNINSURED SUPPLIES PATIENTS HEALTHNET, INC. 3403 E. RAYMOND ST. 110 INDIANAPOLIS, IN 46203 35-1579827 501(C)(3) 270,000. 0. 50. 50. 50. 50. 50. 50. 50. 50.	FLORIDA COLLIER HEALTH SERVICES -					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
FL 34142 59-1741277 501(C)(3) 0. 574,120. PURCHASED SUPPLIES PATIENTS HEALTHLINK DENTAL CENTER, INC 1775 STREET ROAD SOUTHAMPTON, PA 18966 23-2998708 501(C)(3) 0. 8,902. PURCHASED EQUIPMENT PATIENTS HEALTHLINET OF ROCK COUNTY, INC. 113 S FRANKLIN STREET JANESVILLE, WI 53548 39-1778804 501(C)(3) 0. 118,756. PURCHASED SUPPLIES PATIENTS HEALTHNET, INC. 3403 E. RAYMOND ST. 110 INDIANAPOLIS, IN 46203 35-1579827 501(C)(3) 270,000. 0. 574,120. PURCHASED SUPPLIES PATIENTS SUPPRIT TO US CLINICS PHARMACEUTICALS HEALTH CENTERS FOR PRICE, MEDICAL LOW-INCOME, UNINSURED SUPPLIES PATIENTS HEALTHNET, INC. 3403 E. RAYMOND ST. 110 INDIANAPOLIS, IN 46203 35-1579827 501(C)(3) 270,000. 0. 50. 50. 50. 50. 50. 50. 50. 50.	1454 MADISON AVENUE - IMMOKALEE,					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
HEALTHLINK DENTAL CENTER, INC 1775 STREET ROAD SOUTHAMPTON, PA 18966 23-2998708 501(C)(3) 0. 8,902. PURCHASED ESTIMATED WHOLESALE PHARMACEUTICALS WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR SUPPORT TO US CLINICS HEALTHNET OF ROCK COUNTY, INC. 113 S FRANKLIN STREET JANESVILLE, WI 53548 39-1778804 501(C)(3) 0. 118,756. PURCHASED HEALTHNET, INC. 3403 E. RAYMOND ST. INDIANAPOLIS, IN 46203 35-1579827 501(C)(3) 270,000. 0. SUPPORT TO US CLINICS HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS HELPING BUILD HEALTHY COMM AWARDS - BD SUPPORT TO US CLINICS	FL 34142	59-1741277	501(C)(3)	0.	574,120.	PURCHASED	SUPPLIES	•
1775 STREET ROAD SOUTHAMPTON, PA 18966 23-2998708 501(C)(3) 0. 8,902. PURCHASED EQUIPMENT PATIENTS SUPPORT TO US CLINICS HEALTHNET OF ROCK COUNTY, INC. 113 S FRANKLIN STREET JANESVILLE, WI 53548 39-1778804 501(C)(3) 0. 118,756. PURCHASED HEALTHNET, INC. 3403 E. RAYMOND ST. INDIANAPOLIS, IN 46203 35-1579827 501(C)(3) 270,000. 0. SUPPLIES, LOW-INCOME, UNINSURED SUPPORT TO US CLINICS HELPING BUILD HEALTHY COMM AWARDS - BD SUPPORT TO US CLINICS					,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
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3403 E. RAYMOND ST. INDIANAPOLIS, IN 46203 35-1579827 501(C)(3) 270,000. 0. HELPING BUILD HEALTHY COMM AWARDS - BD SUPPORT TO US CLINICS	HEALTHNET INC.							
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IDMANDER/ONLY TO THE TOTAL STREET THE TOTAL STREET THE TOTAL STREET TOTALS THEATERS FOR	HEALTHPOINT					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
955 POWELL AVE SW WHOLESALE , MEDICAL LOW-INCOME, UNINSURED								
RENTON, WA 98057 91-0884412 501(C)(3) 0. 12,467. PRICE SUPPLIES PATIENTS		91_0884412	501 (C) (3)	_	12 /67		'	'

Schedule I (Form 990)

(g) Name and saddress of organization or operations of gapticable of gapticable of gapticable of cash grant of cas	Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
REALTHQUEST OF UNION COUNTY 415 EAST FRANKIN STREET	• •	(b) EIN			noncash	valuation (book, FMV,		
ALTERNAL STREET						ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NORNOE, NC 28112 56-217595 501(c)(3) 0. 29,134, PURCHASED SQUIPMENT ARTENYS	HEALTHQUEST OF UNION COUNTY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
HEALTHROCKS STIMATED HARMAGEUTICALS SUPPORT TO US CLINICS & HEALTH CORNERS FOR NORTH VIRGINIA CRETENS, WE 2007 STIMATED HEALTHROCKS STIMATED STIMATED SUPPLIES, LOW-INCOME, UNINSURED STREET SAME PRANCESCOT, A 9403 94-6129071 501(C)(3) 0. 68,745. PURCHASED SUPPLIES	415 EAST FRANKLIN STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
HEALTHREACH COMMUNITY HEALTH CENTERS FOR CENTERS - 10 WATER ST SUITE 305 - CENTERS ST SUITE 305 - CENTE	MONROE, NC 28112	56-2117596	501(C)(3)	0.	29,134.	PURCHASED	EQUIPMENT	PATIENTS
CENTERS - 10 WATER ST SUITE 305 -						ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
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REALTHRIGHT 360/HAIGHT ASHBURY FREE CLINIC MISSION STREET - AM ADDRESS AND STREET - AM FRANCISCO, CA 94103 94-6129071 501(c)(3) 0. 68,745, FURCHASED FRICE, MEDICAL COM-INCOME, UNINSURED SUPPLIES FAIRNTS SUPPLIES FOR FAIRNTS SUPPLIES FOR FAIRNTS FAIRNTS FOR FAIRNTS FAIRNTS FOR FAIRNTS FOR FAIRNTS FOR FAIRNTS FAIRNTS FOR FAIRNTS FAIRNTS FOR FAIRNTS FAIRNTS FOR FAIRNTS FAIRN	CENTERS - 10 WATER ST SUITE 305 -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
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CHEYENNE, WY 82007	HEALTHWORKS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
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HEALTHWORKS FOR NORTH VIRGINIA LESBURG, VA 20176 20-2379419 501(C)(3) 0. 49,739, PURCHASED SUPPLIES PARMACEUTICALS SUPPLIES PATIENTS HEALTHY MOTHERS HEALTHY BABIES COAL - 245 N KURUI STREET, SUITE 102A - HONOLULU, HI 96817 99-0299264 501(C)(3) 250,000. ESTIMATED WHOLESALE PIND FOR HEALTH EQUITY FUND FOR HEALTH EQUITY PATIENTS ESTIMATED WHOLESALE WHOLESALE WHOLESALE PRICE, SUPPLIES SUPPORT TO US CLINICS & HEALTH CENTERS FOR COALITION OF HAWAII - 245 N KUKUI PRICE, SUPPLIES SUPPORT TO US CLINICS & HEART AND SOUL CLINIC 17338 WESTFIELD PARK ROAD, SUITE # WESTFIELD, IN 46074 80-0390182 501(C)(3) 0. 6,527. PRICE PHARMACEUTICALS WHOLESALE WHOLESALE WHOLESALE WHOLESALE WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED WHOLESALE WHOLES	CHEYENNE, WY 82007	87-0718984	501(C)(3)	0.	176,771.	PURCHASED	EQUIPMENT	PATIENTS
163 FORT EVANS ROAD LEESBURG, VA 20176 20-2379419 501(C)(3) 0. 49,739. PURCHASED SUPPLIES PATIENTS HEALTHY MOTHERS HEALTHY BABIES COAL - 245 N KUKUI STREET, SUITE 102A - HONOLULU, HI 96817 99-0299264 501(C)(3) 250,000. ESTIMATED HEALTHY MOTHERS HEALTHY BABIES COALITION OF HAWAII - 245 N KUKUI STREET, SUITE 102A - HONOLULU, HI 96817 99-0299264 501(C)(3) 0. 60,172. PURCHASED HEALTH CENTERS FOR LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & HEART AND SOUL CLINIC 17338 WESTFIELD PARK ROAD, SUITE # WESTFIELD, IN 46074 80-0390182 501(C)(3) 0. 6,527. PRICE HEART OF KANSAS FAMILY HEALTHCARE HEART OF KANSAS FAMILY HEALTHCARE INC - 1905 19TH STREET - GREAT LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & HEART OF KANSAS FAMILY HEALTHCARE INC - 1905 19TH STREET - GREAT						ESTIMATED		SUPPORT TO US CLINICS &
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WESTFIELD, IN 46074 80-0390182 501(C)(3) 0. 6,527. PRICE PHARMACEUTICALS PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEART OF KANSAS FAMILY HEALTHCARE INC - 1905 19TH STREET - GREAT WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED		L						
HEART OF KANSAS FAMILY HEALTHCARE INC - 1905 19TH STREET - GREAT HEART OF KANSAS FAMILY HEALTHCARE PRICE, SUPPLIES, LOW-INCOME, UNINSURED			501(C)(3)	0.	6.527.		PHARMACEUTICALS	'
HEART OF KANSAS FAMILY HEALTHCARE INC - 1905 19TH STREET - GREAT WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED			,		, , , , , , , , , , , , , , , , , , ,			
INC - 1905 19TH STREET - GREAT PRICE, SUPPLIES, LOW-INCOME, UNINSURED	HEART OF KANSAS FAMILY HEALTHCARE							
							1'	
	BEND, KS 67530	48-1165405	501(C)(3)	0.	8 050.	,	EQUIPMENT	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	<u> </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEART OF OHIO FAMILY HEALTH CENTER 5000 EAST MAIN STREET WHITEHALL, OH 43213	38-3765547	501(C)(3)	0.	5,131.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEARTLAND HEALTH CENTERS 3048 N WILTON AVE, 2ND FLOOR CHICAGO, IL 60657	36-3843377	501(C)(3)	50,000.	0.			INCREASING IMMUNITY AWARDS - CVS
HEARTLAND MEDICAL CLINIC, INC. 1312 W 6TH STREET LAWRENCE, KS 66044	48-1221800	501(C)(3)	0.	47,613.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HELPING HANDS CLINIC, INC. 810 HARPER AVE NW LENOIR, NC 28645	56-2076541	501(C)(3)	0.	29,283.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HELPING HANDS HEALTH AND WELLNESS CENTER - 5100 KARL ROAD - COLUMBUS, OH 43229	20-5937457	501(C)(3)	0.	8,594.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HELPING HANDS OF TENNESSEE 1408 NORTH HIGHLAND AVENUE JACKSON, TN 38301	81-1043752	501(C)(3)	50,000.	0.			GENERAL U.S. EMERGENCY PREP & RESPONSE
HENDERSON BEHAVIORAL HEALTH HILL PROGRAM - 4700 NORTH STATE ROAD 7 - LAUDERDALE LAKES, FL 33319	59-0711167	501(C)(3)	0.	40,173.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HERITAGE COMMUNITY CLINIC OHIO UNIVERSITY HERITAGE COLLEGE OF OSTEOPATHIC MEDICI - 1 OHIO UNIVERSITY - ATHENS, OH 45701	31-6402113	501(C)(3)	0.	13,052.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HERITAGE HEALTH PO BOX 1387 HAYDEN, ID 83835	94-3036820	501(C)(3)	50,000.	0.			COVID19-US

Schedule I (Form 990)

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					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HIGHLAND MEDICAL CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
120 JACKSON RIVER RD.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MONTEREY, VA 24465	54-1652356	501(C)(3)	0.	6,087.	PURCHASED	EQUIPMENT	PATIENTS
HIGHLANDS HEALTH LAUREL HIGHLANDS					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FREE & CHARITABLE CLINIC - 315					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
LOCUST STREET - JOHNSTOWN, PA					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
15901	23-2922409	501(C)(3)	0.	126,140.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
HILL COUNTRY HEALTH AND WELLNESS					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
CENTER - 29632 HWY 299 EAST -					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
ROUND MOUNTAIN, CA 96084	94-2831597	501(C)(3)	0.	6,247.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
HILL COUNTRY MISSION FOR HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
122 COMMERCE AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
BOERNE, TX 78006	48-1262832	501(C)(3)	0.	159,550.	PURCHASED	SUPPLIES	PATIENTS
				,	ESTIMATED		SUPPORT TO US CLINICS &
HINDS MOBILE MD					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
8485 EAST MCDONALD DRIVE #214					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SCOTTSDALE, AZ 85250	82-5152803	501(C)(3)	0.	7,997.	PURCHASED	SUPPLIES	PATIENTS
·				•	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HIS BRANCHES, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
340 ARNETT BLVD.					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
ROCHESTER, NY 14619	23-7060337	501(C)(3)	0.	33,226.	PURCHASED	EQUIPMENT	PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HISPANIC COMMUNITY SERVICES, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
211 VANDYNE STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
JONESBORO, AR 72401	68-0561016	501(C)(3)	0.	16,072.	PURCHASED	EQUIPMENT	PATIENTS
•				,			
HISPANIC COMMUNITY SERVICES, INC.	b						
211 VANDYNE ST.							
JONESBORO, AR 72401	68-0561016	501(C)(3)	162,839.	0.			FUND FOR HEALTH EQUITY
·			, , ,				
HISPANIC COMMUNITY SERVICES, INC.	Þ						
211 VANDYNE ST.							
JONESBORO, AR 72401	68-0561016	501(C)(3)	50,000.	0.			covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T ago
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HICDANIC PEDEDAMION INC							
HISPANIC FEDERATION, INC. 55 EXCHANGE PLACE							
	13-3573852	501/0\/3\	50,000.	0.			COVID19-US
NEW YORK, NY 10005	13-3373032	501(0/(5/	30,000.	0.			COVID19-03
HISPANIC HEALTH COALITION OF							
GEORGI - 11175 CICERO DRIVE, SUITE							
100 - ALPHARETTA, GA 30022	75-2995466	501(C)(3)	50,000.	0.			COVID19-US
TOO ADMINEDITA, GA 30022	73 2333400	501(0)(3)	30,000.	· ·			COVID19 0B
HISPANIC HEALTH COALITION OF							
GEORGI - 11175 CICERO DRIVE, SUITE							
100 - ALPHARETTA, GA 30022	75-2995466	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
100 11111111111111111111111111111111111	73 2333100	301(0)(3)	230,000.		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HIV ALLIANCE					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
1195A CITY VIEW STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
EUGENE, OR 97402	93-0963546	501(C)(3)	0.	89 081	PURCHASED	EQUIPMENT	PATIENTS
EUGENE, OR 37402	93-0903340	501(0/(3/	1	03,001.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HIV/AIDS ALLIANCE FOR REGION TWO					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
4550 NORTH BLVD SUITE 250						MEDICAL	
	72-1283359	E01/G\/3\	0.		PRICE,		LOW-INCOME, UNINSURED PATIENTS
BATON ROUGE, LA 70806	72-1203339	501(C)(3)	1	23,526.	PURCHASED	SUPPLIES, PHARMACEUTICALS	SUPPORT TO US CLINICS &
HOCAR DEL BILEM DACMOR					ECHIMANED		
HOGAR DEL BUEN PASTOR					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
250 AVENIDA DE LA CONSTITUCION PUE				11 104	WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
SAN JUAN, PR 00901	66-0488299		0.	11,124.	PRICE	EQUIPMENT	PATIENTS
HOGAD DEL DHEN DAGMOD ING							
HOGAR DEL BUEN PASTOR INC							ADDUTE DE MEDICALLY
250 AVENIDA DE LA CONSTITUCION	66 0400000	E01/G\/2\	400 000	^			ABBVIE PR MEDICALLY
SAN JUAN, PR 00901	66-0488299	501(C)(3)	400,000.	0.		DUI DIG GRUMT GL G	FRAGILE POPULATIONS
HOLLAND EDDE HEALTH STATE					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HOLLAND FREE HEALTH CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
99 WEST 26TH STREET	20 0050600	F01/G1/31			PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
HOLLAND, MI 49423	30-0072620	DOT(C)(3)	0.	· · · · · · · · · · · · · · · · · · ·	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HOMESTEAD COMMUNITY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
151 NW 11 ST.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
HOMESTEAD, FL 33030	84-2514662	501(C)(3)	0.	5,162.	PURCHASED	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Oth	ner Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	
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					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HOPE CARE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
414 S COLUMBIA ST					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WENATCHEE, WA 98801	84-3948838	501(C)(3)	0.	6,828.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HOPE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
518 HARRIET STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
YPSILANTI, MI 48197	38-2469007	501(C)(3)	0.	95,015.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HOPE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
203 NORTH STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BAYBORO, NC 28515	56-2114681	501(C)(3)	0.	158,479.	PURCHASED	EQUIPMENT	PATIENTS
HOPE CLINIC 7001 CORPORATE, SUITE 120 HOUSTON, TX 77036	31-1756818	501(C)(3)	50,000.	0.			SAFETY NET SUPPORT
,			,		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HOPE CLINIC AND CARE CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1814 APPLETON RD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MENASHA, WI 54952	47-3031346	501(C)(3)	0.	593,452.	PURCHASED	EQUIPMENT	PATIENTS
•				,			SUPPORT TO US CLINICS &
HOPE CLINIC FOR WOMEN					ESTIMATED		HEALTH CENTERS FOR
1602 21ST STREET					WHOLESALE		LOW-INCOME, UNINSURED
GRANITE CITY, IL 62040	37-1017984		0.	6,638.	PRICE	PHARMACEUTICALS	PATIENTS
·				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HOPE CLINIC OF MCKINNEY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
103 E. LAMAR STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MCKINNEY, TX 75069	81-3813928	501(C)(3)	0.	391,992.	PURCHASED	EQUIPMENT	PATIENTS
·				,	ESTIMATED		SUPPORT TO US CLINICS &
HOPE HEALTH CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1025 SANIBEL WAY, SUITE E					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
LAGRANGE, KY 40031	45-2340606	501(C)(3)	0.	204,457.	PURCHASED	SUPPLIES	PATIENTS
•				,	ESTIMATED		SUPPORT TO US CLINICS &
HOPE MEDICAL CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
150 BEACH DRIVE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
DESTIN, FL 32541	26-3811078	501(C)(3)	0.	202 688.	PURCHASED	SUPPLIES	PATIENTS

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					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HOPELIGHT MEDICAL CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1351 COLLYER STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LONGMONT, CO 80501	46-4657471	501(C)(3)	0.	45,691.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HORIZON HEALTH CARE, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
ADMINISTRATION - 109 NORTH MAIN					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
STREET - HOWARD, SD 57349	46-0341255	501(C)(3)	0.	1,275,571.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HORIZONS HEALTH COASTAL HORIZONS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CENTER, INC 613 SHIPYARD BLVD -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WILMINGTON, NC 28412	56-0950370	501(C)(3)	0.	37,766.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
HOSPITAL COMUNITARIO BUEN					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
SAMARITANO, - CARR. EST. PR-460,					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
KM. 0.2 - AGUADILLA, PR 00603	66-0571457		0.	89,218.	PURCHASED	SUPPLIES	PATIENTS
·				•	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HOSPITAL GENERAL DE CASTAER, INC.					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
CARRETERA 135, KM. 4.5					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
CASTANER, PR 00631	66-0352014	501(C)(3)	0.	370,051.	PURCHASED	SUPPLIES,	PATIENTS
HOSPITAL GENERAL DE CASTANER							
PO BOX 1003							ABBVIE PR MEDICALLY
CASTANER, PR 00631-1003	66-0352014	501(C)(3)	245,000.	0.			FRAGILE POPULATIONS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HOT SPRINGS HEALTH PROGRAM					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
590 MEDICAL PARK DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MARSHALL, NC 28753	56-0986537	501(C)(3)	0.	5,376.	PURCHASED	EQUIPMENT	PATIENTS
HPM FOUNDATION HEALTHPRO MED							
2020 AVE. BORINQUEN							ABBVIE PR INFRASTRUCTURE,
SAN JUAN, PR 00915	66-0437924	501(C)(3)	1,520,000.	0.			EQUIPMENT
2.m. 30m, 11. 00313	00 043/324	301(0)(3)	1,320,000.	0.			DX0111111111
HUDSON RIVER HEALTHCARE, INC.							
1037 MAIN STREET				_			
PEEKSKILL, NY 10566-2913	13-2828349	501(C)(3)	50,000.	0.			COVID19-US

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	<u> </u>
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					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HUMBOLDT AREA CENTER FOR HARM					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
REDUCTION - 5000 VALLEY WEST BLVD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
- ARCATA, CA 95521	47-2822261	501(C)(3)	0.	49,317.	PURCHASED	EQUIPMENT	PATIENTS
HURTT FAMILY HEALTH CLINIC 1 HOPE DRIVE							
TUSTIN, CA 92782	33-0906866	501(C)(3)	50,000.	0.			COVID19-US
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HYDE COUNTY HEALTH DEPARTMENT					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1151 MAIN STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SWAN QUARTER, NC 27885	56-6000308	501(C)(3)	0.	15,465.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
HYNDMAN AREA HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
104 RAILROAD STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
BEDFORD, PA 15522	25-1343824	501(C)(3)	0.	97,372.	PURCHASED	SUPPLIES	PATIENTS
ICNA RELIEF USA							
1092 JOHNNIE DODDS BLVD							
MT PLEASANT, SC 29464	04-3810161	501(C)(3)	50,000.	0.			HURRICANE FLORENCE
ICNA RELIEF USA PROGRAMS INC DBA					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SHIFA FREE CLINIC - 1092 JOHNNIE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
DODDS BLVD, SUITE 108 - MOUNT					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PLEASANT, SC 29464	04-3810161	501(C)(3)	0.	289,274.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
INCLUSIVCARE					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
4028 US HWY 90					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
AVONDALE, LA 70094	56-2439708	501(C)(3)	0.	241,794.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
INDIAN HEALTH BOARD OF					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
MINNEAPOLIS, INC 1315 E. 24TH					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
STREET - MINNEAPOLIS, MN 55404	41-0977740	501(C)(3)	0.	16,769.	PRICE	EQUIPMENT	PATIENTS
INDIANA UNIV CTR FOR GLOBAL				, ,			
HEALTH-AMPAT (AMPATH) - IU CENTER							
FOR GLOBAL HEALTH, 702 RO -							
INDIANAPOLIS, IN 46202	35-6018940	STATE OF INDIANA	50,000.	0.			COVID19-GLOBAL (INCL US)
	1		,		1	1	

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Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
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INDIGENOUS DEODUDS MASK BODGE							
INDIGENOUS PEOPLES TASK FORCE							
1335 E 23RD STREET	26 2617006	E01/G)/2)	200 000	0.			BUND FOR HEALTH BOILTNA
MINNEAPOLIS, MN 55404	36-3617906	501(C)(3)	200,000.	0.	ESTIMATED		FUND FOR HEALTH EQUITY SUPPORT TO US CLINICS &
INHEALTH COMMUNITYFREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
109 1/2 E BLUFF ST	33-1170597	E01/G)/2)	0.	7 200	PRICE,	, MEDICAL SUPPLIES	LOW-INCOME, UNINSURED PATIENTS
BOSCOBEL, WI 53805	33-11/059/	D01(C)(3)	0.	7,380.	PURCHASED ESTIMATED	PHARMACEUTICALS	
THE AND DEVIATIONAL HEALTH GENERAL							SUPPORT TO US CLINICS &
INLAND BEHAVIORAL HEALTH SERVICES					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
INC 1963 NORTH E STREET - SAN	05 2046604	E01/G\/2\		04.050	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BERNARDINO, CA 92405	95-3246624	501(C)(3)	0.	24,258.	PURCHASED	EQUIPMENT	PATIENTS
INSTITUTE FOR FAMILY HEALTH 2006 MADISON AVENUE NEW YORK, NY 10035	13-3273402	501(C)(3)	238,962.	0.			ABBVIE HEALTH EQUITY
INSTITUTO NUEVA ESCUELA INC							
1101 ESQ. PONCE DE LEON PASEO DIEGO							ABBVIE PR MEDICALLY
SAN JUAN, PR 00925	66-0725105	501(C)(3)	167,300.	0.			FRAGILE POPULATIONS
,			,		ESTIMATED		SUPPORT TO US CLINICS &
INTERCAMBIOS PUERTO RICO, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
165 CALLE DIEGO ZALDUONDO (ALTOS)					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
FAJARDO, PR 00738	66-0731885	501(C)(3)	0.	17 385.	PURCHASED	SUPPLIES	PATIENTS
,				, -	ESTIMATED		SUPPORT TO US CLINICS &
INTERFAITH CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2305 CHAMPAGNOLLE RD.					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
EL DORADO, AR 71730	71-0236863	501(C)(3)	0.	111 568.	PURCHASED	SUPPLIES	PATIENTS
	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			,			SUPPORT TO US CLINICS &
IOWA HARM REDUCTION COALITIONS					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
1216 2ND AVENUE SE					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
CEDAR RAPIDS, IA 52403	82-1864287	501(C)(3)	0.	8,007.		SUPPLIES	PATIENTS
	02 1004207		, · · ·	0,007.	ESTIMATED		SUPPORT TO US CLINICS &
IRONBOUND COMMUNITY HEALTH CENTER,					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
INC 788 MOUNT PROSPECT AVENUE,					PRICE,	. MEDICAL	LOW-INCOME, UNINSURED
FLOOR 2 - NEWARK, NJ 07104	85-0829120	501(C)(3)	0.	128 550	PURCHASED	SUPPLIES	PATIENTS
I LOOK Z NEWARK, NO 0/104	03 0023120	D = (C/(J/	<u> </u>	120,330.	r orchwohd	Болгина	F 111 T 111 I O

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED		SUPPORT TO US CLINICS &
ISLANDS COMMUNITY MEDICAL SERVICES					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
15 MEDICAL CENTER LOOP					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
VINALHAVEN, ME 04863	01-6012835	501(C)(3)	0.	18,253.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ITHACA HEALTH ALLIANCE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
521 WEST SENECA STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ITHACA, NY 14850	90-0192978	501(C)(3)	0.	69,009.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
J.C. LEWIS HEALTH CARE CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
5 MALL ANNEX					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SAVANNAH, GA 31406	27-0380035	501(C)(3)	0.	121,384.	PURCHASED	EQUIPMENT	PATIENTS
JACKSON FREE CLINIC FOR THE					ESTIMATED		SUPPORT TO US CLINICS &
HOMELESS DBA JACKSON FREE CLINIC -					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
925 MARTIN LUTHER KING JR. DRIVE -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
JACKSON, MS 39203	64-0945749	501(C)(3)	0.	349,657.	PURCHASED	SUPPLIES	PATIENTS
				•	ESTIMATED		SUPPORT TO US CLINICS &
JEFFERSON COMPREHENSIVE HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CENTER, INC 405 MAIN STREET -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
FAYETTE, MS 39069	64-0667610	501(C)(3)	0.	1,313,676.	PURCHASED	SUPPLIES	PATIENTS
,				, ,	ESTIMATED		SUPPORT TO US CLINICS &
JESSIE TRICE COMMUNITY HEALTH					WHOLESALE		HEALTH CENTERS FOR
5607 N W 27TH AVE, SUITE 1					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
MIAMI, FL 33142	59-1235617	501(C)(3)	0.	7,287.	PURCHASED	SUPPLIES	PATIENTS
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
JOHNSON CITY COMMUNITY HEALTH					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
CENTER - 2151 CENTURY LANE -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
JOHNSON CITY, TN 37604	62-6021046	501(C)(3)	0.	58 484.	PURCHASED	EQUIPMENT	PATIENTS
,				, -	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
JTP PROFESSIONAL SERVICE					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
CORPORATION - 7101 YORK AVENUE S -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
EDINA, MN 55435	85-0868142	501(C)(3)	0.	139 566.	PURCHASED	EQUIPMENT	PATIENTS
				,	ESTIMATED	~	SUPPORT TO US CLINICS &
JUNIPER HEALTH, INC. BREATHITT					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
COUNTY FAMILY HEALTH CENTER - 1484					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
LAKESIDE DRIVE - JACKSON, KY 41339	04-3779582	501(C)(3)	0.	5 162	PURCHASED	SUPPLIES	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED		SUPPORT TO US CLINICS &
JWCH INSTITUTE, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
5650 JILLSON STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
COMMERCE, CA 90040	95-2289916	501(C)(3)	0.	36,290.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
KANSAS CITY CARE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
3515 BROADWAY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
KANSAS CITY, MO 64111	43-0967292	501(C)(3)	0.	238,251.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
KATAHDIN VALLEY HEALTH CENTER					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
30 HOULTON STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PATTEN, ME 04765	23-7411014	501(C)(3)	0.	6,105.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
KATHLEEN LUTON LAURA MARTINEZ					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
12320 PARKLAWN DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ROCKVILLE, MD 20852	23-7022588	501(C)(3)	0.	27,503.	PURCHASED	SUPPLIES	PATIENTS
				•	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
KATY TRAIL COMMUNITY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
SEDALIA - 821 WESTWOOD DRIVE -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SEDALIA, MO 65301	43-1879853	501(C)(3)	0.	25,426.	PURCHASED	EQUIPMENT	PATIENTS
,				,			SUPPORT TO US CLINICS &
KEE CHA E NAR					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
230 KLAMATH BLVD., SUITE A					WHOLESALE	_ MEDICAL	LOW-INCOME, UNINSURED
KLAMATH, CA 95548	47-4098140	501(C)(3)	0.	5,658.	PRICE	SUPPLIES	PATIENTS
,				,			
KEE CHAR E NAR							
230 KLAMATH BLVD.							L
KLAMATH, CA 95548	47-4098140	501(C)(3)	76,000.	0.			FUND FOR HEALTH EQUITY
							SUPPORT TO US CLINICS &
KEYSTONE DIABETIC KIDS CAMP CAMP					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
VICTORY - 58 CAMP VICTORY ROAD -					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
MILLVILLE, PA 17846	23-2481065	501(C)(3)	0.	7,445.		EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
KINSTON COMMUNITY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
324 N. QUEEN STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
KINSTON, NC 28501	56-1833275	501(C)(3)	0.	269,201.	PURCHASED	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
KINTEGRA FAMILY MEDICINE - HUDSON					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
991 W. HUDSON BLVD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
GASTONIA, NC 28052	58-1958398	501(C)(3)	0.	1,152,298.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
KNOX COUNTY HEALTH CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
22 WHITE STREET SUITE 201					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ROCKLAND, ME 04841	01-0528885	501(C)(3)	0.	134,942.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
KNOX COUNTY HEALTH DEPARTMENT					ESTIMATED		HEALTH CENTERS FOR
140 DAMERON AVE					WHOLESALE		LOW-INCOME, UNINSURED
KNOXVILLE, TN 37931	62-6007979	501(C)(3)	0.	117,567.	PRICE	PHARMACEUTICALS	PATIENTS
KOKUA KALIHI VALLEY COMPR. FAMILY 2239 N. SCHOOL STREET HONOLULU, HI 96819	99-0149797	501(C)(3)	50,000.	0.			covid19-us
KOKUA KALIHI VALLEY COMPR. FAMILY 2239 N. SCHOOL STREET							
HONOLULU, HI 96819	99-0149797	501(C)(3)	200,000.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED		SUPPORT TO US CLINICS &
KOKUA KALIHI VALLEY COMPREHENSIVE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
FAMILY SERVICES - 2239 N. SCHOOL					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
STREET - HONOLULU, HI 96819	99-0149797	501(C)(3)	0.	5,910.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
KONA COMMUNITY HOSPITAL							HEALTH CENTERS FOR
67-1019 HAUKAPILA STREET					PURCHASED		LOW-INCOME, UNINSURED
KEALAKEKUA, HI 96750	99-0233964	501(C)(3)	0.	17,000.	PRICE	EQUIPMENT	PATIENTS
KOREAN COMMUNITY SERVICES DBA KCS					ESTIMATED		SUPPORT TO US CLINICS &
HEALTH CENTER - 7212 ORANGETHORPE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
AVE. SUITE 9A - BUENA PARK, CA					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
90621	95-3245254	501(C)(3)	0.	122,818.	PURCHASED	SUPPLIES	PATIENTS
KUALOA-HEEIA ECUMENICAL YOUTH PROJ 47-200 WAIHEE ROAD	00 0110000	501/g)/2\	F0 000				CONTRACTOR
KANEOHE, HI 96744	99-0118209	DOT(C)(3)	50,000.	0.			COVID19-US

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Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KUKULU KUMUHANA O ANAHOLA							
P. O. BOX 30891							
ANAHOLA, HI 96703	27-1707515	501(C)(3)	50,000.	0.			COVID19-US
immoni, ni 30703	27 2707323	301(0)(3)	30,000.	•••	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LA CLINICA CRISTIANA					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
380 WILSON LAKE SHORES					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MUSCLE SHOALS, AL 35661	20-1624284	501(C)(3)	0.	198 375	PURCHASED	EQUIPMENT	PATIENTS
MODELE BROADS, AD 33001	20 1024204	501(0)(5)	· · ·	150,575.	IORCHASED	EQUITMENT	LATIENTS
LA CLINICA DEL PUEBLO							
2831 15TH ST NW							
WASHINGTON, DC 20009	52-1942551	501(C)(3)	50,000.	0.			COVID19-US
MIDITION, DC 20003	32 1342331	501(0)(3)	30,000.	•	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LA COMUNIDAD HISPANA					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
731 W. CYPRESS STREET					PRICE.	SUPPLIES.	LOW-INCOME, UNINSURED
KENNETT SQUARE, PA 19348	23-2041915	501/0\/3\	0.	102 430	PURCHASED	EQUIPMENT	PATIENTS
TENNETT SQUARE, FA 19340	23-2041913	501(0)(3)	1	102,439.	FORCHASED	EQUIFMENT	FAILENIS
LA FAMILIA COUNSELING CENTER INC							
5523-34TH STREET							
	94-2270786	E01/G\/3\	225 000	0.			EIND EOD HEALMH FOILTMY
SACRAMENTO, CA 95820-4725	94-22/0/00	501(C)(3)	225,000.	0,			FUND FOR HEALTH EQUITY
LA PLAZITA INSTITUTE							
831 ISLETA BLVD SW							
	26-2486467	E01/G\/3\	250 000	0.			EUND EOD HEALMH BOHLMY
ALBUQUERQUE, NM 87105	20-2400407	501(C)(3)	250,000.	0,	ESTIMATED		FUND FOR HEALTH EQUITY SUPPORT TO US CLINICS &
LAGUEN OLINIG DUADMAGN						PHARMACEUTICALS	
LACKEY CLINIC PHARMACY					WHOLESALE		HEALTH CENTERS FOR
1620 OLD WILLIAMSBURG ROAD	E4 1050015	E01/G\/3\		45 220	PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
YORKTOWN, VA 23690	54-1850915	501(C)(3)	0.	45,329.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LAHAI HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2152 NORTH 122ND STREET		504 (5) (2)	_		PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SEATTLE, WA 98133	33-1052418	501(C)(3)	0.	50,451.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	L	SUPPORT TO US CLINICS &
LAKE AREA FREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
856 ARMOUR ROAD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
OCONOMOWOC, WI 53066	39-2006388	501(C)(3)	0.	5,441.	PURCHASED	SUPPLIES	PATIENTS

Schedule I (Form 990)

Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	1
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
				WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
				PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
34-1081191	501(C)(3)	0.	281,464.	PURCHASED	EQUIPMENT	PATIENTS
				ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
				WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
				PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
94-2847137	501(C)(3)	0.	17,308.	PURCHASED	EQUIPMENT	PATIENTS
				ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
				WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
				PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
34-1598598	501(C)(3)	0.	37,677.	PURCHASED	EQUIPMENT	PATIENTS
				ESTIMATED		SUPPORT TO US CLINICS &
				WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
				PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
04-3723062	501(C)(3)	0.	278,938.	PURCHASED	SUPPLIES	PATIENTS
			•	ESTIMATED		SUPPORT TO US CLINICS &
				WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
				PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
52-2351630	501(C)(3)	0.	40,350.	PURCHASED	SUPPLIES	PATIENTS
			,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
				WHOLESALE	MEDICAL	HEALTH CENTERS FOR
				PRICE	SUPPLIES.	LOW-INCOME, UNINSURED
20-2509287	501(C)(3)	0.	288 733.	· '	· ·	PATIENTS
			, -		_	SUPPORT TO US CLINICS &
				ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
						LOW-INCOME, UNINSURED
23-2160896	501(C)(3)	0.	25 701.		'	PATIENTS
			25,772			SUPPORT TO US CLINICS &
				ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
						LOW-INCOME, UNINSURED
20-3380211	501(C)(3)	0	8 007		l'	PATIENTS
		ļ	0,007.		+	SUPPORT TO US CLINICS &
						HEALTH CENTERS FOR
					'	LOW-INCOME, UNINSURED
,	i	1		r,	P-111111111111111111111111111111111111	Law Theorem, ONTHOUNED
	(b) EIN 34-1081191 94-2847137 34-1598598 04-3723062 52-2351630 20-2509287	(b) EIN (c) IRC section	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (d) Amount of cash grant (e) Amou	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (e)	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 34-1081191 501(C)(3) 0. 281,464, PURCHASED ESTIMATED WHOLESALE PRICE, 94-2847137 501(C)(3) 0. 17,308, PURCHASED ESTIMATED WHOLESALE PRICE, 34-1598598 501(C)(3) 0. 37,677, PURCHASED ESTIMATED WHOLESALE PRICE, 04-3723062 501(C)(3) 0. 278,938, PURCHASED ESTIMATED WHOLESALE PRICE, 52-2351630 501(C)(3) 0. 40,350, PURCHASED ESTIMATED WHOLESALE PRICE, 20-2509287 501(C)(3) 0. 288,733, PURCHASED ESTIMATED WHOLESALE PRICE, 23-2160896 501(C)(3) 0. 288,733, PURCHASED ESTIMATED WHOLESALE PRICE, 23-2160896 501(C)(3) 0. 25,701, PICCE ESTIMATED WHOLESALE PRICE, 23-2160896 501(C)(3) 0. 25,701, PICCE ESTIMATED WHOLESALE	Tapplicable Cash grant noncash assistance Cash grant noncash assistance Cash grant noncash assistance Cash grant noncash assistance Cash grant Cash gran

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV. assistance appraisal, other) SUPPORT TO US CLINICS & LASSEN INDIAN HEALTH CENTER HEALTH CENTERS FOR 795 JOAQUIN STREET PURCHASED LOW-INCOME, UNINSURED SUSANVILLE, CA 96130 94-2165016 0. 8,288, PRICE EOUIPMENT PATTENTS LATTN AMERICAN YOUTH CENTER 1419 COLUMBIA ROAD NW WASHINGTON, DC 20009 52-1023074 501(C)(3) 50,000 0 COVID19-US LATINO POLICY FORUM 180 N MICHIGAN AVE STE 1250 CHICAGO, IL 60601 36-3676873 501(C)(3) 250,000 0. FUND FOR HEALTH EQUITY ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR LAWTON COMMUNITY HEALTH CENTER 5404 SW LEE BOULEVARD PRICE SUPPLIES LOW-INCOME, UNINSURED LAWTON, OK 73505 26-0187688 501(C)(3) 0 40,771. PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & LESTONNAC FREE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 1215 E. CHAPMAN AVENUE PRICE SUPPLIES LOW-INCOME, UNINSURED 95-3499011 501(C)(3) ORANGE, CA 92866 129,043, PURCHASED EOUIPMENT PATIENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LEWIS & CLARK BEHAVIORAL HEALTH WHOLESALE MEDICAL SERVICES, INC. - 1028 WALNUT PRICE SUPPLIES. LOW-INCOME, UNINSURED STREET - YANKTON SD 57078 46-0309601 501(C)(3) 32 566 PURCHASED EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR LIFECARE FAMILY HEALTH AND DENTAL CENTER - 2725 LINCOLN ST E -PRICE SUPPLIES. LOW-INCOME, UNINSURED 257 143 PURCHASED EOUIPMENT PATIENTS CANTON 44707, OH 44707 34-1708901 501(C)(3) 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR LIFECYCLES HEALTH SERVICES, INC. 433 NORTH 7TH STREET, FIRST FLOOR PRICE. SUPPLIES. LOW-INCOME, UNINSURED CAMDEN, NJ 08102 47-5438771 501(C)(3) 0. 14 548 PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & LIFELONG MEDICAL CARE WHOLESALE MEDICAL HEALTH CENTERS FOR ADMINISTRATION - 2344 SIXTH STREET PRICE LOW-INCOME, UNINSURED SUPPLIES. - BERKELEY, CA 94710 94-2502308 501(C)(3) 0. 306 119 PURCHASED EOUIPMENT PATIENTS

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Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	art II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED		SUPPORT TO US CLINICS &
LIFESPRING COMMUNITY HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1042 E 3RD STREET, SUITE 300					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
CHATTANOOGA, TN 37404	27-3856741	501(C)(3)	0.	5,396.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
LIGHT OF THE WORLD CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
5333 N. DIXIE HWY #201					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
OAKLAND PARK, FL 33334	65-0266070	501(C)(3)	0.	528,698.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
LIGHTHOUSE MEDICAL MINISTRIES					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2801 S. ROBINSON AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
OKLAHOMA CITY, OK 73109	20-0503733	501(C)(3)	0.	464,375.	PURCHASED	SUPPLIES	PATIENTS
LITTLE HAVANA ACTIVITIES & NUTRITIO - 700 SW 8 STREET - MIAMI, FL 33130	23-7378008	501(C)(3)	150,000.	0.			FUND FOR HEALTH EQUITY
LITTLE HAVANA ACTIVITIES &							
NUTRITIO - 700 SW 8 STREET -							
MIAMI, FL 33130	23-7378008	501(C)(3)	50,000.	0.			COVID19-US
							SUPPORT TO US CLINICS &
LLOYD F. MOSS FREE CLINIC PHARMACY					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
1301 SAM PERRY BLVD. STE 100					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
FREDERICKSBURG, VA 22401	54-1677934	501(C)(3)	0.	492,988.		SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
LONE STAR COMMUNITY HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
605 S. CONROE MEDICAL DR.					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
CONROE, TX 77304	30-0038860	501(C)(3)	0.	63,097.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
LONG ISLAND FQHC HUDSON RIVER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
HEALTHCARE - 1600 STEWART AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SUITE 300 - WESTBURY, NY 11590	27-0216316	501(C)(3)	0.	159,610.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LONG ISLAND SELECT HEALTHCARE,					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
INC 159 CARLETON AVENUE -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CENTRAL ISLIP, NY 11722	47-1001464	501(C)(3)	0.	18,426.	PURCHASED	EQUIPMENT	PATIENTS

Schedule I (Form 990)

(a) Name and address of organization or government (b) EIN (c) IRC section organization or government (d) Amount of cash grant (e) Amount of noncash assistance (b) Amount of noncash assistance (b) Color (c)	
appraisal, other)	
ESTIMATED SUPPORT TO US	CLINICS &
LONG VALLEY HEALTH CENTER WHOLESALE PHARMACEUTICALS HEALTH CENTER	RS FOR
50 BRANSCOMB ROAD PRICE, MEDICAL LOW-INCOME, U	NINSURED
LAYTONVILLE, CA 95454 94-2536128 501(C)(3) 0. 5,689. PURCHASED SUPPLIES PATIENTS	
ESTIMATED PHARMACEUTICALS SUPPORT TO US	CLINICS &
LORAIN COUNTY FREE CLINIC WHOLESALE , MEDICAL HEALTH CENTER	RS FOR
5040 OBERLIN AVENUE PRICE, SUPPLIES, LOW-INCOME, U	UNINSURED
LORAIN, OH 44053 34-1506180 501(C)(3) 0. 52,143. PURCHASED EQUIPMENT PATIENTS	
ESTIMATED PHARMACEUTICALS SUPPORT TO US	CLINICS &
LOS ANGELES CHRISTIAN HEALTH WHOLESALE , MEDICAL HEALTH CENTER	RS FOR
CENTERS - 453 S. SPRING ST LOS PRICE, SUPPLIES, LOW-INCOME, U	UNINSURED
ANGELES, CA 90013 95-4315734 501(C)(3) 0. 61,410. PURCHASED EQUIPMENT PATIENTS	
ESTIMATED PHARMACEUTICALS SUPPORT TO US	CLINICS &
LOS ANGELES COMMUNITY CLINIC, INC. WHOLESALE , MEDICAL HEALTH CENTER	RS FOR
1830 W. OLYMPIC BLVD. #124 PRICE, SUPPLIES, LOW-INCOME, U	UNINSURED
LOS ANGELES, CA 90006 46-3963600 501(C)(3) 0. 54,523. PURCHASED EQUIPMENT PATIENTS	
LOS BARRIOS UNIDOS COMMUNITY	
CLINIC - 809 SINGLETON BLVD	
DALLAS, TX 75212 75-1378664 501(C)(3) 220,000. 0. FUND FOR HEAL	TH EQUITY
ESTIMATED PHARMACEUTICALS SUPPORT TO US	CLINICS &
LOS BARRIOS UNIDOS COMMUNITY WHOLESALE , MEDICAL HEALTH CENTER	RS FOR
CLINIC - 809 SINGLETON BLVD - PRICE, SUPPLIES, LOW-INCOME, U	NINSURED
DALLAS, TX 75212 75-1378664 501(C)(3) 0. 150,100. PURCHASED EQUIPMENT PATIENTS	
SUPPORT TO US	CLINICS &
LOUISIANA LIONS CAMP ESTIMATED MEDICAL HEALTH CENTER	RS FOR
292 L BEAUFORD DRIVE WHOLESALE SUPPLIES, LOW-INCOME, U	UNINSURED
ANACOCO, LA 71403 72-0544373 501(C)(3) 0. 7,935. PRICE EQUIPMENT PATIENTS	
ESTIMATED PHARMACEUTICALS SUPPORT TO US	CLINICS &
LOVE IN ACTION OF THE TRI-CITIES WHOLESALE , MEDICAL HEALTH CENTER	RS FOR
326 N FERRY STREET PRICE, SUPPLIES, LOW-INCOME, U	UNINSURED
GRAND HAVEN, MI 49417 38-2856482 501(C)(3) 0. 22,923. PURCHASED EQUIPMENT PATIENTS	
ESTIMATED PHARMACEUTICALS SUPPORT TO US	CLINICS &
LSS HEALTH CENTER AT FAITH MISSION WHOLESALE , MEDICAL HEALTH CENTER	RS FOR
245 N. GRANT AVE. PRICE, SUPPLIES, LOW-INCOME, U	UNINSURED
COLUMBUS, OH 43215 31-4412586 501(C)(3) 0. 72,956.PURCHASED EQUIPMENT PATIENTS	

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	raye
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LUKE 52 CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
9615 MAIN STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WHITMORE LAKE, MI 48843	81-2779813	501(C)(3)	0.	129,041.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
MABEL WADSWORTH CENTER					ESTIMATED		HEALTH CENTERS FOR
700 MOUNT HOPE AVENUE					WHOLESALE		LOW-INCOME, UNINSURED
BANGOR, ME 04401	22-2667466	501(C)(3)	0.	13,283.	PRICE	PHARMACEUTICALS	PATIENTS
MACEDONIA BAPTIST CHURCH							
1751 E 114TH ST							INCREASING IMMUNITY
	95-3913821		12 500	0.			
LOS ANGELES, CA 90059	95-3913621		12,500.	0.	ESTIMATED		AWARDS - CVS
MACON HOLINGBER OLIVE						DIIA DWA GRUMTGA I G	SUPPORT TO US CLINICS &
MACON VOLUNTEER CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
376 ROGERS AVE	T. 2055256	F04 (72) (2)		20 545	PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
MACON, GA 31204	74-3055376	501(C)(3)	0.	30,547.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MAMOU HEALTH RESOURCES					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
300 SOUTH STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MAMOU, LA 70554	72-0949444	501(C)(3)	0.	29,904.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MANNA MEDICAL CLINIC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
120 STREET A, SUITE A					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
PICAYUNE, MS 39466	20-1788094	501(C)(3)	0.	35,504.	PURCHASED	SUPPLIES	PATIENTS
MANO EN MANO HAND IN HAND							
4 MAPLE ST							
MILBRIDGE, ME 04658	01-0836208	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
·			,				
MARIN COMMUNITY CLINIC							
9 COMMERCIAL BLVD							
NOVATO, CA 94949	94-2237120	501(C)(3)	350,000.	0.			POWER FOR HEALTH-CA
·			,				SUPPORT TO US CLINICS &
MARJORIE WILSON					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
2717 W. BANNOCK ST. SUITE 100					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
BOISE, ID 83702	84-2505295	504 (5) (3)	0.	16,014.		, SUPPLIES	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
MARTIN LUTHER KING HEALTH CENTER											
865 OLIVE STREET											
	72-1079721	501/C\/3\	150,000.	0.			ABBVIE HEALTH EQUITY				
SHREVEPORT, LA 71104	72-1079721	501(0)(3)	130,000.	0.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &				
MADMIN IHMUED VING HEALMH CENMED							HEALTH CENTERS FOR				
MARTIN LUTHER KING HEALTH CENTER 865 OLIVE STREET					WHOLESALE	, OTHER, MEDICAL					
	70 1070701	E01/G)/2)	_	700 204	PRICE,		LOW-INCOME, UNINSURED				
SHREVEPORT, LA 71104	72-1079721	501(C)(3)	0.	/89,384.	PURCHASED	SUPPLIES,	PATIENTS				
WIDELY SUPPLIES IN SULVESTION DESCRIPTION					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &				
MARTIN-TYRRELL-WASHINGTON DISTRICT					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR				
HEALTH - 198 NC HWY 45 N -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED				
PLYMOUTH, NC 27962	56-1066387	WASHINGTON COUNT	0.	29,136.	PURCHASED	EQUIPMENT	PATIENTS				
					ESTIMATED		SUPPORT TO US CLINICS &				
MARY'S CENTER FOR MATERNAL AND					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR				
CHILD CARE, INC 2333 ONTARIO RD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED				
NW - WASHINGTON, DC, DC 20009	52-1594116	501(C)(3)	0.	30,920.	PURCHASED	SUPPLIES	PATIENTS				
MATAGORDA EPISCOPAL HEALTH					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &				
OUTREACH PROGRAM MEDICAL CLINIC -					WHOLESALE	, OTHER,	HEALTH CENTERS FOR				
101 AVENUE F NORTH - BAY CITY, TX					PRICE,	MEDICAL	LOW-INCOME, UNINSURED				
77414	20-0537948	501(C)(3)	0.	19,850.	PURCHASED	SUPPLIES	PATIENTS				
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &				
MATTAWA COMMUNITY MEDICAL CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR				
210 GOVERNMENT ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED				
MATTAWA, WA 99349	91-1499763	501(C)(3)	0.	93,924.	PURCHASED	EQUIPMENT	PATIENTS				
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &				
MATTHEW 25, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR				
413 EAST JEFFERSON BLVD.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED				
FORT WAYNE, IN 46802	35-1484951	501(C)(3)	0.	1,097,071.	PURCHASED	EQUIPMENT	PATIENTS				
MED CENTRO INC.							ABBVIE PR INFRASTRUCTURE,				
1034 HOSTOS AVENUE							EQUIPMENT, ABBVIE PR				
PONCE, PR 00716	66-0292961	501(C)(3)	700,000.	0.			ENERGY PROJECTS				
					ESTIMATED		SUPPORT TO US CLINICS &				
MED CENTRO, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR				
1034 HOSTOS AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED				
PONCE, PR 00716	66-0292961	501(C)(3)	0.	59.688.	PURCHASED	SUPPLIES	PATIENTS				

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
MEDICAL ASSOCIATES PLUS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
2467 GOLDEN CAMP ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
AUGUSTA, GA 30906	31-1591242	501(C)(3)	0.	193,258.	PURCHASED	EQUIPMENT	PATIENTS			
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
MEDICAL OUTREACH MINISTRIES					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
5741 CARMICHAEL PARKWAY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
MONTGOMERY, AL 36117	63-1204645	501(C)(3)	0.	65,801.	PURCHASED	EQUIPMENT	PATIENTS			
MEDICAL SCIENCES CAMPUS UNIVERSITY							SUPPORT TO US CLINICS &			
OF PUERTO RICO SAN JUAN - PASEO							HEALTH CENTERS FOR			
DR. JOSE CELSO BARBOSA - SAN JUAN,					PURCHASED		LOW-INCOME, UNINSURED			
PR 00921	66-0433762	PUERTO RICO	0.	8,210.	PRICE	EQUIPMENT	PATIENTS			
MEDICAL SOCIETY OF MOBILE COUNTY 2701 AIRPORT BLVD. MOBILE, AL 36606	63-0435364	501(C)(3)	118,000.	0.			FUND FOR HEALTH EQUITY			
,			,			PHARMACEUTICALS	SUPPORT TO US CLINICS &			
MEDLINK GEORGIA, INC.					ESTIMATED	MEDICAL	HEALTH CENTERS FOR			
11 CHARLIE MORRIS ROAD					WHOLESALE	, SUPPLIES,	LOW-INCOME, UNINSURED			
COLBERT, GA 30628	58-1394645	501(C)(3)	0.	16,485.	PRICE	EQUIPMENT	PATIENTS			
				, -	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
MEL LEAMAN FREE CLINIC OF SMYTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
COUNTY - 601 RADIO HILL ROAD -					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED			
MARION, VA 24354	54-1993876	501(C)(3)	0.	9,314.	PURCHASED	EQUIPMENT	PATIENTS			
•				,			SUPPORT TO US CLINICS &			
MENTAL WELLNESS CENTER					ESTIMATED		HEALTH CENTERS FOR			
617 GARDEN STREET					WHOLESALE		LOW-INCOME, UNINSURED			
SANTA BARBARA, CA 93101	95-1962659	501(C)(3)	0.	7,911.	PRICE	OTHER	PATIENTS			
•				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
MERCI CLINIC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR			
1315 TATUM DRIVE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED			
NEW BERN, NC 28560	56-2034052	501(C)(3)	0.	407,588.	PURCHASED	SUPPLIES,	PATIENTS			
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
MERCY CLINIC OF FORT WORTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
775 WEST BOWIE ST					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
FORT WORTH, TX 76110	45-3841621	501(C)(3)	0.	12,283.	PURCHASED	EQUIPMENT	PATIENTS			

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MERCY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
700 OGLETHORPE AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ATHENS, GA 30606	58-2603523	501(C)(3)	0.	527,591.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MERCY HOUSING NORTHWEST					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
6930 MARTIN LUTHER KING JR. WAY S					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SEATTLE, WA 98118	91-1546525	501(C)(3)	0.	17,683.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
MERCY MEDICAL CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
615 WASHINGTON STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SHELBYVILLE, KY 40065	61-1211189	501(C)(3)	0.	150,449.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
MERCY MEDICAL CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
300 ARLINGTON DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
VIDALIA, GA 30474	27-1107136	501(C)(3)	0.	8,646.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
MERCY MEDICINE FREE CLINIC					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
500 S. COIT STREET					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
FLORENCE, SC 29501	31-1693093	501(C)(3)	0.	6,858.	PRICE	SUPPLIES	PATIENTS
METROPOLITAN COMMUNITY HEALTH				•	ESTIMATED		SUPPORT TO US CLINICS &
SERVICES DBA AGAPE HEALTH SERVICES					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
- 120 W. MARTIN LUTHER KING DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
- WASHINGTON, NC 27889	56-2143419	501(C)(3)	0.	10,568.	PURCHASED	SUPPLIES	PATIENTS
				,			
MEXICAN AMERICAN OPPORTUNITY							
FOUNDA - 401 N GARFIELD AVE -							
MONTEBELLO, CA 90640	95-2594166	501(C)(3)	50,000.	0.			COVID19-US
•			,				
MEXICAN AMERICAN OPPORTUNITY							
FOUNDA - 401 N GARFIELD AVE -							
MONTEBELLO, CA 90640	95-2594166	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
•			, ,	<u> </u>			SUPPORT TO US CLINICS &
MIAMI BEACH COMMUNITY HEALTH					ESTIMATED		HEALTH CENTERS FOR
CENTER - 710 ALTON ROAD - MIAMI					WHOLESALE		LOW-INCOME, UNINSURED
BEACH, FL 33139	59-1829984	501(C)(3)	0.	1,144,115.	PRICE	PHARMACEUTICALS	PATIENTS
		•		, ,			

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MIAMI RESCUE MISSION CLINIC										
2015 NW 1ST AVENUE										
MIAMI, FL 33127	45-1481860	501 (C) (3)	250,000.	0.			FUND FOR HEALTH EQUITY			
MIMI, 11 33127	45 1401000	301(0)(3)	250,000.	<u> </u>	ESTIMATED		SUPPORT TO US CLINICS &			
MIAMI RESCUE MISSION CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR			
2015 N.W. 1ST AVENUE					PRICE,	. MEDICAL	LOW-INCOME, UNINSURED			
MIAMI, FL 33127	45-1481860	501(C)(3)	0.		PURCHASED	SUPPLIES	PATIENTS			
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
MID DELTA HEALTH SYSTEMS					WHOLESALE	MEDICAL	HEALTH CENTERS FOR			
245 MADISON STREET					PRICE,	SUPPLIES.	LOW-INCOME, UNINSURED			
CLARENDON, AR 72029	71-0638760	501(C)(3)	0.		PURCHASED	EQUIPMENT	PATIENTS			
MIGRANT HEALTH CENTER WESTERN				, -	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
REGION, INC CALLE RAMON E.					WHOLESALE	, OTHER,	HEALTH CENTERS FOR			
BETANCES #491 SUR - MAYAGUEZ, PR					PRICE,	MEDICAL	LOW-INCOME, UNINSURED			
00680	66-0427801	501(C)(3)	0.	55,093.	PURCHASED	SUPPLIES,	PATIENTS			
				•			ABBVIE PR INFRASTRUCTURE,			
MIGRANT HEALTH CTR WESTERN REGION							EQUIPMENT, ABBVIE PR			
PO BOX 190							MOBILE HEALTH, ABBVIE PR			
MAYAGUEZ, PR 00681	66-0427801	501(C)(3)	345,000.	0.			MEDICALLY FRAGILE			
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
MILAN PUSKAR HEALTH RIGHT					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
341 SPRUCE STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
MORGANTOWN, WV 26505	31-1118673	501(C)(3)	0.	111,656.	PURCHASED	EQUIPMENT	PATIENTS			
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
MILWAUKEE HEALTH SERVICES, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
2555 N. MARTIN LUTHER KING DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
MILWAUKEE, WI 53212	39-1664109	501(C)(3)	0.	55,674.	PURCHASED	EQUIPMENT	PATIENTS			
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
MISSION ARLINGTON MEDICAL CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
210 W. SOUTH STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
ARLINGTON, TX 76010	75-2354962	501(C)(3)	0.	1,346,432.	PURCHASED	EQUIPMENT	PATIENTS			
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
MISSION CITY COMMUNITY NETWORK,					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
INC 15206 PARTHENIA STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
NORTH HILLS, CA 91343	95-4226189	501(C)(3)	0.	161,109.	PURCHASED	EQUIPMENT	PATIENTS			

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant noncash or assistance (book, FMV. assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS MISSION EAST DALLAS WHOLESALE MEDICAL HEALTH CENTERS FOR 4550 GUS THOMASSON ROAD PRICE. SUPPLIES LOW-INCOME, UNINSURED 31,071. PURCHASED MESQUITE, TX 75150 72-2935803 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED MISSION MEDICAL CLINIC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 2125 E. LA SALLE STREET PRICE MEDICAL LOW-INCOME UNINSURED COLORADO SPRINGS, CO 80909 68-0506812 501(C)(3) 0 32,263. PURCHASED SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & MISSION OF MERCY - ARIZONA CLINICS WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS 360 E. CORONADO ROAD STE 160 PRICE MEDICAL LOW-INCOME UNINSURED PHOENIX, AZ 85004 86-0704883 501(C)(3) 0. 647,040. PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR MISSION OF MERCY ADMINISTRATION WHOLESALE MD/PA CLINICS - 103 WEST MIDDLE PRICE SUPPLIES LOW-INCOME, UNINSURED 408,700. PURCHASED 86-0704883 501(C)(3) 0 EOUIPMENT PATTENTS STREET - GETTYSBURG, PA 17325 SUPPORT TO US CLINICS & PHARMACEUTICALS HEALTH CENTERS FOR MISSOURI INSTITUTE OF MENTAL ESTIMATED HEALTH - 4633 WORLD PARKWAY CIRCLE WHOLESALE MEDICAL LOW-INCOME, UNINSURED 43-6003859 501(C)(3) 32,027, PRICE SUPPLIES PATIENTS - ST. LOUIS, MO 63134 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MOAB FREE HEALTH CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 380 N 500 W PRICE SUPPLIES. LOW-INCOME, UNINSURED 26-2082745 501(C)(3) 28 427 PURCHASED EOUIPMENT PATTENTS MOAB UT 84532 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR MOLOKAI OHANA HEALTH CARE, INC. 30 OKT PLACE PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS KAUNAKAKAI, HI 96748 51-0437659 501(C)(3) 0. 7 473 PURCHASED PHARMACEUTICALS SUPPORT TO US CLINICS & MONTANA MIGRANT COUNCIL MEDICAL HEALTH CENTERS FOR ESTIMATED WHOLESALE 3318 THIRD AVENUE N. STE. 200 SUPPLIES. LOW-INCOME, UNINSURED 66,994. PRICE BILLINGS, MT 59101 81-0350430 501(C)(3) 0. EOUIPMENT PATTENTS SUPPORT TO US CLINICS & MONTANA YOUTH DIABETES ALLIANCE ESTIMATED MEDICAL HEALTH CENTERS FOR WHOLESALE 6 THIRTEENTH AVENUE EAST SUPPLIES. LOW-INCOME, UNINSURED POLSON, MT 59860 84-3705917 501(C)(3) 5 360. PRICE EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MORGAN COUNTY MEDICAL CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
224 OLD MILL ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WARTBURG, TN 37887	62-0913596	501(C)(3)	0.	280,406.	PURCHASED	EQUIPMENT	PATIENTS
MOROVIS COMMUNITY HEALTH CENTER							
PO BOX 518							ABBVIE PR MEDICALLY
MOROVIS, PR 00687	66-0480948	501(C)(3)	85,000.	0.			FRAGILE POPULATIONS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MOROVIS COMMUNITY HEALTH CENTER,					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
INC CALLE PATRON #2 AVE.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
COROZAL Y PATR - MOROVIS, PR 00687	66-0480948	501(C)(3)	0.	64,918.	PURCHASED	EQUIPMENT	PATIENTS
MORTON COMPREHENSIVE HEALTH SERVICE - P.O. BOX 481090 - TULSA,		504 (5) (0)	50.000				
OK 74148	73-1177858	501(C)(3)	50,000.	0.	- C	DUI DUI GEUETGI G	LILLY NAVIGATOR GRANT
NODEON GONDDENDATED WILLIAM					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MORTON COMPREHENSIVE HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
SERVICES - 1334 N LANSING AVE -		504 (5) (2)		46.40	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
TULSA, OK 74106	73-1177858	501(C)(3)	0.	46,197.	PURCHASED	EQUIPMENT	PATIENTS
MOUNTAIN DANTIN COMMINITED MEALEN					ESTIMATED		SUPPORT TO US CLINICS &
MOUNTAIN FAMILY COMMUNITY HEALTH					WHOLESALE	VID TO L	HEALTH CENTERS FOR
CENTER - 1905 BLAKE AVENUE SUITE	04 0540145	E01/G)/2)			PRICE,	MEDICAL	LOW-INCOME, UNINSURED
101 - GLENWOOD SPRINGS, CO 81601	84-0742145	501(C)(3)	0.	1,111.	PURCHASED	SUPPLIES	PATIENTS
NOVEMBER WOME CONTINUES IN CLEAN					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MOUNTAIN HOME CHRISTIAN CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
421 WEST WADE AVE		504 (5) (2)		100 000	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MOUNTAIN HOME, AR 72653	71-0835511	501(C)(3)	0.	120,362.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
MOUNTAIN VALLEYS HEALTH CENTERS					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
554-850 MEDICAL CENTER DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
BIEBER, CA 96009	94-2533006	501(C)(3)	0.	20,794.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MOUNTAINLANDS COMMUNITY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
589 SOUTH STATE STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PROVO, UT 84606	87-0515716	501(C)(3)	0.	13,414.	PURCHASED	EQUIPMENT	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
M-POWER MINISTRIES 4022 FOURTH AVENUE SOUTH BIRMINGHAM, AL 35222	31-1639601	501(C)(3)	0.	61 422	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MT. ZION MISSIONARY BAPTIST CHURCH 1203 WILLOW STREET OAKLAND, CA 94607	95-0162894	561(6)(6)	12,500.	0.	2 ONGINDED	NOTE IN THE PROPERTY OF THE PR	INCREASING IMMUNITY AWARDS - CVS
MYALLY HEALTH 4700 SOUTH WASHINGTON STREET GRAND FORKS, ND 58201	45-0342671	501(C)(3)	0.		ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
N.E.W. COMMUNITY CLINIC 622 BODART STREET GREEN BAY, WI 54301	39-1200636	501(C)(3)	0.	262,589.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NATIONAL ASSOCIATION OF CERTIFIED PROFESSIONAL MIDWIVES (NACPM) - 234 BANNING RD PUTNEY, VA 05346	04-3585032	501(C)(3)	50,000.	0.			SAFETY NET SUPPORT
NATIONAL BLACK NURSES ASSOC 8630 FENTON STREET, SUITE 910 SILVER SPRING, MD 20910	23-7194995	501(C)(3)	100,000.	0.			covid19-us
NATIONAL BLACK NURSES ASSOC 8630 FENTON STREET, SUITE 910 SILVER SPRING, MD 20910	23-7194995	501(C)(3)	248,000.	0.			FUND FOR HEALTH EQUITY
NATIVE ACTION INC. 4805 24TH AVE #A MISSOULA, MT 59801	81-0450694	501(C)(3)	30,000.	0.			GENERAL U.S. EMERGENCY PREP & RESPONSE
NATIVE ACTION INC. 4805 24TH AVE #A MISSOULA, MT 59801	81-0450694	501(C)(3)	281,068.	0.			FUND FOR HEALTH EQUITY

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIVE AMERICAN DEVELOPMENT CORP							
17 N 26TH ST							
BILLINGS, MT 59101	81-0512124	501 (C) (3)	50,000.	0.			COVID19-US
NATIVE AMERICANS FOR COMMUNITY	01 0312124	301(0)(3)	30,000.	· ·			SUPPORT TO US CLINICS &
ACTION, INC. ADMINISTRATION - 1500					ESTIMATED		HEALTH CENTERS FOR
E CEDAR AVENUE - FLAGSTAFF, AZ					WHOLESALE		LOW-INCOME, UNINSURED
86004	86-0268489	501/C\/3\	0.	5,917.		EOUIPMENT	PATIENTS
00004	80-0208489	301(C)(3)	· · · · · ·	5,917.	PRICE	EQUIPMENT	PATIENTS
NAT'L ASSOC OF COMM. HEALTH							
CENTERS - 7501 WISCONSIN AVENUE,							
·	52-0939952	E01/C\/2\	500,000.	0.			SAFETY NET SUPPORT
#1100W - BETHESDA, MD 20814	32-0939932	301(C)(3)	300,000.	0.			SUPPORT TO US CLINICS &
NAVAJO NATION DEPARTMENT OF HEALTH					ESTIMATED	OTHER, MEDICAL	HEALTH CENTERS FOR
					WHOLESALE	1	
ADMINISTRATION BUILDING NO. 2	06 000000	NATATO NAMION		69 604		SUPPLIES,	LOW-INCOME, UNINSURED
WINDOW ROCK, AZ 86515	00-0092335	NAVAJO NATION	0.	68,694.		EQUIPMENT	PATIENTS
NG MIDAGGI GE					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NC MEDASSIST					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
4428 TAGGART CREEK ROAD, SUITE 101	FC 20100F7	E01/G)/2)		16 542 500	PRICE,	MEDICAL	LOW-INCOME, UNINSURED
CHARLOTTE, NC 28208	56-2018957	501(C)(3)	0.	16,543,590.	PURCHASED	SUPPLIES,	PATIENTS
Na. D.					- C		SUPPORT TO US CLINICS &
NCADA					ESTIMATED		HEALTH CENTERS FOR
9355 OLIVE BLVD	42 22222	F04 (#) (0)		15 000	WHOLESALE		LOW-INCOME, UNINSURED
ST. LOUIS, MO 63132	43-0827852	501(C)(3)	0.	15,000.	PRICE	PHARMACEUTICALS	PATIENTS
							SUPPORT TO US CLINICS &
NEIGHBORCARE HEALTH					ESTIMATED		HEALTH CENTERS FOR
1200 12TH AVENUE, S, SUITE 901					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
SEATTLE, WA 98144	91-0893287	501(C)(3)	0.	5,479.		SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NEIGHBORHOOD CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1323 S. YAKIMA AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
TACOMA, WA 98405	91-1318144	501(C)(3)	0.	24,250.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NEIGHBORHOOD FREE HEALTH CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1520 VERNON STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
STOUGHTON, WI 53589	20-8566062	501(C)(3)	0.	5,633.	PURCHASED	EQUIPMENT	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other A	ssistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
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					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NEIGHBORHOOD HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
6677 RICHMOND HIGHWAY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ALEXANDRIA, VA 22306	54-1849891	501(C)(3)	0.	275,589.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NEIGHBORHOOD HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
617 SOUTH 8TH STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
NASHVILLE, TN 37206	62-1032792	501(C)(3)	0.	41,404.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NEIGHBORHOOD HEALTH CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
88 12TH STREET NORTH					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
NAPLES, FL 34102	59-3546884	501(C)(3)	0.	461,337.	PURCHASED	EQUIPMENT	PATIENTS
NEIGHBORHOOD HEALTHCARE							SUPPORT TO US CLINICS &
ADMINISTRATION - 425 N. DATE					ESTIMATED		HEALTH CENTERS FOR
STREET, SUITE 203 - ESCONDIDO, CA					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
92025	95-2796316	501(C)(3)	0.	5,004.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NEIGHBORHOOD MEDICAL CENTER, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
438 WEST BREVARD STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
TALLAHASSEE, FL 32301	23-7422549	501(C)(3)	0.	281,274.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NEIGHBORHOOD SERVICE ORGANIZATION					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
TUMAINI CENTER - 3430 THIRD STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
- DETROIT, MI 48201	38-1561624	501(C)(3)	0.	66,675.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NEOMED CENTER, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CARR. 941 SALIDA BO. JAGUAS					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
GURABO, PR 00778	66-0485440	501(C)(3)	0.	24,209.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NETWORK MEDICAL					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
185 S. PATTERSON AVENUE #C					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
SANTA BARBARA, CA 93111	77-0116381	501(C)(3)	0.	7,198.	PURCHASED	SUPPLIES	PATIENTS
				•			SUPPORT TO US CLINICS &
NEVADA DIABETES ASSOCIATION CAMP					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
BUCK - 18 STEWART STREET - RENO,					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
NV 89501	88-0386000	501(C)(3)	0.	22,208.	PRICE	EQUIPMENT	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW BIRTH MISSIONARY BAPTIST							
6400 WOODROW ROAD							INCREASING IMMUNITY
STONECREST, GA 30038	58-1711477		12,500.	0.			AWARDS - CVS
NEW HANOVER COMMUNITY HEALTH	30 1711477		12,500.	<u> </u>	ESTIMATED		SUPPORT TO US CLINICS &
CENTER DBA MEDNORTH HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
- 925 NORTH 4TH ST - WILMINGTON,					PRICE,	MEDICAL	
NC 28401	58-2003803	E01/G\/2\	0.	60 221	PURCHASED	SUPPLIES	LOW-INCOME, UNINSURED PATIENTS
NC 20401	36-2003603	501(C)(3)	٠.	00,221.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NEW HETCHES OF THIS						MEDICAL	
NEW HEIGHTS CLINIC					WHOLESALE	l'	HEALTH CENTERS FOR
8000 NE 58TH AVENUE	01 0000600	E01/G)/2)		F F01	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
VANCOUVER, WA 98665	91-2009672	501(C)(3)	0.	5,591.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
NEW HOPE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
201 WEST BOILING SPRING ROAD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SOUTHPORT, NC 28461	31-1614379	501(C)(3)	0.	31,765.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NEW HOPE SERVICES, INC. DBA					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
HOPECARE CLINIC - 1302 WALL STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
- JEFFERSONVILLE, IN 47130	35-1022158	501(C)(3)	0.	46,099.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
NEW HORIZON FAMILY HEALTH SERVICES					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
975 W. FARIS ROAD					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
GREENVILLE, SC 29605	57-0932597	501(C)(3)	0.	18,509.	PRICE	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
NEW JERSEY HARM REDUCTION					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
COALITION - 137 W. HANOVER STREET					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
- TRENTON, NJ 08618	91-1435394	501(C)(3)	0.	16,653.	PRICE	SUPPLIES	PATIENTS
·				•	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NEW LIFE COMMUNITY HEALTH CENTER					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
82-10 QUEENS BLVD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ELMHURST, NY 11373	11-3204890	501(C)(3)	0.	16 813.	PURCHASED	EQUIPMENT	PATIENTS
NEW SONG HEALTH CENTER DBA			<u>, , , , , , , , , , , , , , , , , , , </u>	10,010.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BOLINBROOK CHRISTIAN HEALTH CENTER					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
- 151 EAST BRIARCLIFF ROAD -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BOLINGBROOK, IL 60440	36-4401468	501(C)(3)	0.	611 510	PURCHASED	EQUIPMENT	PATIENTS
BOLLHODROOK, IL 00110	20 4401400	P01(C/(J/	· ·	011,519.	LONGIADED	EXCIT HEM!	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW VENTURE FUND							
1828 L STREET NW, SUITE 300-A							
WASHINGTON, DC 20036	20-5806345	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
				•	ESTIMATED		SUPPORT TO US CLINICS &
NEWHOPE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
41 S. COURT STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
OWINGSVILLE, KY 40360	61-1363437	501(C)(3)	0.		PURCHASED	SUPPLIES	PATIENTS
oningsville, ki 18300	01 1303137	301(0)(3)	••	110,100.	- OKCIMIDED		SUPPORT TO US CLINICS &
NEXT HARM REDUCTION					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
22 WEST 27TH STREET					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
NEW YORK, NY 10001	83-1333112	501/C\/3\	0.	49,010.		, MEDICAL SUPPLIES	PATIENTS
NEW TORK, NI 10001	05 1555112	301(0)(3)	٠.	45,010.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NHAN HOA COMPREHENSIVE HEALTH CARE					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
CLINIC - 7761 GARDEN GROVE BLVD					PRICE,	SUPPLIES.	
	33-0477323	E01/C\/2\	0.	20 100	PURCHASED	EQUIPMENT	LOW-INCOME, UNINSURED PATIENTS
GARDEN GROVE, CA 92841	33-0477323	301(0/(3)	٠.	30,100.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NKY HEALTH DEPARTMENT					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
						l'	
8001 VETERANS MEMORIAL DR	61 1000505	CMAME OF REMMICE	0		PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
FLORENCE, KY 41042	61-1006303	STATE OF KENTUCK	0.	00,033.	PURCHASED	EQUIPMENT	PATIENTS
NO ATEG WAGE HODGE					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NO AIDS TASK FORCE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1631 ELYSIAN FIELDS AVENUE	E0 1050625	F01/G)/2)			PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
NEW ORLEANS, LA 70117	72-1059635	501(C)(3)	0.	107,818.	PURCHASED	EQUIPMENT	PATIENTS
NOELA COMMUNITY HEALTH CENTER							
13085 CHEF MENTEUR HIGHWAY							L
NEW ORLEANS, LA 70129	20-4929600	501(C)(3)	187,000.	0.			FUND FOR HEALTH EQUITY
NONPROFIT VILLAGE							
15800 CRABBS BRANCH WAY, SUITE 300				_			
ROCKVILLE, MD 20855	20-4264212	501(C)(3)	250,000.	0.		L	FUND FOR HEALTH EQUITY
NORTH CENTRAL NURSING CLINICS, DBA					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FAMILY HEALTH CLINICS OF					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
BURLINGTON, CARROLL - 901 PRINCE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WILLIAM RD., SUITE A - DELPHI, IN	26-1553382	501(C)(3)	0.	1,384,367.	PURCHASED	EQUIPMENT	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	rt II.)	raye i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CENTRAL TEXAS COMMUNITY					ESTIMATED		SUPPORT TO US CLINICS &
HEALTHCARE CENTER - 200 MARTIN					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
LUTHER KING JR BOULEVARD - WICHITA					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
FALLS, TX 76301	75-2429644	501(C)(3)	0.	52,155.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NORTH DALLAS SHARED MINISTRIES					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
FREE MEDICAL CLINIC - 2875 MERRELL					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
ROAD - DALLAS, TX 75229	75-1908563	501(C)(3)	0.	22,257.	PURCHASED	SUPPLIES,	PATIENTS
				-	ESTIMATED		SUPPORT TO US CLINICS &
NORTH EAST MEDICAL SERVICES					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
1520 STOCKTON STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SAN FRANCISCO, CA 94133	94-1722562	501(C)(3)	0.	12,640.	PURCHASED	EQUIPMENT	PATIENTS
,				,	ESTIMATED		SUPPORT TO US CLINICS &
NORTH HUDSON COMMUNITY ACTION					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CORPORATION - ADMINISTRATION - 800					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
31ST STREET - UNION CITY, NJ 07087	22-1818699	501(C)(3)	0.	204,273.	PURCHASED	SUPPLIES	PATIENTS
•				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NORTH JEFFERSON COUNTY CLINIC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
PHARMACY - 1295 PEARL STREET -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
BEAUMONT, TX 77701	74-6000291	501(C)(3)	0.	585,336.	PURCHASED	SUPPLIES,	PATIENTS
NORTH MIAMI BEACH MEDICAL CENTER				,	ESTIMATED	,	SUPPORT TO US CLINICS &
MERCY MOBILE CLINIC - 13899					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
BISCAYNE BLVD. STE. 132 - NORTH					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
MIAMI BEACH, FL 33181	65-1032266	501(C)(3)	0.	8.054.	PURCHASED	SUPPLIES	PATIENTS
•				,	ESTIMATED		SUPPORT TO US CLINICS &
NORTH MISSISSIPPI PRIMARY HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CARE INC 15921 BOUNDARY DRIVE -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
ASHLAND, MS 38603	64-0686443	501(C)(3)	0.	28,527.	PURCHASED	SUPPLIES	PATIENTS
•				,			
NORTHEAST VALLEY HEALTH							
CORPORATION - 1172 NORTH MACLAY							HELPING BUILD HEALTHY
AVENUE - SAN FERNANDO, CA 91340	23-7120632	501(C)(3)	270,000.	0.			COMM AWARDS - BD
		,,,,			ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NORTHERN NECK FREE HEALTH CLINIC					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
PHARMACY - 51 WILLIAM B. GRAHAM					PRICE.	SUPPLIES,	LOW-INCOME, UNINSURED
COURT - KILMARNOCK, VA 22482	54-1679279	501(C)(3)	0.	40 308	PURCHASED	EQUIPMENT	PATIENTS
	31 10/32/3	(0)(0)	<u> </u>	10,500.	L 211011110110	_×	F

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant noncash or assistance (book, FMV. assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & NORTHERN NEVADA HOPES CLINIC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 580 W. 5TH STREET PRICE MEDICAL LOW-INCOME, UNINSURED 20,835. PURCHASED SUPPLIES RENO, NV 89503 86-0865357 501(C)(3) 0. PATIENTS SUPPORT TO US CLINICS & NORTHLAKES COMMUNITY CLINIC ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR 7665 US HIGHWAY 2 WHOLESALE MEDICAL LOW-INCOME UNINSURED IRON RIVER, WI 54847 35-2297925 501(C)(3) 0 6,570. PRICE SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & NORTHLAND COMMUNITY HEALTH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR ADMINISTRATION - 104 N. MAIN PRICE SUPPLIES LOW-INCOME UNINSURED STREET - TURTLE LAKE, ND 58575 33-1029318 501(C)(3) 0. 242 683 PURCHASED EOUIPMENT PATIENTS ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR NORTHSHORE HEALTH CENTER WHOLESALE PHARMACEUTICALS 6050 STERLING CREEK ROAD PRICE MEDICAL LOW-INCOME, UNINSURED 36,175. PURCHASED PORTAGE, IN 46368 35-2028588 501(C)(3) 0 SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR NORTHWEST COMMUNITY HEALTH CENTER PHARMACEUTICALS 320 E. 2ND ST. PRICE MEDICAL LOW-INCOME, UNINSURED 81-0542127 501(C)(3) 10,275. PURCHASED SUPPLIES PATIENTS LIBBY, MT 59923 0. NORTHWEST MICHIGAN HEALTH ESTIMATED SUPPORT TO US CLINICS & SERVICES INC. TRAVERSE CITY WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR CLINIC - 10767 TRAVERSE HIGHWAY -PRICE MEDICAL LOW-INCOME, UNINSURED TRAVERSE CITY MI 49684-5549 38-1958790 501(C)(3) 217 107 PURCHASED SUPPLIES PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR NORWALK COMMUNITY HEALTH CENTER PHARMACEUTICALS 120 CONNECTICUT AVENUE PRICE MEDICAL LOW-INCOME, UNINSURED SUPPLIES PATIENTS NORWALK CT 06854 06-1436620 501(C)(3) 0. 13 437. PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & NOVA SCRIPTSCENTRAL INC PHARMACY WHOLESALE HEALTH CENTERS FOR OTHER 6400 ARLINGTON BLVD. #120 PRICE. MEDICAL LOW-INCOME, UNINSURED FALLS CHURCH, VA 22042 65-1275162 501(C)(3) 0. 734 590 PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & NURSES GLOBAL OUTREACH ICT STREET WHOLESALE MEDICAL HEALTH CENTERS FOR TEAM - 402 N TOPEKA AVE - WICHITA PRICE LOW-INCOME, UNINSURED SUPPLIES. KS 67202 83-1687039 501(C)(3) 81 397 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
OASIS FREE CLINICS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
66 BARIBEAU DRIVE, STE. 5B					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BRUNSWICK, ME 04011	01-0497587	501(C)(3)	0.	119,975.	PURCHASED	EQUIPMENT	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
OCCUPY MEDICAL					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
34248 GAROUTTE ROAD					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
COTTAGE GROVE, OR 97424	46-0903989	501(C)(3)	0.	26,049.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ODA PRIMARY CARE HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
74 WALLABOUT AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BROOKLYN, NY 11249	11-2329960	501(C)(3)	0.	1,355,991.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ODYSSEY HOUSE COMMUNITY HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CENTER - 1125 N. TONTI STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
NEW ORLEANS, LA 70119	72-0743677	501(C)(3)	0.	74,607.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
OHIO VALLEY HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
423 SOUTH STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
STEUBENVILLE, OH 43952	20-3924355	501(C)(3)	0.	27,253.	PURCHASED	SUPPLIES	PATIENTS
				•			SUPPORT TO US CLINICS &
OHSU FAMILY MEDICINE AT RICHMOND					ESTIMATED		HEALTH CENTERS FOR
3930 SE DIVISION STREET					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
PORTLAND, OR 97202	20-2222618	501(C)(3)	0.	6,250.	PRICE	SUPPLIES	PATIENTS
·				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
OLDE TOWNE MEDICAL AND DENTAL					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CENTER - 5249 OLDE TOWNE ROAD -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WILLIAMSBURG, VA 23188	54-1663905	501(C)(3)	0.	49,366.	PURCHASED	EQUIPMENT	PATIENTS
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
OLYMPIC PENINSULA COMMUNITY CLINIC					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
819 GEORGIANA STREET					PRICE.	SUPPLIES,	LOW-INCOME, UNINSURED
PORT ANGELES, WA 98362	01-0590704	501(C)(3)	0.	123,571.	PURCHASED	EQUIPMENT	PATIENTS
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
OMNI FAMILY HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
4900 CALIFORNIA AVENUE					PRICE,	SUPPLIES.	LOW-INCOME, UNINSURED
BAKERSFIELD, CA 93309	95-3218000	501(C)(3)	0.	173.310.	PURCHASED	EQUIPMENT	PATIENTS
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Schedule I (Form 990)

(a) Name and address of organization or government (b) EN (c) FRO section of cash grant cash and cash grant or government (c) FAM (c) FRO (c) FAM (c) Process assistance or assistance o	Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
ONE COMMUNITY WEALTH 1500 2157 5T SACRAMENTO, CA 95811 68-0162903 501(C)(3) 0. 8,160, PHICE SUPPLIES APTIBUTES ONE HEALTH 68-0162903 501(C)(3) 0. 8,160, PHICE SUPPLIES APTIBUTES ONE HEALTH 68-016304	` '	(b) EIN	, , <i>,</i>		noncash	valuation (book, FMV,		
1000 218T ST SACRAMENTO, CA 95811 68-0162903 501(C)(3) 0, 8,160, FRICE SUPPLIES PATIENTS ONE HEALTH ONE HEALTH ONE HEALTH ONE HEALTH STORE, OTHER MEDICAL SHOWE, UNINSURED SHIPPLIES PATIENTS ONE HEALTH SHOW, STREET ABILAND, MT 59003 27-3113428 501(C)(3) 0, 33,285, FURCHASED SUPPLIES PATIENTS ONE MEDICAL SHIPPLIES PATIENTS ONE MEDICAL SUPPORT TO US CLINICS & HEALTH CENTERS FOR PATIENTS ONE MEDICAL SUPPORT TO US CLINICS & HEALTH CENTERS FOR PATIENTS ONE MEDICAL SUPPORT TO US CLINICS & HEALTH CENTERS FOR PATIENTS ONE MEDICAL SUPPORT TO US CLINICS & HEALTH CENTERS FOR PATIENTS ONE MEDICAL SUPPORT TO US CLINICS & HEALTH CENTERS FOR PATIENTS ONE MEDICAL SUPPORT TO US CLINICS & HEALTH CENTERS FOR PATIENTS ONE MEDICAL SUPPORT TO US CLINICS & HEALTH CENTERS FOR PATIENTS ONE MEDICAL SUPPORT TO US CLINICS & HEALTH CENTERS FOR PATIENTS OPEN AGAINS CLINIC OPEN AGAINS CL								SUPPORT TO US CLINICS &
SACRAMENTO, CA 95811 S8-0162903 501(C)(3) O. B.160.PRICE SUPPLIES PATIENTS ONE HEALTH SHIPPORT TO US CLINICS & HEALTH CENTER FOR HOLESALE SUPPLIES	ONE COMMUNITY HEALTH					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
SETIMATED SUPPORT TO US CLINICS & HALLY CENTERS FOR SUPPLIES COMMENCED COMMUNITY HEALTH CENTERS FOR SUPPLIES COMMENCED COMMUNITY HEALTH CENTERS FOR SUPPLIES COMMUNITY HEALTH CENTERS FOR SUPPLIES COMMUNITY HEALTH CENTER SUPPLIES COMMUNITY CE	1500 21ST ST					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
Second Street Suppose	SACRAMENTO, CA 95811	68-0162903	501(C)(3)	0.	8,160.	PRICE	SUPPLIES	PATIENTS
SOL MAIN STREET SOL						ESTIMATED		SUPPORT TO US CLINICS &
ASHLAND, MT 59003 27-3113428 501(C)(3) 0. 33,385, PURCHASED SUPPLIES PATIENTS ONEWORLD COMMUNITY HEALTH CENTER 4920 SOUTH 30TH STREET, STE. 103 OMAHA, NE 68107 47-0548990 501(C)(3) 0. 603,900, PURCHASED SOUTH MATERIAL EMPLIES FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED SUPPLIES, PATIENTS OPEN DOOR COMMUNITY HEALTH CENTERS FOR SUPPLIES PRICE, MEDICAL LOW-INCOME, UNINSURED SUPPLIES	ONE HEALTH					WHOLESALE		HEALTH CENTERS FOR
Definition String	501 MAIN STREET					PRICE,	OTHER, MEDICAL	LOW-INCOME, UNINSURED
ONEWORLD COMMUNITY HEALTH CENTER 4920 SOUTH 30TH STREET, STE. 103	ASHLAND, MT 59003	27-3113428	501(C)(3)	0.	33,385.	PURCHASED	SUPPLIES	PATIENTS
4920 SOUTH 30TH STREET, STE, 103 OMAHA, NE 68107 A7-0548990 SO1(C)(3) O. 603,900. PURCHASED PRICE, SUPPLIES, LOW-INCOME, UNINSURED SETIMATED PHARMACEUTICALS HEALTH CENTERS FOR HOLESALE OPEN AGA 30577 ASSIGNMENT STREET OPEN DOOR COMMUNITY HEALTH CENTERS AMAINISTRATION - 1275 8TH STREET ARCATA, CA 95521 OPEN AGA 305796 OPEN DOOR HEALTH CENTER ARCATA, CA 95521 OPEN DOOR HEALTH CENTER FOR ARCATA, CA 95521 OPEN DOOR HEALTH CENTER FOR ARCATA, CA 95521 OPEN DOOR HEALTH CENTER FOR ARCHARACEUTICALS BESTIMATED WHOLESALE PHARMACEUTICALS BUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR HEALTH CENTERS FOR HEALTH CENTERS FOR ARCHARACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR HEALTH CENTERS ARCHARACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS ARCHARACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS HEALTH						ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
OMAHA, NE 68107 47-0548999 501(C)(3) 0. 603,900. PURCHASED EQUIPMENT PATIENTS OPEN AID ALLIANCE SSTIMATED SSTIMATED SUPPORT TO US CLINICS & SUPPORT TO US CLINICS & SUPPLIES FOR HEALTH CENTERS FOR HEALTH CENTERS FOR SUPPLIES PATIENTS LOW-INCOME, UNINSURED MISSOULA, NT 59801 36-3652244 501(C)(3) 0. 32,027. PRICE SUPPLIES PATIENTS OPEN ARMS CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED LOW-INCOME, UNINSURED TOCCOA, GA 30577 20-3296577 501(C)(3) 0. 140,017. PURCHASED BOULTMENT PATIENTS OPEN ARMS HEALTH CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED AZILINGTON, TX 76016 45-0621201 501(C)(3) 0. 697,953. PURCHASED BUPPLIES, LOW-INCOME, UNINSURED OPEN DOOR COMMUNITY HEALTH CENTERS PRICE, MEDICAL MEDICAL LOW-INCOME, UNINSURED - AMCATA, CA 95521 95-2671433 501(C)(3) 0. 226,434. FURCHASED SUPPLIES, PATIENTS OPEN DOOR HEALTH CENTERS PRICE, MEDICAL	ONEWORLD COMMUNITY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
OPEN AID ALLIANCE 715 RONAN STREET MISSULA, MT 59801 36-3652244 501(C)(3) 0. 32,027. PRICE SUPPLIES PATENTS OPEN ARMS CLINIC OPEN ARMS HEALTH CENTERS FOR TOCCOA, OA 30577 20-3296577 501(C)(3) 0. 140,017. PURCHASED OPEN ARMS HEALTH CLINIC OPEN ARMS HEALTH CLINIC OPEN ARMS HEALTH CLINIC 3311 LITTLE RD ARLINGTON, TX 76016 45-0621201 501(C)(3) 0. 697,953. PURCHASED OPEN ARMS HEALTH CENTERS ADMINISTRATION - 1275 8TH STREET - ADMINISTRATION - 1275 8TH STREET - ARCATA, CA 95521 OPEN DOOR HEALTH CENTER 151 NW 11 STREET - HOMESTEAD, FL 33030 83-0375996 501(C)(3) 0. 833,420. PURCHASED SUPPLIES, ALPHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE WHOLESAL	4920 SOUTH 30TH STREET, STE. 103					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
OPEN AID ALLIANCE NAME STREET NAME STR	OMAHA, NE 68107	47-0548990	501(C)(3)	0.	603,900.	PURCHASED	EQUIPMENT	PATIENTS
T15 RONAN STREET								SUPPORT TO US CLINICS &
MISSOULA, MT 59801 36-3652244 501(C)(3) 0. 32,027. PRICE SUPPLIES PATIENTS DESTIMATED WHOLESALE MEDICAL HEALTH CENTERS FOR LOW-INCOME, UNINSURED ACCOMP. ARMS CLINIC DEN ARMS CLINIC 109 BIG A ROAD TOCCOA, GA 30577 20-3296577 501(C)(3) 0. 140,017. PURCHASED EQUIPMENT PATIENTS DESTIMATED WHOLESALE MEDICAL HEALTH CENTERS FOR LOW-INCOME, UNINSURED ACCOMP. ARMS HEALTH CLINIC 3311 LITTLE RD ARLINGTON, TX 76016 45-0621201 501(C)(3) 0. 697,953. PURCHASED EQUIPMENT PATIENTS DESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR HEALTH CENTERS FOR HEALTH CENTERS FOR LOW-INCOME, UNINSURED ARCATA, CA 95521 95-2671433 501(C)(3) 0. 226,434. PURCHASED SUPPLIES, LOW-INCOME, UNINSURED ARCATA, CA 95521 95-2671433 501(C)(3) 0. 226,434. PURCHASED SUPPLIES, LOW-INCOME, UNINSURED ARCATA, CA 95521 PATIENTS DESTIMATED WHOLESALE HARMCEUTICALS SUPPORT TO US CLINICS &	OPEN AID ALLIANCE					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
Department Dep	715 RONAN STREET					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
OPEN ARMS CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 109 BIG A ROAD 20-3296577 501(C)(3) 0. 140,017. PURCHASED EQUIPMENT PATIENTS OPEN ARMS HEALTH CLINIC BESTIMATED WHOLESALE MEALTH CENTERS FOR WHOLESALE MEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED 3311 LITTLE RD 45-0621201 501(C)(3) 0. 697,953. PURCHASED EQUIPMENT PATIENTS OPEN DOOR COMMUNITY HEALTH CENTERS - ADMINISTRATION - 1275 8TH STREET WHOLESALE MEALTH CENTERS FOR PRICE, WEDICAL LOW-INCOME, UNINSURED - ARCATA, CA 95521 95-2671433 501(C)(3) 0. 226,434. PURCHASED SUPPLIES, LOW-INCOME, UNINSURED OPEN DOOR HEALTH CENTER PATIENTS ESTIMATED SUPPLIES, LOW-INCOME, UNINSURED OPEN DOOR HEALTH CENTER PATIENTS SUPPLIES, BATTENTS OPEN DOOR HEALTH CENTER PATIENTS SUPPLIES, BATTENTS OPEN DOOR MISSION 83-0375996 501(C)(3) 0. 833,420. PURCHASED SUPPLIES PATIENTS OPEN DOOR MISSION WHOLESALE PHARMACEUTICALS SUPPLIES DUPLIES PATIENTS SUPPLIES PATIENTS OPEN DOOR MISSION 83-0375996 50	MISSOULA, MT 59801	36-3652244	501(C)(3)	0.	32,027.	PRICE	SUPPLIES	PATIENTS
109 BIG A ROAD TOCCOA, GA 30577 20-3296577 501(C)(3) 0. 140,017. PURCHASED EQUIPMENT PATIENTS ESTIMATED WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR ALMINISTRATION - 1275 8TH STREET - ARCATA, CA 95521 OPEN DOOR HEALTH CENTER SUPPORT TO US CLINICS & WHOLESALE WHOLESALE WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PRICE, WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR WHOLESALE PRICE, MEDICAL LOW-INCOME, UNINSURED WHOLESALE PRICE, MEDICAL LOW-INCOME, UNINSURED WHOLESALE PRICE, MEDICAL LOW-INCOME, UNINSURED OPEN DOOR MISSION O. 833,420, PURCHASED SUPPLIES ATTENTS OPEN DOOR MISSION WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PRICE, MEDICAL LOW-INCOME, UNINSURED WHOLESALE PRICE, MEDICAL LOW-INCOME, UNINSURED WHOLESALE PRICE, MEDICAL LOW-INCOME, UNINSURED OPEN DOOR MISSION WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PRICE, MEDICAL LOW-INCOME, UNINSURED WHOLESALE PRICE, MEDICAL LOW-INCOME, UNINSURED OPEN DOOR MISSION WHOLESALE PRICE, MEDICAL LOW-INCOME, UNINSURED WHOLESALE PRICE, MEDICAL LOW-INCOME, UNINSURED OPEN DOOR MISSION WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED OPEN DOOR MISSION WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED OPEN DOOR MISSION WHOLESALE PRICE, MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL M						ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
TOCCOA, GA 30577 20-3296577 501(C)(3) 0. 140,017. PURCHASED EQUIPMENT PATIENTS SUPPORT TO US CLINICS & WHOLESALE WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED ARLINGTON, TX 76016 45-0621201 501(C)(3) 0. 697,953. PURCHASED PHARMACEUTICALS SUPPLIES, LOW-INCOME, UNINSURED APATIENTS PATIENTS OPEN DOOR COMMUNITY HEALTH CENTERS ARCATA, CA 95521 95-2671433 501(C)(3) 0. 226,434. PURCHASED SUPPLIES, WHOLESALE PHARMACEUTICALS WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WEDICAL LOW-INCOME, UNINSURED PRICE, WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WEDICAL LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WEDICAL UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WEDICAL UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WEDICAL UNINSURED PHARMACEUTICALS SUPPLIES PHARMACEUTICALS SUPPORT TO US CLINICS & WEDICAL UNINSURED PHARMACEUTICALS PHARMACEUTICALS SUPPORT TO US CLINICS & WEDICAL UNINSURED PHARMACEUTICALS PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WEDICAL DESTINATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS SUPP	OPEN ARMS CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
DPEN ARMS HEALTH CLINIC OPEN ARMS HEALTH CLINIC 3311 LITTLE RD ARLINGTON, TX 76016 45-0621201 501(C)(3) OPEN DOOR COMMUNITY HEALTH CENTERS - ADMINISTRATION - 1275 8TH STREET - ARCATA, CA 95521 OPEN DOOR HEALTH CENTER OPEN DOOR MISSION BS-0375996 501(C)(3) OR 833,420, PURCHASED SUPPLIES PATIENTS OPEN DOOR MISSION BSSTIMATED WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS SUPPORT PHARMACEUTICALS SUPPORT PHARMACEUTICALS SUPPORT PHARMACEUTICALS SUPPO	109 BIG A ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
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ARLINGTON, TX 76016 45-0621201 501(C)(3) 0. 697,953. PURCHASED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR ADMINISTRATION - 1275 8TH STREET ARCATA, CA 95521 95-2671433 501(C)(3) 0. 226,434. PURCHASED SUPPLIES, PATIENTS OPEN DOOR HEALTH CENTER HOMESTEAD, FL 33030 83-0375996 501(C)(3) 0. 833,420. PURCHASED SUPPLIES PHARMACEUTICALS HEALTH CENTERS FOR PRICE, MEDICAL LOW-INCOME, UNINSURED PHARMACEUTICALS HEALTH CENTERS FOR PRICE, MEDICAL LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & PRICE, MEDICAL LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & PRICE, MEDICAL HEALTH CENTERS FOR PHARMACEUTICALS SUPPORT TO US CLINICS & PHARMACEUTICALS WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & PHARMACEUTICALS SUPPORT TO US CLINICS & PHARMACEUTICALS WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & PHARMACEUTICALS SUPPORT TO US C	OPEN ARMS HEALTH CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
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OPEN DOOR COMMUNITY HEALTH CENTERS - ADMINISTRATION - 1275 8TH STREET - ARCATA, CA 95521 95-2671433 501(C)(3) 0. 226,434. PURCHASED SUPPLIES, PATIENTS OPEN DOOR HEALTH CENTER OPEN DOOR HEALTH CENTER 151 NW 11 STREET HOMESTEAD, FL 33030 83-0375996 501(C)(3) 0. 833,420. PURCHASED SUPPLIES PATIENTS ESTIMATED PHARMACEUTICALS OPEN DOOR MISSION ESTIMATED PHARMACEUTICALS SUPPLIES PATIENTS OPEN DOOR MISSION ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & OPEN DOOR MISSION SUPPLIES SUPPLIES, LOW-INCOME, UNINSURED OPEN DOOR MISSION SUPPLIES, LOW-INCOME, UNINSURED	ARLINGTON, TX 76016	45-0621201	501(C)(3)	0.	697,953.	PURCHASED	EQUIPMENT	PATIENTS
- ADMINISTRATION - 1275 8TH STREET - ARCATA, CA 95521 95-2671433 501(C)(3) 0. 226,434. PURCHASED SUPPLIES, PATIENTS SUPPORT TO US CLINICS & WHOLESALE PRICE, MEDICAL SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PRICE, MEDICAL LOW-INCOME, UNINSURED SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PRICE, MEDICAL LOW-INCOME, UNINSURED SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MHOLESALE MHO	·				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
- ARCATA, CA 95521 95-2671433 501(C)(3) 0. 226,434. PURCHASED SUPPLIES, PATIENTS OPEN DOOR HEALTH CENTER OPEN DOOR HEALTH CENTER 151 NW 11 STREET HOMESTEAD, FL 33030 83-0375996 501(C)(3) 0. 833,420. PURCHASED SUPPLIES PATIENTS OPEN DOOR MISSION OPEN DOOR MISSION 2828 NORTH 23RD STREET EAST OPEN DOOR MISSION 2826,434. PURCHASED SUPPLIES, PATIENTS SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED	OPEN DOOR COMMUNITY HEALTH CENTERS					WHOLESALE	OTHER.	HEALTH CENTERS FOR
- ARCATA, CA 95521 95-2671433 501(C)(3) 0. 226,434. PURCHASED SUPPLIES, PATIENTS OPEN DOOR HEALTH CENTER OPEN DOOR HEALTH CENTER HOMESTEAD, FL 33030 83-0375996 501(C)(3) 0. 833,420. PURCHASED SUPPLIES PATIENTS OPEN DOOR MISSION OPEN DOOR MISSION 226,434. PURCHASED SUPPLIES, PATIENTS SUPPORT TO US CLINICS & BESTIMATED PHARMACEUTICALS SUPPLIES SUPPLIES SUPPLIES SUPPLIES SUPPLIES SUPPLIES SUPPLIES, LOW-INCOME, UNINSURED PRICE, SUPPLIES, LOW-INCOME, UNINSURED	- ADMINISTRATION - 1275 8TH STREET					PRICE.	MEDICAL	LOW-INCOME, UNINSURED
OPEN DOOR HEALTH CENTER OPEN DOOR HEALTH CENTER 151 NW 11 STREET HOMESTEAD, FL 33030 83-0375996 501(C)(3) 0. 833,420. PURCHASED ESTIMATED WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS OPEN DOOR MISSION WHOLESALE WHOLESALE WHOLESALE WHOLESALE MEDICAL HEALTH CENTERS FOR WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED	- ARCATA, CA 95521	95-2671433	501(C)(3)	0.	226,434.		SUPPLIES.	'
OPEN DOOR HEALTH CENTER 151 NW 11 STREET HOMESTEAD, FL 33030 83-0375996 501(C)(3) 0. 833,420. PURCHASED SUPPLIES PATIENTS OPEN DOOR MISSION 2828 NORTH 23RD STREET EAST WHOLESALE PHARMACEUTICALS LOW-INCOME, UNINSURED PATIENTS SUPPORT TO US CLINICS & WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED	· · · · · · · · · · · · · · · · · · ·				,		,	SUPPORT TO US CLINICS &
151 NW 11 STREET HOMESTEAD, FL 33030 83-0375996 501(C)(3) 0. 833,420. PURCHASED SUPPLIES PATIENTS OPEN DOOR MISSION 2828 NORTH 23RD STREET EAST PRICE, MEDICAL LOW-INCOME, UNINSURED WHOLESALE WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED	OPEN DOOR HEALTH CENTER						PHARMACEUTICALS	
HOMESTEAD, FL 33030 83-0375996 501(C)(3) 0. 833,420. PURCHASED SUPPLIES PATIENTS OPEN DOOR MISSION 2828 NORTH 23RD STREET EAST 83-0375996 501(C)(3) 0. 833,420. PURCHASED PHARMACEUTICALS WHOLESALE WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED								
DESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & OPEN DOOR MISSION WHOLESALE , MEDICAL HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED		83-0375996	501(C)(3)	0.	833.420.	'	'	· '
OPEN DOOR MISSION 2828 NORTH 23RD STREET EAST WHOLESALE , MEDICAL HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED	,		,		, , , =			
2828 NORTH 23RD STREET EAST PRICE, SUPPLIES, LOW-INCOME, UNINSURED	OPEN DOOR MISSION							
							l'	
	OMAHA, NE 68110	47-0411375	501(C)(3)	0.	6 302.	,	EQUIPMENT	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV. assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS OPEN DOOR URBAN MINISTRIES OF WAKE WHOLESALE MEDICAL HEALTH CENTERS FOR COUNTY - 1390 CAPITAL BLVD -PRICE SUPPLIES LOW-INCOME, UNINSURED 168,820, PURCHASED RALEIGH, NC 27603 58-1422700 501(C)(3) 0. EOUIPMENT PATIENTS OPPORTUNITY CENTER FOR THE HOMELESS - 1208 MYRTLE AVENUE - EL PASO, TX 79901 74-2634199 501(C)(3) 240,600 0 FUND FOR HEALTH EOUITY ORANGE COUNTY ASIAN AND PACIFIC ISLANDER COMMUNITY ALLIANCE, INC. - 12912 BROOKHURST STREET - GARDEN GROVE, CA 92840 91-2047245 501(C)(3) 200,000 0. FUND FOR HEALTH EQUITY ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL ORANGE COUNTY FREE CLINIC HEALTH CENTERS FOR 101 C WOODWARK STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 25-1922019 501(C)(3) 0 74,586. PURCHASED EOUIPMENT PATTENTS ORANGE, VA 22960 SUPPORT TO US CLINICS & OUTLOOK HEALTH SERVICES PHARMACEUTICALS HEALTH CENTERS FOR ESTIMATED 10510 SOUTH AVE W WHOLESALE MEDICAL LOW-INCOME, UNINSURED 41-1707647 501(C)(3) 10,151, PRICE SUPPLIES PATIENTS CHISAGO CITY, MN 55013 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & OUTREACH COMMUNITY HEALTH CENTERS WHOLESALE MEDICAL HEALTH CENTERS FOR 711 W. CAPITOL DRIVE PRICE SUPPLIES LOW-INCOME, UNINSURED 161,623, PURCHASED MILWAUKEE WI 53206 39-1353282 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR OUTREACH HEALTH SERVICES INC. 130 NORTH HIGH STREET PRICE MEDICAL LOW-INCOME, UNINSURED 194 935 PURCHASED PATIENTS SHUBUTA MS 39360 64-0736857 501(C)(3) 0. SUPPLIES GENERAL U.S. EMERGENCY OXNARD FIREFIGHTERS FOUNDATION PREP & RESPONSE, 2018 PO BOX 5503 CALIFORNIA WILDFIRES, OXNARD, CA 93031 45-5239547 501(C)(3) 265 000. 0. FLORIDA BUILDING COLLAPSE ESTIMATED SUPPORT TO US CLINICS & OZANAM CHARITABLE PHARMACY WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 109 S. CEDAR STREET PRICE MEDICAL LOW-INCOME, UNINSURED MOBILE, AL 36602 72-1386236 501(C)(3) 0. 250 392 PURCHASED SUPPLIES PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	rage
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OZARK TRI-COUNTY HEALTH CARE							SUPPORT TO US CLINICS &
CONSORTIUM DBA ACCESS FAMILY CARE					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
- 475 NELSON AVENUE - NEOSHO, MO					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
64850	43-1752799	501(C)(3)	0.	5,106.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
P.STEST					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
555 E TACHEVAH SUITE 1E-201					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
PALM SPRINGS, CA 92262	84-2497311	501(C)(3)	0.	29,041.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PACE COMMUNITY ACTION AGENCY, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
HEALTH CONNECTION - 525 N. 4TH					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
STREET - VINCENNES, IN 47591	35-1120537	501(C)(3)	0.	37,191.	PURCHASED	EQUIPMENT	PATIENTS
·				•	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PACIFIC GARDEN MISSION					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1458 S. CANAL STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CHICAGO, IL 60607	36-2445391	501(C)(3)	0.	27,674.	PURCHASED	EQUIPMENT	PATIENTS
				•	ESTIMATED		SUPPORT TO US CLINICS &
PALMETTO HEALTH COUNCIL, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
643 MAIN STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
PALMETTO, GA 30268	58-1307597	501(C)(3)	0.	1,801,196.	PURCHASED	SUPPLIES	PATIENTS
				, ,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PANCARE OF FLORIDA INC					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
403 EAST 11TH ST					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PANAMA CITY, FL 32401	91-2189932	501(C)(3)	0.	1,760,083.	· '	EQUIPMENT	PATIENTS
,				, ,			SUPPORT TO US CLINICS &
PARK DUVALLE COMMUNITY HEALTH					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
CENTER - 3015 WILSON AVENUE -					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
LOUISVILLE, KY 40211	61-0666209	501(C)(3)	0.	11,882.	PRICE	SUPPLIES	PATIENTS
•				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PARK STREET HEALTHSHARE, LLC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
145 STATE STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
RUTLAND, VT 05701	83-0427544	501(C)(3)	0.	31.972.	PURCHASED	EQUIPMENT	PATIENTS
		, , ,		· = / · · · = •	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PARKVIEW OUTREACH COMMUNITY					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
			I			'	
1205 DR. MARTIN LUTHER KING JR. WAY	Z				PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED

Schedule I (Form 990)

Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				ESTIMATED		SUPPORT TO US CLINICS &
				WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
				PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
62-1834800	501(C)(3)	0.	61,609.	PURCHASED	SUPPLIES	PATIENTS
				ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
				WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
				PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
20-2090446	501(C)(3)	0.	9,130.	PURCHASED	EQUIPMENT	PATIENTS
				ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
				WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
				PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
58-2405825	501(C)(3)	0.	68,441.	PURCHASED	EQUIPMENT	PATIENTS
			,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
				WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
				PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
20-0462905	501(C)(3)	0.	174,729.	PURCHASED	EQUIPMENT	PATIENTS
			•			
						PUERTO RICO, PUERTO RICO
13-4215024	501(C)(3)	300,000.	0.			EARTHQUAKE
		,				INCREASING IMMUNITY
						AWARDS - CVS, ADDRESS
						MICRONUTRIENT DEF AWARDS
95-1690966	501(C)(3)	100,000.	0.			BAYER
		,		ESTIMATED		SUPPORT TO US CLINICS &
				WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
					MEDICAL	LOW-INCOME, UNINSURED
75-2512752	501(C)(3)	0.	66 375.	,	'	PATIENTS
						SUPPORT TO US CLINICS &
					MEDICAL	HEALTH CENTERS FOR
						LOW-INCOME, UNINSURED
01-0545327	501(C)(3)	0	5 333	,	1	PATIENTS
12 1313327			2,233.			SUPPORT TO US CLINICS &
				WHOLESALE	MEDICAL	HEALTH CENTERS FOR
		1	İ		l,	[
l				PRICE.	SUPPLIES,	LOW-INCOME, UNINSURED
	(b) EIN 62-1834800 20-2090446 58-2405825 20-0462905 13-4215024 95-1690966 75-2512752	(b) EIN (c) IRC section	(b) EIN (c) IRC section if applicable (d) Amount of cash grant 0. 62-1834800 501(C)(3) 0. 20-2090446 501(C)(3) 0. 58-2405825 501(C)(3) 0. 20-0462905 501(C)(3) 0. 13-4215024 501(C)(3) 300,000. 95-1690966 501(C)(3) 100,000. 75-2512752 501(C)(3) 0.	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (e) Amount of cash grant (e) Amount of noncash assistance (e) Amount of noncash assistance (e) Amount of noncash assistance (e) Amount of cash grant (e) Amount of noncash assistance (e) Amount of cash grant (e) Amount of noncash assistance (e) Amount of noncash assis	(c) IRC section frapplicable (d) Amount of cash grant (e) Amount of noncash assistance (l) Method of valuation (book, FMV, appraisal, other) ESTIMATED MHOLESALE PRICE, 62-1834800 501(C)(3) 0. 61,609. PURCHASED ESTIMATED MHOLESALE PRICE, 20-2090446 501(C)(3) 0. 9,130. PURCHASED ESTIMATED MHOLESALE PRICE, 58-2405825 501(C)(3) 0. 68,441. PURCHASED ESTIMATED MHOLESALE PRICE, 20-0462905 501(C)(3) 0. 174,729. PURCHASED ESTIMATED MHOLESALE PRICE, 20-0462905 501(C)(3) 300,000. 0. ESTIMATED MHOLESALE PRICE, 75-2512752 501(C)(3) 0. 66,375. PURCHASED ESTIMATED MHOLESALE PRICE, 75-2512752 501(C)(3) 0. 5,333. PURCHASED ESTIMATED MHOLESALE PRICE, 01-0545327 501(C)(3) 0. 5,333. PURCHASED ESTIMATED MHOLESALE PRICE, ESTIMATED MHOLESALE PRICE, 20-0462905 501(C)(3) 0. 5,333. PURCHASED ESTIMATED	Cash grant

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Doi	The Stie Organizations		verninents (con		1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PEOPLE'S HEALTH CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
650 ROUND VALLEY DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PARK CITY, UT 84068	87-0638042	501(C)(3)	0.	1,978,669.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PERSON FAMILY MEDICAL CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
702 NORTH MAIN STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ROXBORO, NC 27573	58-1387324	501(C)(3)	0.	15,860.	PURCHASED	EQUIPMENT	PATIENTS
PHILANTHROPY NETWORK GREATER PHILAD - 230 S BROAD STREET - PHILADELPHIA, PA 19102-4121	23-2518417	501(C)(3)	50,000.	0.			COVID19-US
,			, ,		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PHOENIX ALLIES FOR COMMUNITY					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
HEALTH - 2902 W CLARENDON -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PHOENIX, AZ 85017	46-0650798	501(C)(3)	0.	142 463	PURCHASED	EOUIPMENT	PATIENTS
		(-,(-,			ESTIMATED	~	SUPPORT TO US CLINICS &
PIEDMONT ACCESS TO HEALTH					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
SERVICES, INC 705 MAIN STREET -					PRICE,	SUPPLIES.	LOW-INCOME, UNINSURED
DANVILLE, VA 24541	54-2026502	501 (C) (3)	0.	167 989	PURCHASED	EQUIPMENT	PATIENTS
<u> </u>	31 2020302	501(0)(0)	1	107,303.	ESTIMATED	DQ 0 11 11 11 11	SUPPORT TO US CLINICS &
PLAN A HEALTH, INC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1454 MAIN STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
LOUISE, MS 39097	83-2144751	501(0)(3)	0.	1/1 301	PURCHASED	SUPPLIES	PATIENTS
10013E, M3 37077	03-2144/31	501(0)(3)	0.	141,501.	FORCHASED	SOFFEEES	FAILENIS
PLAN A HEALTH, INC.							
1454 MAIN STREET							STRENGTHEN REPRODUCTIVE
LOUISE, MS 39097	83-2144751	501(C)(3)	50,000.	0.			HLTH AWARD BAYER
					ESTIMATED		SUPPORT TO US CLINICS &
PLANNED PARENTHOOD CALIFORNIA					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CENTRAL COAST - 518 GARDEN ST -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SANTA BARBARA, CA 93101	95-2319356	501(C)(3)	0.	7,134.	PURCHASED	SUPPLIES	PATIENTS
PLANNED PARENTHOOD INDIANA AND							
							STRENGTHEN REPRODUCTIVE
KENTUCKY - 200 S. MERIDIAN ST.	25 0074276	E01/C\/3\	E0 000	•			
SUITE 400 - INDIANAPOLIS, IN 46225	35-0874276	DOT(C)(3)	50,000.	0.			HLTH AWARD BAYER

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Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED		SUPPORT TO US CLINICS &
PLANNED PARENTHOOD KEYSTONE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
610 LOUIS DR. STE 300					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
WARMINSTER, PA 18974	23-2450112	501(C)(3)	0.	54,676.	PURCHASED	SUPPLIES	PATIENTS
PLANNED PARENTHOOD OF CALIFORNIA							
CENTRAL COAST - 518 GARDEN STREET							
- SANTA BARBARA, CA 93101	95-2319356	501(C)(3)	67,032.	0.			POWER FOR HEALTH-CA
							SUPPORT TO US CLINICS &
PLANNED PARENTHOOD OF GREATER OHIO					ESTIMATED		HEALTH CENTERS FOR
25350 ROCKSIDE ROAD					WHOLESALE		LOW-INCOME, UNINSURED
BEDFORD HEIGHTS, OH 44146	34-1015976	501(C)(3)	0.	7,465.	PRICE	PHARMACEUTICALS	PATIENTS
PLANNED PARENTHOOD OF SOUTH, EAST,							SUPPORT TO US CLINICS &
AND NORTH FLORIDA PEMBROKE PINES -					ESTIMATED		HEALTH CENTERS FOR
263 NORTH UNIVERSITY DRIVE -					WHOLESALE		LOW-INCOME, UNINSURED
PEMBROKE PINES, FL 33024	59-1391115	501(C)(3)	0.	32,399.	PRICE	PHARMACEUTICALS	PATIENTS
							SUPPORT TO US CLINICS &
PLANNED PARENTHOOD OF THE GULF					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
COAST SPRING HEALTH CENTER - 4747					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
LOUETTA ROAD - SPRING, TX 77388	74-1100163	501(C)(3)	0.	128,381.	PRICE	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
PLANNED PARENTHOOD SOUTH TEXAS					ESTIMATED		HEALTH CENTERS FOR
BABCOCK - 2140 BABCOCK ROAD - SAN					WHOLESALE		LOW-INCOME, UNINSURED
ANTONIO, TX 78229	20-2851515	501(C)(3)	0.	29,059.	PRICE	PHARMACEUTICALS	PATIENTS
PLANNED PARENTHOOD SOUTHEAST, INC.							SUPPORT TO US CLINICS &
EAST ATLANTA VILLAGE HEALTH CENTER					ESTIMATED		HEALTH CENTERS FOR
- 440 MORELAND AVENUE, SE -					WHOLESALE		LOW-INCOME, UNINSURED
ATLANTA, GA 30316	58-6045874	501(C)(3)	0.	24,902.	PRICE	PHARMACEUTICALS	PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
POCATELLO FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1001 N. 7TH AVENUE SUITE 155					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
POCATELLO, ID 83201	82-0351133	501(C)(3)	0.	393,652.	PURCHASED	EQUIPMENT	PATIENTS
,		· · · · · · · · · · · · · · · · · · ·		,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
POINT WASHINGTON MEDICAL CLINIC					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
1290 N. CO. HWY 395					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SANTA ROSA BEACH, FL 32459	83-1125021	501(C)(3)	0.	63 478	PURCHASED	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PONCE MEDICAL SCHOOL FOUNDATION					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
388 DR. LUIS F. SALA STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
PONCE, PR 00716	66-0379122	501(C)(3)	0.	15,692.	PURCHASED	SUPPLIES,	PATIENTS
POR LOS NUESTROS CALLE JACARANDA #91							
SAN JUAN, PR 00912	66-0776227	501(C)(3)	1,695,000.	0.			ABBVIE PR ENERGY PROJECTS
							SUPPORT TO US CLINICS &
POR LOS NUESTROS, INC.							HEALTH CENTERS FOR
4 AVE. DE DIEGO					PURCHASED		LOW-INCOME, UNINSURED
SAN JUAN, PR 00927	66-0894050	501(C)(3)	0.	21,542.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PORTLAND COMMUNITY FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
39 FOREST AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PORTLAND, ME 04101	46-2965702	501(C)(3)	0.	17,001.	PURCHASED	EQUIPMENT	PATIENTS
				-	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PORTLAND COMMUNITY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
180 PARK AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PORTLAND, ME 04102	45-4960453	501(C)(3)	0.	138,242.	PURCHASED	EQUIPMENT	PATIENTS
PORTSMOUTH COMMUNITY HEALTH				-	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CENTER, INC. DBA HAMPTON ROADS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
COMMUNITY HEALTH CENT - 3415					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
GRANBY STREET - NORFOLK, VA 23504	54-1626757	501(C)(3)	0.	39,902.	PURCHASED	EQUIPMENT	PATIENTS
				•			SUPPORT TO US CLINICS &
PREGNANCY HELP CENTER OF FORT					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
WORTH - 7700 CAMP BOWIE BLVD. WEST					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
- FORT WORTH, TX 76116	75-2125380	501(C)(3)	0.	7,782.	PRICE	SUPPLIES	PATIENTS
•				,	ESTIMATED		SUPPORT TO US CLINICS &
PRESTON-TAYLOR COMMUNITY HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CENTERS - 725 N. PIKE STREET -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
GRAFTON, WV 26354	55-0665614	501(C)(3)	0.	33,862.	PURCHASED	SUPPLIES	PATIENTS
,		-		,,	ESTIMATED		SUPPORT TO US CLINICS &
PRETERM					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
12000 SHAKER BLVD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
CLEVELAND, OH 44120	23-7314836	501(C)(3)	0.	12.835.	PURCHASED	SUPPLIES	PATIENTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PRIMARY CARE AT HOME, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
400 - 29TH STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
OAKLAND, CA 94609	47-5519154	501(C)(3)	0.	111,644.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
PRIMARY CARE OF SOUTHWEST GEORGIA					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
360 COLLEGE ST					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
BLAKELY, GA 39823-2554	31-1840668	501(C)(3)	0.	30,789.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PRIMARY HEALTH SERVICES CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2913 BETIN AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MONROE, LA 71201	72-1347028	501(C)(3)	0.	53,468.	PURCHASED	EQUIPMENT	PATIENTS
PROGRAM FOR HEALTH CARE TO					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
UNDERSERVED POPULATIONS BIRMINGHAM					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
FREE CLINIC - UPMC MONTEFIORE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
HOSPITAL - PITTSBURGH, PA 15213	23-2919472	501(C)(3)	0.	74,278.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PROJECT H.O.P.E.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
519-525 WEST ST					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CAMDEN, NJ 08103	20-4133180	501(C)(3)	0.	128,401.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
PROJECT HEALTH, INC. DBA LANGLEY					ESTIMATED		HEALTH CENTERS FOR
HEALTH SERVICES - 1425 SOUTH US					WHOLESALE	PHARMACEUTICALS	LOW-INCOME, UNINSURED
HWY 301 - SUMTERVILLE, FL 33585	59-1664577	501(C)(3)	0.	8,815.	PRICE	, OTHER	PATIENTS
							SUPPORT TO US CLINICS &
PROJECT LAZARUS					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
5368 NC HWY 16 S					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
MORAVIAN FALLS, NC 28654	56-2087110	501(C)(3)	0.	11,842.	PRICE	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
PROTEUS, INC.					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
1221 CENTER STREET					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
DES MOINES, IA 50309	42-1186501	501(C)(3)	0.	6,055.	PRICE	SUPPLIES	PATIENTS
				-	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PROTOTYPE HEALTH, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2055 E SOUTHERN AVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MESA, AZ 85282	86-0975231	501(C)(3)	0.	246,279.	PURCHASED	EQUIPMENT	PATIENTS

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					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PRYMED MEDICAL CARE, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CARRETERA 149, KM. 13.0					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CIALES, PR 00638	66-0428120	501(C)(3)	0.	33,686.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PUBLIC HEALTH SEATTLE & KING					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
COUNTY - 401 5TH AVE SUITE 1000 -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SEATTLE, WA 98104	91-6001327	501(C)(3)	0.	107,515.	PURCHASED	EQUIPMENT	PATIENTS
DUDWELG DE GALLE							
PUENTES DE SALUD							
1700 SOUTH STREET	06 1052202	F01/G)/2)	050 000				
PHILADELPHIA, PA 19146	26-1973303	501(C)(3)	250,000.	0.		D.113 D.113 G.D.123 G.	FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PUERTO RICO DEPARTMENT OF HEALTH					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
BO. MONACILLOS					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
SAN JUAN, PR 00921-0619	66-0437470	501(C)(3)	0.	290,549.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PUERTO RICO SALUD INC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
560 AVE CONSTITUCIN					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SAN JUAN, PR 00917	85-3051049	501(C)(3)	0.	417,759.	PURCHASED	EQUIPMENT	PATIENTS
PURDUE UNIVERSITY SPONSORED							
PROGRAM SERV - 23510 NETWORK PLACE							FUND FOR HEALTH EQUITY,
- CHICAGO, IL 60673-1235	35-6005697		300,000.	0.			ABBVIE HEALTH EQUITY
,			, -	-			SUPPORT TO US CLINICS &
OC HARM REDUCTION					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
1600 2ND AVENUE					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
ROCK ISLAND, IL 61201	47-2839109	501(C)(3)	0.	35,655.		SUPPLIES	PATIENTS
·		· · · · · · · · · · · · · · · · · · ·		, ,	ESTIMATED		SUPPORT TO US CLINICS &
QUEENSCARE HEALTH CENTERS					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
950 SOUTH GRAND AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LOS ANGELES, CA 90015	95-3702136	501(C)(3)	0.	51 387	PURCHASED	EQUIPMENT	PATIENTS
			· · · · · ·	52,557.		~	SUPPORT TO US CLINICS &
R.E.A.C.H. OUT PROJECT					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
12 KEREMA AVENUE					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
MILFORD, CT 06460	46-5541608	501(C)(3)	0.	16,014.		SUPPLIES	PATIENTS
			٠.	10,014.			

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Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
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					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
RAPHA CLINIC OF WEST GEORGIA					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
253 HIGHWAY 78					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
TEMPLE, GA 30179	27-1188932	501(C)(3)	0.	200,639.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
RAPIDES PRIMARY HEALTH CARE CENTER					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
1217 WILLOW GLEN RIVER ROAD					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
ALEXANDRIA, LA 71302	72-1252422	501(C)(3)	0.	208,766.	PURCHASED	SUPPLIES,	PATIENTS
							SUPPORT TO US CLINICS &
REACH OUT WORLDWIDE					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
700 S FLOWER STREET					WHOLESALE	, OTHER,	LOW-INCOME, UNINSURED
BURBANK, CA 91502	27-3237943	501(C)(3)	0.	5,545.	PRICE	EQUIPMENT	PATIENTS
·				-	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
RECOVERY CONSULTANTS OF ATLANTA,					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
INC 4229 SNAPFINGER WOODS DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
- DECATUR, GA 30035	58-2480021	501(C)(3)	0.	23,011.	PURCHASED	EQUIPMENT	PATIENTS
·				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
REDWOODS RURAL HEALTH CENTER INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
101 WEST COAST ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
REDWAY, CA 95560	94-2337367	501(C)(3)	0.	137,313.	PURCHASED	EQUIPMENT	PATIENTS
•				,		PHARMACEUTICALS	SUPPORT TO US CLINICS &
REGENCE HEALTH NETWORK HOMELESS					ESTIMATED	, OTHER,	HEALTH CENTERS FOR
CLINIC - 713 N. TAYLOR - AMARILLO,					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
TX 79107	75-1414940	501(C)(3)	0.	6,365.	PRICE	SUPPLIES	PATIENTS
				, -	ESTIMATED		SUPPORT TO US CLINICS &
RENEWED HOPE HEALTH CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
894 MARSHALL					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
ALLEGAN, MI 49010	16-1760734	501(C)(3)	0.	90 693.	PURCHASED	, SUPPLIES	PATIENTS
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
RHODE ISLAND FREE CLINIC							
655 BROAD ST							
PROVIDENCE, RI 02907	05-0501276	501(C)(3)	100,600.	0.			FUND FOR HEALTH EQUITY
				· ·	ESTIMATED		SUPPORT TO US CLINICS &
RICHARD F. CLARKE HELP FREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
PHARMACY - 1320 LASALLE AVENUE -					PRICE,	. MEDICAL	LOW-INCOME, UNINSURED
HAMPTON, VA 23669	54-1209213	501(C)(3)	0.	11 219	PURCHASED	SUPPLIES	PATIENTS
	31 1207213		<u> </u>	1 11,217.		F	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV. assistance appraisal, other) SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS RICHFORD HEALTH CENTER, INC. WHOLESALE MEDICAL HEALTH CENTERS FOR 44 MAIN STREET, SUITE 200 PRICE LOW-INCOME, UNINSURED SUPPLIES 111,465. PURCHASED RICHFORD, VT 05476 03-0215982 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED RISING SUNS PHARMACY WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 16 WEST GREEN DRIVE PRICE MEDICAL LOW-INCOME UNINSURED ATHENS, OH 45701 84-2852530 501(C)(3) 0 5,158, PURCHASED SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & RITESH SHAH CHARITABLE PHARMACY WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS 224 SHREWSBURY AVE PRICE MEDICAL LOW-INCOME UNINSURED RED BANK, NJ 07701 87-2441191 501(C)(3) 0. 16,070. PURCHASED SUPPLIES PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR RKM PRIMARY CARE WHOLESALE OTHER 11990 JACKSON STREET PRICE MEDICAL LOW-INCOME, UNINSURED 11,725. PURCHASED CLINTON, LA 70722 72-1443732 501(C)(3) 0 SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & ROANE COUNTY FAMILY HEALTH CARE WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS 146 WILLIAMS DRIVE PRICE MEDICAL LOW-INCOME, UNINSURED 55-0627933 501(C)(3) 91,849. PURCHASED SUPPLIES PATIENTS SPENCER, WV 25276 0. ROANOKE CHOWAN COMM HLTH CTR 120 HEALTH CENTER DRIVE AHOSKIE NC 27910 42-1638714 501(C)(3) 200,000 0. ABBVIE HEALTH EOUITY ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR ROANOKE CHOWAN COMMUNITY HEALTH OTHER CENTER - 120 HEALTH CENTER ROAD -PRICE MEDICAL LOW-INCOME, UNINSURED PATIENTS AHOSKIE NC 27910 42-1638714 501(C)(3) 0. 37 039 PURCHASED SUPPLIES PHARMACEUTICALS SUPPORT TO US CLINICS & ESTIMATED MEDICAL HEALTH CENTERS FOR ROBERT RUTLEDGE-SHRYOCK PORTLAND WHOLESALE STREET MEDICINE - 2717 NE BROADWAY SUPPLIES. LOW-INCOME, UNINSURED 17,572. PRICE ST - PORTLAND, OR 97232 82-4209837 501(C)(3) 0. EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & ROBESON HEALTH CARE CORPORATION WHOLESALE MEDICAL HEALTH CENTERS FOR 60 COMMERCE PLAZA PRICE LOW-INCOME, UNINSURED SUPPLIES. PEMBROKE, NC 28372 58-1622664 501(C)(3) 11 590 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED		SUPPORT TO US CLINICS &
ROLETTE COUNTY PUBLIC HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
DISTRICT - 114 3RD STREET NE -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ROLLA, ND 58367	02-0761623	501(C)(3)	0.	11,336.	PURCHASED	SUPPLIES	PATIENTS
ROOTS COMMUNITY HEALTH CENTER 9925 INTERNATIONAL BOULEVARD							INCREASING IMMUNITY
OAKLAND, CA 94603	26-2583954	501(C)(3)	50,000.	0.			AWARDS - CVS
					ESTIMATED		SUPPORT TO US CLINICS &
ROTACARE, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
875 JERUSALEM AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
UNIONDALE, NY 11553	11-3135331	501(C)(3)	0.	82,655.	PURCHASED	SUPPLIES	PATIENTS
RURAL ALLIANCE FOR BETTER HEALTH					ESTIMATED		SUPPORT TO US CLINICS &
AKA MISSOURI COMMUNITY HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CENTER - 1137 INDEPENDENCE DRIVE -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
WEST PLAINS, MO 65775	43-1932702	501(C)(3)	0.	6,759.	PURCHASED	SUPPLIES	PATIENTS
·				•	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
RURAL MEDICAL SERVICE, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
NEWPORT - 207 MURRAY DRIVE -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
NEWPORT, TN 37821	62-1102683	501(C)(3)	0.	349,930.	PURCHASED	EQUIPMENT	PATIENTS
RURAL PARISH CLINIC OF THE				,	ESTIMATED		SUPPORT TO US CLINICS &
ARCHDIOCESE OF ST. LOUIS - 20					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
ARCHBISHOP MAY DRIVE - ST. LOUIS,					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
MO 63108	84-3396327	501(C)(3)	0.	148 839.	PURCHASED	, SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
RUTH'S PLACE CLINIC					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
1411 CRAWFORD AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
GRANBURY, TX 76048	20-4594680	501(C)(3)	0.		PURCHASED	EQUIPMENT	PATIENTS
				,			SUPPORT TO US CLINICS &
RWJBARNABAS HEALTH							HEALTH CENTERS FOR
95 OLD SHORT HILLS ROAD					PURCHASED		LOW-INCOME, UNINSURED
WEST ORANGE, NJ 07052	22-2405279	501(C)(3)	0.	34,000.	PRICE	EOUIPMENT	PATIENTS
		.,.,,,		,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SABAN COMMUNITY CLINIC					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
		I	I			1'	
8405 BEVERLY BLVD.					PRICE.	SUPPLIES,	LOW-INCOME, UNINSURED

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SACRED HEART COMMUNITY CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
620 ROUND ROCK WEST DR. BLD #8					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ROUND ROCK, TX 78681	27-2901548	501(C)(3)	0.	46,248.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SAFE HARBOR FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
7209 265TH STREET NW					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
STANWOOD, WA 98292	26-3825107	501(C)(3)	0.	20,262.	PURCHASED	EQUIPMENT	PATIENTS
SAFER ALTERNATIVES THROUGH					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NETWORKING & EDUCATION (SANE) -					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CLINIC SITE - 2211 DEL PASO BLVD.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
- SACRAMENTO, CA 95815	94-3390723	501(C)(3)	0.	36,439.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SALINA FAMILY HEALTHCARE CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
651 E. PRESCOTT ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SALINA, KS 67401	48-0858197	501(C)(3)	0.	202,709.	PURCHASED	EQUIPMENT	PATIENTS
SALUD INTEGRAL EN LA MONTANA							
PO BOX 515							ADDITE DO THED A CORDICONIDE
	66-0329532	E01/G\/2\	85,000.	0.			ABBVIE PR INFRASTRUCTURE, EQUIPMENT
NARANJITO, PR 00719	00-0329332	501(C)(3)	85,000.	0.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SALUD INTEGRAL EN LA MONTANA					WHOLESALE	OTHER,	HEALTH CENTERS FOR
CARR 164 BARRIO ACHIOTE SECTOR EL					PRICE,	MEDICAL	
NARANJITO, PR 00719	66-0329532	E01/G\/2\	0.	60 405	PURCHASED	SUPPLIES.	LOW-INCOME, UNINSURED PATIENTS
NARANSIIO, PR 00/19	00-0329332	501(C)(3)	0.	00,485.	ESTIMATED	SUPPLIES,	SUPPORT TO US CLINICS &
SALUD PARA LA GENTE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
195 AVIATION WAY					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
WATSONVILLE, CA 95076	94-2705747	501/0\/3\	0.	16 633	PURCHASED	SUPPLIES	PATIENTS
WAISONVILLE, CA 93070	34-2703747	501(0/(3/	0.	10,033.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SAMARITAN HEALTH CLINIC					WHOLESALE	. MEDICAL	HEALTH CENTERS FOR
303 DACUSVILLE HIGHWAY					PRICE,	SUPPLIES.	LOW-INCOME, UNINSURED
EASLEY, SC 29640	57-0947115	501(C)(3)	0.	25 251	PURCHASED	EQUIPMENT	PATIENTS
EADDEI, BC 27040	37-0347113	501(0)(3)	· ·	25,251.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SAMARITAN HOUSE					WHOLESALE	. MEDICAL	HEALTH CENTERS FOR
114 FIFTH AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
	23-7416272	501(C)(3)	0.	330 510	PRICE, PURCHASED	EQUIPMENT	PATIENTS
REDWOOD CITY, CA 94063	23-14102/2	POT (C)(3)	<u> </u>	330,319.	LOVCUWOED	EČOTEMENI	LUITENID

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SAMARITAN REGIONAL HEALTH CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
24 NORTH SPRIGG STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CAPE GIRARDEAU, MO 63701	27-5427837	501(C)(3)	0.	236,834.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SAMARITANS TOUCH CARE CENTER, INC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
3015 HERRING AVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SEBRING, FL 33870	02-0773338	501(C)(3)	0.	59,101.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SAMUEL DIXON FAMILY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
25115 AVENUE STANFORD, SUITE A-104					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
VALENCIA, CA 91355	95-4278726	501(C)(3)	0.	21,288.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
SAN DIEGO FAMILY CARE LINDA VISTA					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
HEALTH CARE CENTER - 6973 LINDA					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
VISTA ROAD - SAN DIEGO, CA 92111	95-2700856	501(C)(3)	0.	8,665.	PURCHASED	SUPPLIES	PATIENTS
				•	ESTIMATED		SUPPORT TO US CLINICS &
SAN FRANCISCO FREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
4900 CALIFORNIA STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
SAN FRANCISCO, CA 94118	94-3186248	501(C)(3)	0.	244,630.	PURCHASED	SUPPLIES	PATIENTS
•				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SAN JOSE CLINIC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
2615 FANNIN STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
HOUSTON, TX 77002	76-0373703	501(C)(3)	0.	458 149.	PURCHASED	SUPPLIES,	PATIENTS
· · · · · · · · · · · · · · · · · · ·				,	ESTIMATED	,	SUPPORT TO US CLINICS &
SAN JUDAS COMMUNITY HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
INC - 1080 NORTH WESTERN AVENUE -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
LOS ANGELES, CA 90029	81-3135863	501(C)(3)	0.	8 957.	PURCHASED	SUPPLIES	PATIENTS
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
SAN YSIDRO HEALTH							
1601 PRECISION PARK LANE							
SAN DIEGO, CA 92173	95-2801772	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
	20 2001//2			<u> </u>	ESTIMATED		SUPPORT TO US CLINICS &
SAN YSIDRO HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
4004 BEYER BOULEVARD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SAN YSIDRO, CA 92173	95-2801772	501(C)(3)	0.	16 7/15	PURCHASED	SUPPLIES	PATIENTS
DAN 131DAO, CA 321/3	33-20U11/2	DOT(C)(3)	<u> </u>	10,745.	T OVCUVOED	Ьосептер	LUITEMIO

Schedule I (Form 990)

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
							SUPPORT TO US CLINICS &		
SANDGAARD FOUNDATION					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR		
9655 MAROON CIR					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED		
ENGLEWOOD, CO 80112	83-1476001	501(C)(3)	0.	33,131.	PRICE	SUPPLIES	PATIENTS		
SANTA BARBARA BUCKET BRIGADE									
224 SOUTH MILPAS									
SANTA BARBARA, CA 93103	85-1156413	501(C)(3)	50,000.	0.			CALIFORNIA WILDFIRES		
,			,		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
SANTA BARBARA COUNTY EXECUTIVE					WHOLESALE	, OTHER,	HEALTH CENTERS FOR		
OFFICE - 105 EAST ANAPAMU STREET,					PRICE,	MEDICAL	LOW-INCOME, UNINSURED		
SUITE 3 - SANTA BARBARA, CA 93103	95-6002833	501(C)(3)	0.	751,749.	PURCHASED	SUPPLIES,	PATIENTS		
				,	ESTIMATED	,	SUPPORT TO US CLINICS &		
SANTA BARBARA COUNTY OFFICE OF					WHOLESALE		HEALTH CENTERS FOR		
EDUCATION - 4400 CATHEDRAL OAKS					PRICE,	OTHER, MEDICAL	LOW-INCOME, UNINSURED		
ROAD - SANTA BARBARA, CA 93160	95-6000940	501(C)(3)	0.	10,580.	PURCHASED	SUPPLIES	PATIENTS		
SANTA BARBARA NEIGHBORHOOD CLINICS				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
EASTSIDE NEIGHBORHOOD CLINIC - 915					WHOLESALE	, OTHER,	HEALTH CENTERS FOR		
N. MILPAS STREET - SANTA BARBARA,					PRICE,	MEDICAL	LOW-INCOME, UNINSURED		
CA 93103	77-0496382	501(C)(3)	0.	179,067.	PURCHASED	SUPPLIES,	PATIENTS		
				,	ESTIMATED	,	SUPPORT TO US CLINICS &		
SANTA BARBARA UNIFIED SCHOOL					WHOLESALE		HEALTH CENTERS FOR		
DISTRICT - 720 SANTA BARBARA					PRICE,	OTHER, MEDICAL	LOW-INCOME, UNINSURED		
STREET - SANTA BARBARA, CA 93101	30-0690985	501(C)(3)	0.	17,431.	PURCHASED	SUPPLIES	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
SANTA CLARA COUNTY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
725 E. SANTA CLARA STREET #202					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
SAN JOSE, CA 95112	94-6400533	SANTA CLARA COUN	0.	2,066,607.	PURCHASED	EQUIPMENT	PATIENTS		
SANTA CRUZ BARRIOS UNIDOS									
1817 SOQUEL AVENUE									
SANTA CRUZ, CA 95062	77-0333450	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
SANTA CRUZ COMMUNITY HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
CENTERS - 125 WATER STREET SUITE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
A2 - SANTA CRUZ, CA 95060	23-7428303	501(C)(3)	0.	15,796.	PURCHASED	EQUIPMENT	PATIENTS		

Schedule I (Form 990)

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(5) =	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
							SUPPORT TO US CLINICS &
SANTA MARIA VALLEY YOUTH AND					ESTIMATED		HEALTH CENTERS FOR
FAMILY CENTER - 105 N. LINCOLN					WHOLESALE		LOW-INCOME, UNINSURED
STREET - SANTA MARIA, CA 93458	95-3144808	501(C)(3)	0.	11,952.	PRICE	OTHER	PATIENTS
							SUPPORT TO US CLINICS &
SAVIE HEALTH					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
1111 E. OCEAN AVENUE SUITE 2					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
LOMPOC, CA 93436	86-1668790	501(C)(3)	0.	7,031.	PRICE	SUPPLIES	PATIENTS
SB COUNTY SEARCH & RESCUE, INC							
66 S SAN ANTONIO ROAD							GENERAL LOCAL PROGRAM
SANTA BARBARA, CA 93110	95-6193608	501(C)(3)	80,000.	0.			SUPPORT
					ESTIMATED		SUPPORT TO US CLINICS &
SCOTLAND COMMUNITY HEALTH CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1405-B WEST BLVD.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LAURINBURG, NC 28352	20-2841940	501(C)(3)	0.	53,114.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
SCRANTON PRIMARY HEALTH CARE					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
CENTER - 959 WYOMING AVENUE -					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
SCRANTON, PA 18509	23-2024511	501(C)(3)	0.	159,815.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SEA MAR COMMUNITY HEALTH CENTERS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1040 SOUTH HENDERSON STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SEATTLE, WA 98108	91-1020139	501(C)(3)	0.	17,513.	PURCHASED	EQUIPMENT	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
SEATTLE INDIAN HEALTH BOARD					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
611 12TH AVENUE S					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
SEATTLE, WA 98144	91-0869056	501(C)(3)	0.	12,188.	PRICE	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
SECOND CHRISTIAN CHURCH							HEALTH CENTERS FOR
PO BOX 1021					PURCHASED		LOW-INCOME, UNINSURED
MAYFIELD, KY 42066	61-1338627	501(C)(3)	0.	12,808.	PRICE	EQUIPMENT	PATIENTS
SELF-HELP FOR THE ELDERLY							
731 SANSOME ST, SUITE 100							
SAN FRANCISCO, CA 94111	94-1750717	501(C)(3)	176,000.	0.			FUND FOR HEALTH EQUITY

Schedule I (Form 990)

Part II Continuation of Grants and Other A							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SELF-HELP FOR THE ELDERLY							
731 SANSOME ST, SUITE 100							
SAN FRANCISCO, CA 94111	94-1750717	501(C)(3)	25,000.	0.			COVID19-US
,		(.) (.)			ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SEMO HEALTH NETWORK SOUTHEAST					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
MISSOURI HEALTH NETWORK - 311 MAIN					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
STREET - NEW MADRID, MO 63869	43-1253101	501(C)(3)	0.		PURCHASED	EQUIPMENT	PATIENTS
,				, -	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SERVE THE PEOPLE COMMUNITY HEALTH					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
CENTER - 1206 E 17TH STREET SUITE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
101 - SANTA ANA, CA 92701	27-0421556	501(C)(3)	0.		PURCHASED	EQUIPMENT	PATIENTS
SERVICIOS DE SALUD PRIMARIOS DE				, -		~	SUPPORT TO US CLINICS &
BARCELONETA D/B/A ATLANTIC MEDICAL							HEALTH CENTERS FOR
CENTER - CARR. 2 1995 -					PURCHASED		LOW-INCOME, UNINSURED
BARCELONETA, PR 00617	66-0426667	501(C)(3)	0.	6,515.	PRICE	EQUIPMENT	PATIENTS
,				,			SUPPORT TO US CLINICS &
SETEBAID SERVICES, INC.					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
1157 WESTBRANCH HIGHWAY					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
WINFIELD, PA 17889	23-2979076	501(C)(3)	0.	11,430.	PRICE	EQUIPMENT	PATIENTS
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SHACKELFORD COUNTY COMMUNITY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
RESOURCE CENTER - 725 PATE STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
- ALBANY, TX 76430	75-2541970	501(C)(3)	0.	5,254.	PURCHASED	EQUIPMENT	PATIENTS
SHARE OUR SELVES CORPORATION							
1550 SUPERIOR AVE							HELPING BUILD HEALTHY
COSTA MESA, CA 92627	95-3222316	501(C)(3)	270,000.	0.			COMM AWARDS - BD
GUADED HADVEGE FOIDIDATION							
SHARED HARVEST FOUNDATION							
10000 WASHINGTON BLVD SUITE 600	22 055666	E01/G\/3\	270 000	_			TILV HEALEN PONTEN
CULVER CITY, CA 90232	32-0556686	501(C)(3)	270,000.	0.			LILLY HEALTH EQUITY
SHARED HARVEST FOUNDATION							
10000 WASHINGTON BLVD SUITE 600							
CULVER CITY, CA 90232	32-0556686	501(C)(3)	50,000.	0.			COVID19-US

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV. assistance appraisal, other) SUPPORT TO US CLINICS & SHARED HARVEST FUND MYCOVIDMD MEDICAL HEALTH CENTERS FOR 10000 WASHINGTON BLVD PURCHASED SUPPLIES LOW-INCOME, UNINSURED 7,609. PRICE CULVER CITY, CA 90232 32-0556686 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED SHAWANO AREA MATTHEW 25 INC. WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR (SAM25) - 105 E. RICHMOND STREET PRICE MEDICAL LOW-INCOME UNINSURED SHAWANO, WI 54166 46-5493989 501(C)(3) 0 12,977. PURCHASED SUPPLIES PATTENTS SHEEP INC. HEALTH CARE CENTER ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS MONROEVILLE ASSEMBLY OF GOD -WHOLESALE MEDICAL HEALTH CENTERS FOR 11817 FRANKSTOWN RD. - PENN HILLS PRICE SUPPLIES LOW-INCOME UNINSURED PA 15235 45-5532140 501(C)(3) 0. 11,022, PURCHASED EOUIPMENT PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR SHEPHERD'S CLINIC, INC. WHOLESALE MEDICAL 2800 KIRK AVENUE PRICE SUPPLIES LOW-INCOME, UNINSURED BALTIMORE, MD 21218 52-1739001 501(C)(3) 0 26,642. PURCHASED EOUIPMENT PATTENTS SHEPHERD'S HOPE MEDICAL CENTER 2404 S. TYLER ST. LITTLE ROCK, AR 72204 20-8811505 501(C)(3) 30,000 0. SAFETY NET SUPPORT ESTIMATED SUPPORT TO US CLINICS & SHEPHERD'S HOPE MEDICAL CENTER WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 2404 S. TYLER ST. PRICE MEDICAL LOW-INCOME, UNINSURED LITTLE ROCK, AR 72204 20-8811505 501(C)(3) 5 285 PURCHASED SUPPLIES PATIENTS 0. SHEPHERD'S HOPE, INC 455 9TH STREET FUND FOR HEALTH EQUITY WINTER GARDEN, FL 34787 59-3420727 501(C)(3) 250 000 0. ESTIMATED SUPPORT TO US CLINICS & SHERIDAN HEALTH CENTER WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 31 E. WHITNEY STREET PRICE. MEDICAL LOW-INCOME, UNINSURED SHERIDAN, WY 82801 20-1389307 501(C)(3) 0. 25 291, PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & SHINGLETOWN MEDICAL CENTER WHOLESALE OTHER HEALTH CENTERS FOR 31292 ALPINE MEADOWS ROAD PRICE MEDICAL LOW-INCOME, UNINSURED SHINGLETOWN, CA 96088 68-0063054 501(C)(3) 61 059 PURCHASED SUPPLIES PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SIERRA HEALTH CENTER - FULLERTON					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
501 S. BROOKHURST ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
FULLERTON, CA 92833	95-3447973	501(C)(3)	0.	105,459.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
SILOAM FAMILY HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
820 GALE LANE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
NASHVILLE, TN 37204	58-1867940	501(C)(3)	0.	364,197.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
SINCLAIR HEALTH CLINIC PHARMACY					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
301 N. CAMERON STREET, STE. #100					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
WINCHESTER, VA 22601	54-1373296	501(C)(3)	0.	223,384.	PRICE	SUPPLIES	PATIENTS
SISTERLOVE, INC. 3709 BAKERS FERRY ROAD, SW ATLANTA, GA 30331	58-2016070	501(C)(3)	225,000.	0.			FUND FOR HEALTH EQUITY
SITKA CONSERVATION SOCIETY							
PO BOX 6533							
SITKA, AK 99835	92-0096633	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SMOKY MOUNTAIN HARM REDUCTION					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
3261 GEORGIA ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
FRANKLIN, NC 28734	84-3522087	501(C)(3)	0.	135,086.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
SNAKE RIVER COMMUNITY CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
215 TENTH STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
LEWISTON, ID 83501	31-1726460	501(C)(3)	0.	73,582.	PURCHASED	SUPPLIES	PATIENTS
SOAR WV SOLUTIONS ORIENTED							SUPPORT TO US CLINICS &
ADDICTION RESPONSE WEST VIRGINIA -					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
520 KANAWHA BLVD W - CHARLESTON,					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
WV 25302	11-3660992	501(C)(3)	0.	8,007.	PRICE	SUPPLIES	PATIENTS
SOCIAL WELFARE BOARD COUNTY OF BUCHANAN - 904 S. 10TH SUITE A - ST. JOSEPH, MO 64503-2405	44-6000455	501(C)(3)	20,000.	0.			LILLY NAVIGATOR GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIEDAD AMERICANA CONTRA EL CNCER							
566 CALLE CABO ALVERIO URB. LA MERO	7						ABBVIE PR MEDICALLY
SAN JUAN, PR 00918	66-0321594	501(C)(3)	230,000.	0.			FRAGILE POPULATIONS
2111. 00111., 11. 00210			200,000.	•			
SOCIEDAD PRO HOSPITAL DEL NINO							
PO BOX 2124							ABBVIE PR INFRASTRUCTURE
SAN JUAN, PR 00922-2124	66-0204707	501(C)(3)	55,000.	0.			EQUIPMENT
,			, -	-			1
SOCIETY OF CRITICAL CARE MEDICINE							
500 MIDWAY DRIVE							
MOUNT PROSPECT, IL 60056	23-7104387	501(C)(3)	750,000.	0.			UKRAINE CRISIS
SOCIETY OF ST. VINCENT DE PAUL DBA			,		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ST. VINCENT DE PAUL PHARMACY -					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
5750 PINELAND DRIVE, SUITE 280 -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DALLAS, TX 75231	26-3273175	501(C)(3)	0.	3,503,042.	PURCHASED	EQUIPMENT	PATIENTS
,				, ,			SUPPORT TO US CLINICS &
SOLAR RESPONDER							HEALTH CENTERS FOR
902 BROADWAY					PURCHASED		LOW-INCOME, UNINSURED
NEW YORK, NY 10010	83-3822965	501(C)(3)	0.	8,413.	PRICE	EQUIPMENT	PATIENTS
SOLAR RESPONDERS							ABBVIE PR ENERGY
902 BROADWAY, FLOOR 6							PROJECTS, PUERTO RICO
NEW YORK, NY 10010	83-3822965	501(C)(3)	277,000.	0.			EARTHQUAKE
							SUPPORT TO US CLINICS &
SONORAN PREVENTION WORKS					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
340 E DUNLAP AVE					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
PHOENIX, AZ 85020	30-0760098	501(C)(3)	0.	176,149.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
SOUTH BAY FAMILY HEALTH CARE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
23430 HAWTHORNE BLVD., STE. 210					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
TORRANCE, CA 90505	23-7049937	501(C)(3)	0.	5,524.	PURCHASED	SUPPLIES	PATIENTS
SOUTH BROWARD COMMUNITY HEALTH							SUPPORT TO US CLINICS &
SERVICES MEMORIAL HALLANDALE						PHARMACEUTICALS	HEALTH CENTERS FOR
PHARMACY - 1750 E. HALLANDALE					PURCHASED	, MEDICAL	LOW-INCOME, UNINSURED
BEACH BLVD - HALLANDALE BEACH, FL	59-6014973	501(C)(3)	0.	1,037,474.	PRICE	SUPPLIES	PATIENTS

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH CENTRAL FAMILY HEALTH CENTER							
4425 S. CENTRAL AVE.							INCREASING IMMUNITY
LOS ANGELES, CA 90011	95-3877793	501 (C) (3)	50,000.	0.			AWARDS - CVS
HOS ANGELLES, CA 90011	23 3011123	301(0/(3/	30,000.	••		PHARMACEUTICALS	SUPPORT TO US CLINICS &
SOUTH CENTRAL PRIMARY CARE CENTER					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
406 WEST 5TH STREET					WHOLESALE	SUPPLIES,	
	58-2019024	E01/C\/2\	0.	38,618.		EQUIPMENT	LOW-INCOME, UNINSURED PATIENTS
OCILLA, GA 31774 SOUTH COUNTY COMMUNITY CLINIC DBA	36-2019024	301(C)(3)	٠.	30,010.	ESTIMATED	EQUIPMENT	SUPPORT TO US CLINICS &
INTERFAITH COMMUNITY CLINIC - 101						DIIADMA GEIIMTGA I G	HEALTH CENTERS FOR
					WHOLESALE	PHARMACEUTICALS	
PINE MANOR DRIVE - OAK RIDGE	75 2624622	E01/G)/2)			PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
NORTH, TX 77385	75-2634623	501(0)(3)	0.	33,966.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SOUTH PLAINS RURAL HEALTH					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
1000 FM 300, UNIT A					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
LEVELLAND, TX 79336	75-2123252	501(C)(3)	0.	•	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SOUTHEAST COMMUNITY HEALTH SYSTEMS					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
6351 MAIN STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
ZACHARY, LA 70791	72-1212880	501(C)(3)	0.	375,292.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SOUTHEAST MS RURAL HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
INITIATIVE, INC 5488 US HWY 49					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
- HATTIESBURG, MS 39403	64-0625076	501(C)(3)	0.	455,542.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
SOUTHEAST, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
16 W. LONG STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
COLUMBUS, OH 43215	31-0940189	501(C)(3)	0.	67 _. 759 .	PURCHASED	SUPPLIES	PATIENTS
SOUTHEASTERN DIABETES EDUCATION				,			SUPPORT TO US CLINICS &
SERVICES CAMP SEALE HARRIS - 500					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
CHASE PARK SOUTH - BIRMINGHAM, AL					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
35244	63-1091899	501(C)(3)	0.	49,542.		EQUIPMENT	PATIENTS
			†	,2.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SOUTHERN TRINITY HEALTH CARE					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
SERVICES - 321 VAN DUZEN ROAD -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MAD RIVER, CA 95526	94-2507342	501 (C) (3)	0.		PURCHASED	EQUIPMENT	PATIENTS
ELD RIVER, CA 95520	74 230/342	501(0)(3)	1	13,031.	LONGINGED	DX011 HDM1	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant noncash or assistance (book, FMV. assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS SOUTHLAND INTEGRATED SERVICES WHOLESALE MEDICAL HEALTH CENTERS FOR INC. - 9862 CHAPMAN AVENUE PRICE SUPPLIES LOW-INCOME, UNINSURED 31,939. PURCHASED GARDEN GROVE, CA 92841 95-3403526 501(C)(3) 0. EOUIPMENT PATTENTS SUPPORT TO US CLINICS & SOUTHWESTERN DIABETIC FOUNDATION ESTIMATED MEDICAL HEALTH CENTERS FOR CAMP SWEENEY - 10687 FM 678 -WHOLESALE SUPPLIES LOW-INCOME UNINSURED WHITESBORO, TX 76273 75-6002547 501(C)(3) 0 153,468. PRICE EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR SPACE COAST VOLUNTEERS IN MEDICINE PHARMACEUTICALS 2555 JUDGE FRAN JAMIESON WAY PRICE MEDICAL LOW-INCOME UNINSURED VIERA, FL 32940 27-2135914 501(C)(3) 0. 105 199 PURCHASED SUPPLIES PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & SPECTRA HEALTH MEDICAL HEALTH CENTERS FOR WHOLESALE 212 SOUTH 4TH STREET, STE 301 PRICE SUPPLIES LOW-INCOME, UNINSURED 25,843. PURCHASED GRAND FORKS, ND 58201 27-0056777 501(C)(3) 0 EOUTPMENT PATTENTS SPRING BRANCH COMMUNITY HEALTH ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CENTER - 800 W. SAM HOUSTON WHOLESALE OTHER HEALTH CENTERS FOR PARKWAY S., SUIT - HOUSTON, TX PRICE MEDICAL LOW-INCOME, UNINSURED 77042 30-0198705 501(C)(3) 29 026 PURCHASED SUPPLIES PATIENTS 0. ESTIMATED SUPPORT TO US CLINICS & SPRINGVALE HEALTH CENTERS WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 204 S BELLEVUE AVE PRICE MEDICAL LOW-INCOME, UNINSURED DOVER OH 44622 34-1135374 501(C)(3) 7 075 PURCHASED SUPPLIES PATIENTS 0. ST GABRIEL COMMUNITY HEALTH CTR 5760 MONTICELLO STREET ST GABRIEL LA 70776 72-1241592 501(C)(3) 250 000 0. FUND FOR HEALTH EOUITY ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & ST THOMAS EAST END MEDICAL CENTER WHOLESALE HEALTH CENTERS FOR OTHER 4605 TUTU PARK MALL PRICE. MEDICAL LOW-INCOME, UNINSURED ST. THOMAS, VI 00802 66-0585077 501(C)(3) 0. 165 623 PURCHASED SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & ST. CLAIR COMMUNITY HEALTH CLINIC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 205 EDWIN HOLLADAY PLACE PRICE MEDICAL LOW-INCOME, UNINSURED PELL CITY, AL 35125 63-0570609 501(C)(3) 33 601 PURCHASED SUPPLIES PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T dgo T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ST. CLARE MEDICAL OUTREACH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1407 YORK ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LUTHERVILLE, MD 21093	46-2097818	501(C)(3)	0.	209,653.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ST. GABRIEL EASTSIDE COMMUNITY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
HEALTH CENTER - 5760 MONTICELLO					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
STREET - ST. GABRIEL, LA 70776	72-1241592	501(C)(3)	0.	1,086,559.	PURCHASED	EQUIPMENT	PATIENTS
ST. JOHN'S WELL CHILD & FAMILY							
CENT - 808 W 58TH ST LOS							INCREASING IMMUNITY
ANGELES, CA 90037	95-4067758	501(C)(3)	35,000.	0.			AWARDS - CVS
							SUPPORT TO US CLINICS &
ST. JOHN'S WELL CHILD AND FAMILY					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
CENTERS - 808 WEST 58TH STREET -					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
LOS ANGELES, CA 90037	95-4067758	501(C)(3)	0.	22,223.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ST. JOSEPH SOCIAL WELFARE BOARD					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
904 S. 10TH, SUITE A					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ST. JOSEPH, MO 64503	80-0308973	501(C)(3)	0.	1,107,485.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ST. JOSEPH'S/CANDLER HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
SYSTEMS, INC 11705 MERCY BLVD.					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
- SAVANNAH, GA 31419	58-2288758	501(C)(3)	0.	100,831.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
ST. JUDE NEIGHBORHOOD HEALTH					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
CENTERS - 731 S. HIGHLAND AVE -					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
FULLERTON, CA 92832	45-3977605	501(C)(3)	0.	7,212.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ST. LUKE COMMUNITY CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
316 N ROYAL AVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
FRONT ROYAL, VA 22630	54-1801220	501(C)(3)	0.	45,602.	PURCHASED	EQUIPMENT	PATIENTS
·				, ,	ESTIMATED		SUPPORT TO US CLINICS &
ST. LUKE'S CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
132 SEYMOUR AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
JACKSON, MI 49201	32-0038675	501(C)(3)	0.	39,461.	PURCHASED	SUPPLIES	PATIENTS

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Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	1
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					ESTIMATED		SUPPORT TO US CLINICS &
ST. MARTIN'S HEALTHCARE, INC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1359 SOUTH RANDOLPH STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
GARRETT, IN 46738	20-8609620	501(C)(3)	0.	23,865.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ST. MARY'S HEALTH WAGON					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
233 CHASE STREET, SUITE 100					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CLINTWOOD, VA 24228	04-3739083	501(C)(3)	0.	56,860.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ST. MICHAEL'S MEDICAL CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1005 WEST 18TH STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ANNISTON, AL 36201	82-5246184	501(C)(3)	0.	631,016.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ST. PETERSBURG FREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
5501 4TH STREET NORTH					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ST. PETERSBURG, FL 33703	23-7208280	501(C)(3)	0.	178,558.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ST. THOMAS CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
600 PAUL HAND BOULEVARD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
FRANKLIN, IN 46131	35-1449379	501(C)(3)	0.	40,064.	PURCHASED	SUPPLIES	PATIENTS
ST. VINCENT DE PAUL CHARITABLE 1125 BANK STREET							
CINCINNATI, OH 45214	30-0272954	501(C)(3)	15,000.	0.			LILLY NAVIGATOR GRANT
,					ESTIMATED		SUPPORT TO US CLINICS &
ST. VINCENT DE PAUL CHARITABLE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
PHARMACY - 1146 BANK STREET -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
CINCINNATI, OH 45214	30-0272954	501(C)(3)	0.	2,078,851.	· '	SUPPLIES	PATIENTS
	00 02/2301			2,0,0,002.	ESTIMATED	00112122	SUPPORT TO US CLINICS &
ST. VINCENT DE PAUL CHARITABLE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
PHARMACY - 2033 FISH HATCHERY ROAD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
- MADISON, WI 53725	39-0824876	501(C)(3)	0.	118 773	PURCHASED	SUPPLIES	PATIENTS
THE SON, NI SSIZS	33 0024070	301(0)(3)	1	110,773.	ESTIMATED	DOLLHIED	SUPPORT TO US CLINICS &
ST. VINCENT DE PAUL CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
420 W. WATKINS					PRICE.	MEDICAL	
	96 0006790	E01/G\/3\	0.	247 704	1 '	'	LOW-INCOME, UNINSURED
PHOENIX, AZ 85003	86-0096789	DOT(C)(3)	<u> </u>	34/,/04.	PURCHASED	SUPPLIES	PATIENTS

Schedule I (Form 990)

ssistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				ESTIMATED		SUPPORT TO US CLINICS &
				WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
				PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
90-0014479	501(C)(3)	0.	81,722.	PURCHASED	SUPPLIES	PATIENTS
				ESTIMATED		SUPPORT TO US CLINICS &
				WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
				PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
74-1384864	501(C)(3)	0.	143,298.	PURCHASED	SUPPLIES	PATIENTS
				ESTIMATED		SUPPORT TO US CLINICS &
				WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
				PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
58-1687098	501(C)(3)	0.	166,770.	PURCHASED	SUPPLIES	PATIENTS
			,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
				WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
				PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
22-3160873	501(C)(3)	0.	51,714.	PURCHASED	EQUIPMENT	PATIENTS
			•	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
				WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
				PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
38-2205859	501(C)(3)	0.	12,703.	,	,	PATIENTS
			,			SUPPORT TO US CLINICS &
				ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
				WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
45-2903444	501(C)(3)	0.	185 136.	PRICE	SUPPLIES	PATIENTS
			,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
				WHOLESALE	MEDICAL	HEALTH CENTERS FOR
					 '	LOW-INCOME, UNINSURED
38-3982723	501(C)(3)	0.	56 180.	,	· '	PATIENTS
			ν γ γ = ν ν ν		· ·	SUPPORT TO US CLINICS &
				WHOLESALE	MEDICAL	HEALTH CENTERS FOR
					'	LOW-INCOME, UNINSURED
33-0875386	501(C)(3)	0	87 435	1	,	PATIENTS
		ļ	37,133.		· ·	SUPPORT TO US CLINICS &
						HEALTH CENTERS FOR
				PRICE,	MEDICAL	LOW-INCOME, UNINSURED
	(b) EIN 90-0014479 74-1384864 58-1687098 22-3160873 38-2205859 45-2903444 38-3982723	(b) EIN (c) IRC section	(b) EIN (c) IRC section if applicable (d) Amount of cash grant 0. 90-0014479 501(C)(3) 0. 74-1384864 501(C)(3) 0. 58-1687098 501(C)(3) 0. 22-3160873 501(C)(3) 0. 38-2205859 501(C)(3) 0. 45-2903444 501(C)(3) 0.	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (e) Amount of cash grant (e) Amount of noncash assistance (e) Amount of cash grant (e) Amount of noncash assistance (e) Amount of noncash assistance (e) Amount of cash grant (e) Amount of noncash assistance (e) Amount of cash grant (e) Amount of cash grant (e) Amount of noncash assistance (e) Amount	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (look, FMV, appraisal, other) Part	If applicable Cash grant noncash assistance (book, FMV, appraisal, other) non-cash assistance (book, FMV, appraisal, other)

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US CLINICS &
SUNCOAST COMMUNITY HEALTH CENTERS,					ESTIMATED		HEALTH CENTERS FOR
INC 313 S. LAKEWOOD DR					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
BRANDON, FL 33511	59-1741303	501(C)(3)	0.	7,212.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SUNRISE COMMUNITY HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2930 11TH AVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
EVANS, CO 80620	84-0613289	501(C)(3)	0.	52,435.	PURCHASED	EQUIPMENT	PATIENTS
SUSTAINABLE MOLOKAI							
PO BOX 250							
KAUNAKAKAI, HI 96748	27-3261673	501(C)(3)	50,000.	0.			COVID19-US
inioninanii, iii 30,10	27 3201073	301(0)(3)	30,000.	•			SUPPORT TO US CLINICS &
SWLA CENTER FOR HEALTH SERVICES					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
2000 OPELOUSAS STREET					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
LAKE CHARLES, LA 70601	72-1015384	501/C\/3\	0.	6,760.		SUPPLIES	PATIENTS
HARE CHARLES, HA 70001	72-1013304	301(C)(3)	· · ·	0,700.	ESTIMATED	SOFFILES	SUPPORT TO US CLINICS &
SYMBA CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
20601 HWY 18 SUITE 171						MEDICAL	
	84-3729902	E01/C\/2\	0.	140 770	PRICE,	, MEDICAL SUPPLIES	LOW-INCOME, UNINSURED PATIENTS
APPLE VALLEY, CA 92307	04-3729902	301(C)(3)	٠.	140,770.	PURCHASED	SOLLITES	FAILENIS
SYRIAN AMERICAN MEDICAL SOCIETY							
FOUNDATI - 1012 14ST STREET NW							GENERAL EMERGENCY PRES C
SUITE #1500 - WASHINGTON DC, MD	16 1717050	E01/a)/2)	112 500				GENERAL EMERGENCY PREP &
20005	16-1717058	501(0)(3)	113,598.	0.			RESPONSE
TALBERT HOUSE HEALTH CENTER DBA					E CELLY S EED	DUADNA GEUMT GAT G	SUPPORT TO US CLINICS &
CENTERPOINT HEALTH - 231 NORTH					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
BREIEL BLVD MIDDLETOWN, OH	46 1060010	F01/G)/2)		04.055	WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
45042	46-1068818	501(C)(3)	0.	24,856.		SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
TAMPA FAMILY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
302 W FLETCHER AVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
TAMPA, FL 33612	59-2420282	501(C)(3)	0.	52,932.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
TANDEM HEALTH SC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1278 N. LAFAYETTE DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SUMTER, SC 29150	57-1095992	501(C)(3)	0.	16,095.	PURCHASED	SUPPLIES	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED		SUPPORT TO US CLINICS &
TARZANA TREATMENT CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
8330 RESEDA BLVD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
NORTHRIDGE, CA 91324	94-2219349	501(C)(3)	0.	225,616.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
TECHE ACTION CLINIC					ESTIMATED		HEALTH CENTERS FOR
1115 WEBER STREET					WHOLESALE	PHARMACEUTICALS	LOW-INCOME, UNINSURED
FRANKLIN, LA 70538	72-6073441	501(C)(3)	0.	22,274.	PRICE	, OTHER	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
TEEN HEALTH CENTER, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
4115 AVENUE O					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
GALVESTON, TX 77550	76-0163235	501(C)(3)	0.	25,052.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
TEMPLE COMMUNITY FREE CLINIC, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1905 CURTIS B ELLIOTT DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
TEMPLE, TX 76501	74-2634500	501(C)(3)	0.	450,763.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
TENDER CARE COMMUNITY CLINIC INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
7862 FIRESTONE BLVD.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DOWNEY, CA 90241	81-2610616	501(C)(3)	0.	260,522.	PURCHASED	EQUIPMENT	PATIENTS
				-			SUPPORT TO US CLINICS &
TENNESSEE CAMP FOR DIABETIC					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
CHILDREN - 2622 LEE PIKE - SODDY					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
DAISY, TN 37379	62-6020901	501(C)(3)	0.	7,601.	PRICE	EQUIPMENT	PATIENTS
TEWA WOMEN UNITED							
PO BOX 397							
SANTA CRUZ, NM 87567	85-0480836	501(C)(3)	150,000.	0.			FUND FOR HEALTH EQUITY
TEXAS INTERNATIONAL INSTITUTE OF					ESTIMATED		SUPPORT TO US CLINICS &
HEALTH PROFESSIONS DBA VCARES					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CLINICS - 8121 BROADWAY STREET -	_				PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
HOUSTON, TX 77061	46-1267820	501(C)(3)	0.	425,456.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
TEXAS LIONS CAMP					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
4100 SAN ANTONIO HWY					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
KERVILLE, TX 78028	74-1189679	501(C)(3)	0.	9,373.	PRICE	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
TEXAS OVERDOSE NALOXONE INITIATIVE					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
1909 38 1/2 STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
AUSTIN, TX 78751	74-2752554	501(C)(3)	0.	197,431.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
THAT NEIGHBORHOOD FREE HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CLINIC (TNFHC) - 306 BUSH STREET -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
TOLEDO, OH 43604	27-1052744	501(C)(3)	0.	165,590.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
THE ATHENS NURSES CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
240 NORTH AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ATHENS, GA 30601	58-2490925	501(C)(3)	0.	14,782.	PURCHASED	SUPPLIES	PATIENTS
				•			SUPPORT TO US CLINICS &
THE BARTON CENTER FOR DIABETES					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
EDUCATION - 150 RICHARDSONS CORNER					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
ROAD - CHARLTON, MA 01507	22-2701822	501(C)(3)	0.	36,332.	PRICE	EQUIPMENT	PATIENTS
THE BEACON OF DOWNTOWN HOUSTON 1117 TEXAS AVE. HOUSTON, TX 77002	71-0933434	501 (C) (3)	50,000.	0.			FUND FOR HEALTH EQUITY
	71 0300101		55,555.	•	ESTIMATED		SUPPORT TO US CLINICS &
THE BERKELEY FREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2339 DURANT AVENUE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
BERKELEY, CA 94704	94-1697002	501(C)(3)	0.	54 714	PURCHASED	SUPPLIES	PATIENTS
THE BOYS AND GIRLS CLUB OF PUERTO RICO - PO BOX 79526 - CAROLINA, PR 00984	66-0327584		100,000.	0.			ABBVIE PR MEDICALLY FRAGILE POPULATIONS
					ESTIMATED		SUPPORT TO US CLINICS &
THE BREVARD HEALTH ALLIANCE INC.					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
2120 SARNO ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MELBOURNE, FL 32935	90-0068515	501(C)(3)	0.	23,862.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
THE CHILDREN'S CLINIC					WHOLESALE		HEALTH CENTERS FOR
701 EAST 28TH STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
LONG BEACH, CA 90806	95-1643332	501(C)(3)	0.	21.078.	PURCHASED	SUPPLIES	PATIENTS

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & THE CHRIS ATWOOD FOUNDATION ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR 11890 SUNRISE VALLEY DRIVE WHOLESALE MEDICAL LOW-INCOME, UNINSURED 40,041. PRICE RESTON, VA 20191 46-2749211 501(C)(3) 0. SUPPLIES PATIENTS PHARMACEUTICALS SUPPORT TO US CLINICS & ESTIMATED WHOLESALE THE COMMUNITY FREE CLINIC MEDICAL HEALTH CENTERS FOR 528 A LAKE CONCORD ROAD NE PRICE SUPPLIES LOW-INCOME UNINSURED CONCORD, NC 28025 58-2131301 501(C)(3) 0 21,207. PURCHASED EOUTPMENT PATTENTS PHARMACEUTICALS SUPPORT TO US CLINICS & THE COMMUNITY FREE CLINIC OF HEALTH CENTERS FOR ESTIMATED OTHER WHOLESALE NEWPORT NEWS PHARMACY - 727 25TH MEDICAL LOW-INCOME UNINSURED STREET - NEWPORT NEWS, VA 23607 27-3510814 501(C)(3) 0. 8,439. PRICE SUPPLIES PATIENTS THE CONCILIO 650 FORT WORTH AVENUE, SUITE 250 DALLAS, TX 75208 75-1770140 501(C)(3) FUND FOR HEALTH EQUITY 250,000 0 SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR THE DAMIEN CENTER 26 N. ARSENAL AVE. WHOLESALE MEDICAL LOW-INCOME, UNINSURED 35-1711878 501(C)(3) 5,261. PRICE SUPPLIES PATIENTS INDIANAPOLIS, IN 46201 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & THE FLOATING HOSPITAL WHOLESALE MEDICAL HEALTH CENTERS FOR 41-40 27TH STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 564,886, PURCHASED LONG ISLAND CITY NY 11101 13-1624169 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR THE FREE MEDICAL CLINIC 1875 HARDEN STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 693 364 PURCHASED EOUIPMENT PATIENTS COLUMBIA SC 29204 57-0779279 501(C)(3) 0. ESTIMATED SUPPORT TO US CLINICS & THE GOOD SHEPHERD MEDICAL & DENTAL WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR CLINIC - 207 SOUTH 11TH AVENUE -PRICE. MEDICAL LOW-INCOME, UNINSURED LAUREL, MS 39440 64-0838202 501(C)(3) 0. 60 920 PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & THE GREAT PHYSICIAN'S PHARMACY WHOLESALE MEDICAL HEALTH CENTERS FOR CLINIC - 1914 BUSINESS HWY 70 -PRICE LOW-INCOME, UNINSURED SUPPLIES. DURANT, OK 74701 73-0768828 501(C)(3) 35 477. PURCHASED EOUIPMENT PATIENTS 0.

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Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED		SUPPORT TO US CLINICS &
THE HALEY CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
122 WEST CENTRAL AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
WINTER HAVEN, FL 33880	59-0766974	501(C)(3)	0.	156,129.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
THE HEALTH AND WELLNESS CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
3834 S. WESTERN AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LOS ANGELES, CA 90062	23-7351622	501(C)(3)	0.	62,904.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
THE HEALTH HUT					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
310 WEST MISSISSIPPI AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
RUSTON, LA 71270	27-3764078	501(C)(3)	0.	876,457.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
THE HEARTS AND HANDS CLINIC, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
127 NORTH COLLEGE STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
STATESBORO, GA 30458	26-4597700	501(C)(3)	0.	10,937.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
THE NEIGHBORHOOD CHRISTIAN CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1929 W. FILLMORE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
PHOENIX, AZ 85009	86-0839580	501(C)(3)	0.	105,317.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
THE NEVER ALONE PROJECT					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1100 WEST 42ND STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
INDIANAPOLIS, IN 46208	91-1435394	501(C)(3)	0.	10,999.	PURCHASED	SUPPLIES	PATIENTS
THE NIGHT MINISTRY							INCREASING IMMUNITY
1735 NORTH ASHLAND AVENUE							AWARDS - CVS, ABBVIE
CHICAGO, IL 60622	36-3145764	501(C)(3)	300,000.	0.			HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
THE NIGHT MINISTRY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1735 N. ASHLAND					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CHICAGO, IL 60622	36-3145764	501(C)(3)	0.	54,679.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
THE PIC PLACE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
87 MERCHANT DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
MONTROSE, CO 81401	47-0891200	501(C)(3)	0.	98,011.	PURCHASED	SUPPLIES	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
THE SHALOM PROJECT MEDICAL CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
639 S. GREEN STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WINSTON-SALEM, NC 27101	20-2136431	501(C)(3)	0.	415,322.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
THE SPAHR CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
150 NELLEN AVENUE STE. 100					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CORTE MADERA, CA 94925	68-0072470	501(C)(3)	0.	7,098.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
THE URBAN CLINIC OF ATLANTA					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
777 CLEVELAND AVE SW					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ATLANTA, GA 30315	27-0000606	501(C)(3)	0.	71,773.	PURCHASED	SUPPLIES	PATIENTS
THE WAHIAWA CENTER FOR COMMUNITY HE - 302 CALIFORNIA AVENUE STE 106 - WAHIAWA, HI 96786	45-5114944	501(C)(3)	270,000.	0.			HELPING BUILD HEALTHY COMM AWARDS - BD
					ESTIMATED		SUPPORT TO US CLINICS &
THE WAY FREE MEDICAL CLINIC, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
479 HOUSTON STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
GREEN COVE SPRINGS, FL 32043	76-0828154	501(C)(3)	0.	51,541.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
THE WELLNESS PLAN PHARMACY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2888 W GRAND BLVD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DETROIT, MI 48202	38-2008890	501(C)(3)	0.	25,239.	PURCHASED	EQUIPMENT	PATIENTS
THOMAS JEFFERSON UNIVERSITY 125 S. 9TH STREET PHILADELPHIA, PA 19107	23-1352651		210,000.	0.			FUND FOR HEALTH EQUITY
,			, -	-	ESTIMATED		SUPPORT TO US CLINICS &
TIBURCIO VASQUEZ HEALTH CENTER					WHOLESALE		HEALTH CENTERS FOR
33255 9TH STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
UNION CITY, CA 94587	23-7118361	501(C)(3)	0.	7 168.	PURCHASED	SUPPLIES	PATIENTS
			•	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
TOMAGWA HEALTHCARE MINISTRIES					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
455 SCHOOL STREET SUITE 30					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
TOMBALL, TX 77375	76-0280324	501(C)(3)	0.	150 651	PURCHASED	EQUIPMENT	PATIENTS
TOTIDIALI, IN 11313	70 0200324	201(0/(3/	<u> </u>	130,031.	- OKCHADED	EXOTI HEMI	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
TRAVERSE HEALTH CLINIC					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
1719 S. GARFIELD AVENUE					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
TRAVERSE CITY, MI 49686	30-0224028	501(C)(3)	0.	9,334.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
TREASURE COAST COMMUNITY HEALTH					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
12196 COUNTY ROAD 512					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
FELLSMERE, FL 32948	59-3219191	501(C)(3)	0.	295,967.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
TREE OF LIFE HEALTHCARE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2200 NORTH AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
COLUMBUS, GA 31904	30-0791060	501(C)(3)	0.	25,290.	PURCHASED	EQUIPMENT	PATIENTS
TREE OF LIFE HEALTHCARE 1968 NORTH AVENUE							
COLUMBUS, GA 31901	30-0791060	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED		SUPPORT TO US CLINICS &
TRI CITY HEALTH PARTNERSHIP					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
318 WALNUT STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ST. CHARLES, IL 60174	36-4475369	501(C)(3)	0.	124,381.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
TRIANGLE AREA NETWORK					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1495 N 7TH STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
BEAUMONT, TX 77702	76-0226835	501(C)(3)	0.	131,754.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
TRI-AREA COMMUNITY HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
14168 DANVILLE PIKE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
LAUREL FORK, VA 24352	54-1112330	501(C)(3)	0.	22,306.	PURCHASED	SUPPLIES	PATIENTS
TRI-COUNTY COMMUNITY HEALTH					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COUNCIL, INC. DBA COMMWELL HEALTH					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
- 6114 HWY 301 SOUTH - FOUR OAKS,					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
NC 27524	58-1319204	501(C)(3)	0.	60,316.	PURCHASED	SUPPLIES,	PATIENTS
TRIDENT MINISTRIES INTERNATIONAL 9942 S WESTERN AVE	82-4618349	501/C)/3)	119,364.	0.			FUND FOR HEALTH EQUITY
CHICAGO, IL 60643	02-4010349	Po+(C/(3/	113,304.	<u> </u>			FOUR LOW UPWRITE POOLITE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant noncash or assistance (book, FMV. assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS TRIDENT MINISTRIES INTERNATIONAL WHOLESALE MEDICAL HEALTH CENTERS FOR 9942 S WESTERN AVENUE PRICE SUPPLIES LOW-INCOME, UNINSURED 22,870. PURCHASED CHICAGO, IL 60643 82-4618349 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS TRINITY COMMUNITY CARE WHOLESALE MEDICAL HEALTH CENTERS FOR 47511 VAN DYKE AVENUE PRICE SUPPLIES LOW-INCOME UNINSURED SHELBY TOWNSHIP, MI 48317 45-3723129 501(C)(3) 0 13,001. PURCHASED EOUTPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS TRINITY FREE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 1045 WEST 146TH STREET SUITE B PRICE SUPPLIES LOW-INCOME UNINSURED CARMEL, IN 46032 35-2120420 501(C)(3) 0. 187,769. PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR TROUP CARES, INC. WHOLESALE 301 MEDICAL DR. SUITE 501 PRICE SUPPLIES LOW-INCOME, UNINSURED LAGRANGE, GA 30240 20-8176300 501(C)(3) 0 188,785, PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & TRUECARE WHOLESALE MEDICAL HEALTH CENTERS FOR 150 VALPREDA ROAD PRICE SUPPLIES. LOW-INCOME, UNINSURED SAN MARCOS, CA 92069 95-2847102 501(C)(3) 24,694. PURCHASED EQUIPMENT PATIENTS 0. SUPPORT TO US CLINICS & TRUST WOMEN ESTIMATED HEALTH CENTERS FOR 5107 E. KELLOG DR. WHOLESALE LOW-INCOME, UNINSURED WICHITA KS 67218 27-3246473 501(C)(3) 45,674. PRICE PHARMACEUTICALS PATTENTS 0. SUPPORT TO US CLINICS & HEALTH CENTERS FOR TRYSTERO/NEW ORLEANS HARM ESTIMATED REDUCTION COLLECTIVE - 4557 N WHOLESALE LOW-INCOME, UNINSURED 20 333. PRICE PATIENTS RAMPART ST - NEW ORLEANS, LA 70117 91-1435394 501(C)(3) 0. PHARMACEUTICALS ESTIMATED SUPPORT TO US CLINICS & TULAKES CLINIC WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS 6789 NW 39TH EXP PRICE MEDICAL LOW-INCOME, UNINSURED BETHANY OK 73008 73-0643163 501(C)(3) 0. 264 129 PURCHASED SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & TURNING POINTS ONE STOP MEDICAL WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR AND DENTAL CLINIC - 701 17TH PRICE MEDICAL LOW-INCOME, UNINSURED AVENUE WEST - BRADENTON, FL 34205 59-3340921 501(C)(3) 12 059 PURCHASED SUPPLIES PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
TYLER FAMILY CIRCLE OF CARE					WHOLESALE	, OTHER,	HEALTH CENTERS FOR	
523 S. FANNIN AVE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED	
TYLER, TX 75702	45-2578435 5	01(C)(3)	0.	215,207.	PURCHASED	SUPPLIES,	PATIENTS	
U.S. & MEXICO FIREFIGHTERS UNITED 5838 MISSION CENTER ROAD, UNIT F								
SAN DIEGO, CA 92123	87-1547701 5	01(C)(3)	50,000.	0.			UKRAINE CRISIS	
UBI CARITA HEALTH MINISTRIES 4450 HIGHLAND AVE	76 0550225	:01/g)/2)	F.7. 000	0				
BEAUMONT, TX 77705	76-0558225 5	01(C)(3)	57,000.	0.		D D G	FUND FOR HEALTH EQUITY	
WDT GIDTENG WENTERN WINTERPARK					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
UBI CARITAS HEALTH MINISTRIES					WHOLESALE	, OTHER,	HEALTH CENTERS FOR	
4450 HIGHLAND AVENUE			_		PRICE,	MEDICAL	LOW-INCOME, UNINSURED	
BEAUMONT, TX 77705	76-0558225 5	01(C)(3)	0.	298,721.	PURCHASED	SUPPLIES,	PATIENTS	
							SUPPORT TO US CLINICS &	
UCSB STUDENT HEALTH							HEALTH CENTERS FOR	
UCSB BUILDING 588					PURCHASED	MEDICAL	LOW-INCOME, UNINSURED	
SANTA BARBARA, CA 93106	95-6006145 S	TATE OF CALIFOR	0.	12,007.		SUPPLIES	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
UCSD STUDENT-RUN FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
PROJECT - 9500 GILMAN DRIVE #0696					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
- LA JOLLA, CA 92093	95-2872494 5	01(C)(3)	0.	5,668.	PURCHASED	EQUIPMENT	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
UF MOBILE OUTREACH CLINIC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR	
1249 CENTER DRIVE CG-82 #100249					PRICE,	MEDICAL	LOW-INCOME, UNINSURED	
GAINESVILLE, FL 32603	59-0974739 5	01(C)(3)	0.	177,217.	PURCHASED	SUPPLIES,	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
UHP HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
12605 EAST FREEWAY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
HOUSTON, TX 77015	61-1757254 5	01(C)(3)	0.	43,744.	PURCHASED	EQUIPMENT	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
UMMA COMMUNITY CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
711 WEST FLORENCE AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
LOS ANGELES, CA 90044	95-4666712 5	01(C)(3)	0.	12,897.	PURCHASED	EQUIPMENT	PATIENTS	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant noncash or assistance (book, FMV. assistance appraisal, other) SUPPORT TO US CLINICS & UNC HEALTH CARE ESTIMATED HEALTH CENTERS FOR WHOLESALE LOW-INCOME, UNINSURED 4400 EMPEROR BLVD 2,335,978. PRICE DURHAM, NC 27703 56-1118388 STATE OF N CAROL 0. PHARMACEUTICALS PATIENTS SUPPORT TO US CLINICS & ESTIMATED UNDERGROUND CLINIC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 2217 UNIVERSITY SOUARE MALL PRICE MEDICAL LOW-INCOME UNINSURED TAMPA, FL 33612 20-4722214 501(C)(3) 0 6,883, PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & UNICARE COMMUNITY HEALTH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 437 NORTH EUCLID AVENUE PRICE SUPPLIES LOW-INCOME UNINSURED ONTARIO, CA 91762 95-4746420 501(C)(3) 0. 137,352, PURCHASED EOUIPMENT PATIENTS ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR UNION COMMUNITY HEALTH CENTER WHOLESALE PHARMACEUTICALS 260 EAST 188TH STREET PRICE MEDICAL LOW-INCOME, UNINSURED 19,746. PURCHASED 13-4074478 501(C)(3) 0 SUPPLIES PATTENTS BRONX, NY 10457 UNION COUNTY DEPARTMENT OF HUMAN ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & SERVICES DIVISION OF PUBLIC HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR - 2330 CONCORD AVENUE - MONROE, NC PRICE SUPPLIES LOW-INCOME, UNINSURED 56-6000345 501(C)(3) 81,565. PURCHASED PATIENTS 28110 0. EQUIPMENT PHARMACEUTICALS ESTIMATED SUPPORT TO US CLINICS & UNION GOSPEL MISSION WHOLESALE MEDICAL HEALTH CENTERS FOR 3211 TRVING BLVD PRICE SUPPLIES LOW-INCOME, UNINSURED 266,886, PURCHASED 75-6003612 501(C)(3) EOUIPMENT PATTENTS DALLAS TX 75247 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR UNITY HEALTH ON MAIN 505C NORTH MAIN ST PRICE SUPPLIES LOW-INCOME, UNINSURED EOUIPMENT PATIENTS GREENVILLE SC 29601 81-1080067 501(C)(3) 0. 403 193 PURCHASED UNIVERSAL COMMUNITY HEALTH CENTER FUND FOR HEALTH EQUITY. INCREASING IMMUNITY 2801 S. SAN PEDRO ST. LOS ANGELES, CA 90011 27-0600887 501(C)(3) 250,000, 0. AWARDS - CVS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & UNIVERSAL COMMUNITY HEALTH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 1005 E. WASHINGTON BLVD. #A PRICE LOW-INCOME, UNINSURED SUPPLIES. LOS ANGELES, CA 90021 27-0600887 501(C)(3) 0. 55 936 PURCHASED EOUIPMENT PATIENTS

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV. assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS UNIVERSITY HEALTH - TRUMAN MEDICAL WHOLESALE MEDICAL HEALTH CENTERS FOR CENTER - 2301 HOLMES STREET -PRICE SUPPLIES LOW-INCOME, UNINSURED 2,801,541, PURCHASED KANSAS CITY, MO 64108 44-0661018 501(C)(3) 0. EOUIPMENT PATIENTS UNIVERSITY OF FLORIDA FOUNDATION. INC. FOR THE BENEFIT OF UNIVERSITY - 1938 WEST UNIVERSITY AVENUE -GAINESVILLE, FL 32603 59-0974739 501(C)(3) 247,000 0 FUND FOR HEALTH EOUITY UNIVERSITY OF TEXAS FOUNDATION 500 WEST UNIVERSITY AVENUE EL PASO, TX 79968 74-6000813 501(C)(3) 200,000 0. FUND FOR HEALTH EQUITY ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL UPHAM'S CORNER HEALTH CENTER HEALTH CENTERS FOR 415 COLUMBIA ROAD PRICE SUPPLIES LOW-INCOME, UNINSURED 121 019 PURCHASED DORCHESTER, MA 02125 23-7211732 501(C)(3) 0 EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR UPPER VALLEY COMMUNITY HEALTH SERVICES - 20 NORTH 3RD EAST -PRICE MEDICAL LOW-INCOME, UNINSURED 82-0527562 501(C)(3) SAINT ANTHONY, ID 83445 74,829. PURCHASED SUPPLIES PATIENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & UPSTATE FAMILY HEALTH CENTER, INC WHOLESALE MEDICAL HEALTH CENTERS FOR 1001 NOYES STREET PRICE SUPPLIES LOW-INCOME, UNINSURED UTICA NY 13502 47-4829539 501(C)(3) 95 546 PURCHASED EOUIPMENT PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR URBAN HEALTH PLAN, INC. PHARMACEUTICALS 1065 SOUTHERN BLVD. PRICE MEDICAL LOW-INCOME, UNINSURED 95 038, PURCHASED PATIENTS BRONX NY 10459 23-7360305 501(C)(3) 0. SUPPLIES SUPPORT TO US CLINICS & UTAH NALOXONE - ANDY'S ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR 295 CHIPETA WAY WHOLESALE MEDICAL LOW-INCOME, UNINSURED SALT LAKE CITY, UT 84108 87-6000525 501(C)(3) 0. 23 928 PRICE SUPPLIES PATTENTS UTAH PARTNERS FOR HEALTH DBA ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MID-VALLEY HEALTH CLINIC - 9103 WHOLESALE MEDICAL HEALTH CENTERS FOR SOUTH 1300 W #102 - WEST JORDAN PRICE LOW-INCOME, UNINSURED SUPPLIES. UT 84088 27-0021804 501(C)(3) 14 459 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED		SUPPORT TO US CLINICS &
VALLE DEL SOL					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
3807 NORTH 7TH STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
PHOENIX, AZ 85014	86-0251255	501(C)(3)	0.	29,718.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
VALLEY COMMUNITY HEALTHCARE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
6801 COLDWATER CYN AVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
NORTH HOLLYWOOD, CA 91605	23-7050082	501(C)(3)	0.	31,861.	PURCHASED	SUPPLIES	PATIENTS
VECINOS, INC.							
3971 LITTLE SAVANNAH ROAD				_			
CULLOWHEE, NC 28723	57-1192063	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
VENICE FAMILY CLINIC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
604 ROSE AVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
VENICE, CA 90291	95-2769432	501(C)(3)	0.	64,090.	PURCHASED	EQUIPMENT	PATIENTS
VERNON J. HARRIS EAST END CHC DBA					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CAPITAL AREA HEALTH NETWORK - 2025					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
E. MAIN STREET - RICHMOND, VA					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
23223	54-1884190	501(C)(3)	0.	15,139.	PURCHASED	EQUIPMENT	PATIENTS
VIA CARE CHRONIC DISEASE					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MANAGEMENT CLINIC - 615 SOUTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
ATLANTIC BOULEVARD - LOS ANGELES,					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CA 90022	80-0699156	501(C)(3)	0.	10,808.	PURCHASED	EQUIPMENT	PATIENTS
WIDA GENTOR GENTERS							
VIDA SENIOR CENTERS							
1842 CALVERT STREET, NW				_			
WASHINGTON, DC 20009	23-7161537	501(C)(3)	200,000.	0.			FUND FOR HEALTH EQUITY
VIDA SENIOR CENTERS							
1842 CALVERT STREET, NW	22_7161527	501/C\/3\	E0 000	0.			COVID19-US
WASHINGTON, DC 20009	23-7161537	201(C)(3)	50,000.	0.	ECHIMANED	PHARMACEUTICALS	
WIDA GENTOD GENMEDS					ESTIMATED		SUPPORT TO US CLINICS &
VIDA SENIOR CENTERS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1842 CALVERT STREET, NW	00 84455	504 (5) (2)	_		PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WASHINGTON, DC 20009	23-7161537	pu1(C)(3)	0.	8,240.	PURCHASED	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	ırt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED		SUPPORT TO US CLINICS &
VIP COMMUNITY SERVICES INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
770 EAST 176TH STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
BRONX, NY 10460	13-3224700	501(C)(3)	0.	40,462.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
VIRGINIA UNITED INC. DBA PAGE FREE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CLINIC - 250 MEMORIAL DRIVE SUITE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
C - LURAY, VA 22835	27-1421176	501(C)(3)	0.	6,094.	PURCHASED	SUPPLIES	PATIENTS
VISION Y COMPROMISO							
15808 HESPERIAN BLVD							
SAN LORENZO, CA 94580	32-0071651	501(C)(3)	200,000.	0.			FUND FOR HEALTH EQUITY
WIGION W GOMPROWIGO							
VISION Y COMPROMISO							
15808 HESPERIAN BLVD	20 0051651	F01/G)/2)	50 000				G011TD10 11G
SAN LORENZO, CA 94580	32-0071651	501(C)(3)	50,000.	0.		DUI DUI GEUETGI G	COVID19-US
VISITING NURSE ASSOCIATION OF					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CENTRAL JERSEY COMMUNITY HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CENTER, INC 1301 MAIN STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ASBURY PARK, NJ 07712	22-3321236	501(C)(3)	0.	72,172.	PURCHASED	EQUIPMENT	PATIENTS
VOCES COALICION DE VACUNACION DE					ESTIMATED		SUPPORT TO US CLINICS &
PUERTO RICO, INC PBM 290 JUAN C					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
BORBON STREET 37 - GUAYNABO, PR					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
00969	66-0798610	501(C)(3)	0.	47,508.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
VOLUNTEER HEALTHCARE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
4215 MEDICAL PARKWAY					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
AUSTIN, TX 78756	74-6082464	501(C)(3)	0.	17,455.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
VOLUNTEERS IN MEDICINE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1195 W SAN ANTONIO ST					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
NEW BRAUNFELS, TX 78130	26-2221231	501(C)(3)	0.	138,409.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
VOLUNTEERS IN MEDICINE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
41 EAST DUVAL STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
JACKSONVILLE, FL 32202	75-3002172	501(C)(3)	0.	392,593.	PURCHASED	SUPPLIES	PATIENTS

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Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
VOLUNTEERS IN MEDICINE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
190 N PENNSYLVANIA AVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WILKES BARRE, PA 18702	20-3531527	501(C)(3)	0.	24,346.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
VOLUNTEERS IN MEDICINE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
417 SE BALBOA AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
STUART, FL 34994	65-1115793	501(C)(3)	0.	254,030.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
VOLUNTEERS IN MEDICINE CLINIC OF					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
THE CASCADES - 2300 NE NEFF ROAD -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BEND, OR 97701	93-1327847	501(C)(3)	0.	345,461.	PURCHASED	EQUIPMENT	PATIENTS
				,	ESTIMATED		SUPPORT TO US CLINICS &
VOLUNTEERS IN MEDICINE DBA CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
BY THE BAY - 4877 MISSION STREET -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SAN FRANCISCO, CA 94112	26-2593712	501(C)(3)	0.	9,078.	PURCHASED	SUPPLIES	PATIENTS
VOLUNTEERS IN MEDICINE HILTON HEAD 15 NORTHRIDGE DRIVE HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	50,000.	0.			HURRICANE FLORENCE
,			,		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
VOLUNTEERS IN MEDICINE HILTON HEAD					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
ISLAND - 15 NORTHRIDGE DRIVE -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
HILTON HEAD, SC 29926	57-0959206	501(C)(3)	0.	881,190.	PURCHASED	EQUIPMENT	PATIENTS
VOLUNTEERS IN MEDICINE JACKSONVILLE - 41 EAST DUVAL STREET - JACKSONVILLE, FL 32202	75-3002172	501(C)(3)	50,000.	0.			HURRICANE MICHAEL
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
VOLUNTEERS IN MEDICINE OF SOUTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
JERSEY - 423 N ROUTE 9 - CAPE MAY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
COURT HOUSE, NJ 08210	52-2257585	501(C)(3)	0.	101,790.	PURCHASED	EQUIPMENT	PATIENTS
·				-	ESTIMATED		SUPPORT TO US CLINICS &
VOLUNTEERS IN MEDICINE OF SOUTHERN					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
NEVADA - 1240 NORTH MARTIN LUTHER					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
KING BLVD - LAS VEGAS, NV 89106	39-2072453	501(C)(3)	0.	177.677.	PURCHASED	SUPPLIES	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEERS IN MEDICINE SO NEVADA							
1240 N MARTIN L KING BLVD							
	39-2072453	501/0\/3\	40 000	0.			LILLY NAVIGATOR GRANT
LAS VEGAS, NV 89106	39-2072433	501(C)(3)	40,000.	0.			LILLI NAVIGATOR GRANT
W LOUISVILLE PERFORMING ARTS ACAD PO BOX 11035							
LOUISVILLE, KY 40251-0035	61-1181511	501(C)(3)	100,000.	0.			FUND FOR HEALTH EQUITY
WABANAKI PUBLIC HEALTH AND							
WELLNESS - 1 MERCHANTS PLAZA -							
BANGOR, ME 04401	04-3337456	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
WAIANAE DISTRICT COMPREHENSIVE							SUPPORT TO US CLINICS &
HEALTH AND HOSPITAL BOARD DBA					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
WAIANAE COAST COMPR - 86-260					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
FARRINGTON HIGHWAY - WAIANAE, HI	99-0148164	501(C)(3)	0.	5,020.	PRICE	SUPPLIES	PATIENTS
WASATCH HOMELESS HEALTH CARE DBA				,	ESTIMATED		SUPPORT TO US CLINICS &
FOURTH STREET CLINIC - 409 WEST					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
400 SOUTH - SALT LAKE CITY, UT					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
84101	87-0569356	501(C)(3)	0.	62,787.	PURCHASED	SUPPLIES	PATIENTS
				•	ESTIMATED		SUPPORT TO US CLINICS &
WASHINGTON STATE DEPARTMENT OF					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
HEALTH - 111 ISRAEL RD SE -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
TUMWATER, WA 98501	91-1444603	501(C)(3)	0.	107,221.	PURCHASED	SUPPLIES	PATIENTS
				,	ESTIMATED		SUPPORT TO US CLINICS &
WATCH HEALTHCARE PROGRAM					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2700 WAYNE MEMORIAL DRIVE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
GOLDSBORO, NC 27534	58-1881912	501(C)(3)	0.	97.804.	PURCHASED	SUPPLIES	PATIENTS
,				,	ESTIMATED		SUPPORT TO US CLINICS &
WAUKESHA FREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
237 WISCONSIN AVENUE					PRICE,	_ MEDICAL	LOW-INCOME, UNINSURED
WAUKESHA, WI 53186	39-1273248	501(C)(3)	0.		PURCHASED	SUPPLIES	PATIENTS
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
WAYNE COUNTY HEALTH DEPARTMENT					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
301 N HERMAN ST							

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
WELCOMEHEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1100 NORTH WOOSLEY AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
FAYETTEVILLE, AR 72703	58-1691790	501(C)(3)	0.	13,350.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
WELLNESS AND STRESS CLINIC OF					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
MEMPHIS - 3885 TCHULAHOMA ROAD -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
MEMPHIS, TN 38118	31-1672935	501(C)(3)	0.	286,330.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
WELLNESS POINTE					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
1011 E. WHALEY ST.					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
LONGVIEW, TX 75601	75-2723993	501(C)(3)	0.	797,627.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
WELLSPACE HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
5321 STOCKTON BLVD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SACRAMENTO, CA 95820	94-1713704	501(C)(3)	0.	12,573.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
WELVISTA					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
121 GREYSTONE BLVD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
COLUMBIA, SC 29210	56-2034627	501(C)(3)	0.	31,448,341.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
WESLEY COMMUNITY AND HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CENTERS - 1300 SOUTH 10TH STREET -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
PHOENIX, AZ 85034	86-0133770	501(C)(3)	0.	945,815.	PURCHASED	SUPPLIES	PATIENTS
·					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
WEST CECIL HEALTH CENTER, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
49 ROCK SPRINGS ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CONOWINGO, MD 21918	20-5860113	501(C)(3)	0.	14,087.	PURCHASED	EQUIPMENT	PATIENTS
·				•	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
WEST HAWAII COMMUNITY HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CENTER - 75-5751 KUAKINI HIGHWAY -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
KAILUA KONA, HI 96740	20-0495394	501(C)(3)	0.	26,341.	PURCHASED	EQUIPMENT	PATIENTS
·				•			
WEST SIDE COMMUNITY HEALTH							
SERVICES - 153 CESAR CHAVEZ ST -							
ST. PAUL, MN 55107	23-7156236	501(C)(3)	180,000.	0.			FUND FOR HEALTH EQUITY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant noncash or assistance (book, FMV. assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & WEST VIRGINIA HEALTH RIGHT WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 1520 EAST WASHINGTON STREET PRICE. MEDICAL LOW-INCOME, UNINSURED 174,479. PURCHASED SUPPLIES PATIENTS CHARLESTON, WV 25311 31-1066881 501(C)(3) 0. SUPPORT TO US CLINICS & ESTIMATED WESTERN OKLAHOMA FAMILY CARE WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR CENTER - 609 WEST AVE. E - ELK PRICE MEDICAL LOW-INCOME UNINSURED CITY, OK 73644 26-1284785 501(C)(3) 0 118,434, PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WESTERN SIERRA MEDICAL CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 844 OLD TUNNEL ROAD PRICE SUPPLIES LOW-INCOME UNINSURED 94-2279011 501(C)(3) GRASS VALLEY, CA 95945 0. 224 028 PURCHASED EOUIPMENT PATIENTS ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR WESTERN TIDEWATER FREE CLINIC WHOLESALE PHARMACEUTICALS PHARMACY - 2019 MEADE PARKWAY -PRICE MEDICAL LOW-INCOME, UNINSURED 34,275. PURCHASED 26-3302837 501(C)(3) 0 SUPPLIES PATTENTS SUFFOLK, VA 23434 ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WESTMINSTER FREE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 2103 MONTROSE AVENUE STE. E PRICE SUPPLIES LOW-INCOME, UNINSURED MONTROSE, CA 91020 77-0563241 501(C)(3) 322,490. PURCHASED EQUIPMENT PATIENTS 0. SUPPORT TO US CLINICS & WESTSIDE FAMILY HEALTH CENTER ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR 1711 OCEAN PARK BLVD WHOLESALE MEDICAL LOW-INCOME, UNINSURED SANTA MONICA, CA 90405 95-2931931 501(C)(3) 19,299, PRICE SUPPLIES PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR WHATLEY HEALTH SERVICES, INC. 2731 M. L. KING, JR. BLVD PRICE SUPPLIES. LOW-INCOME, UNINSURED 103 052 PURCHASED EOUIPMENT PATIENTS TUSCALOOSA AL 35401 63-0727781 501(C)(3) 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHEELING HEALTH RIGHT WHOLESALE MEDICAL HEALTH CENTERS FOR 61-29TH STREET PRICE. SUPPLIES. LOW-INCOME, UNINSURED WHEELING, WV 26003 31-1149085 501(C)(3) 0. 78 031, PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHITE BIRD NEST WHOLESALE MEDICAL HEALTH CENTERS FOR 341 E.12TH AVE PRICE LOW-INCOME, UNINSURED SUPPLIES. EUGENE OR 97401 93-0585814 501(C)(3) 21 928 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITEFOORD, INC.							
1353 GEORGE W. BRUMLEY WAY, S.E.							INCREASING IMMUNITY
ATLANTA, GA 30317	58-2180056	501 (C) (3)	50,000.	0.			AWARDS - CVS
ATHANIA, GA 30317	30 2100030	301(0/(3/	30,000.	٠.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
WHOLE FAMILY HEALTH CENTER					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
981 37TH PLACE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
VERO BEACH, FL 32960	65-0715258	501(C)(3)	0.		PURCHASED	EQUIPMENT	PATIENTS
VERO BERGIT, TE 32500	03 0713230	301(0)(3)	· ·	272,321.	ESTIMATED	DOTTMENT	SUPPORT TO US CLINICS &
WILDFLOWER HEALTHCARE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
268 HERBERT STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ST. AUGUSTINE, FL 32084	52-2125419	501(C)(3)	0.	230 547	PURCHASED	SUPPLIES	PATIENTS
WILDFLOWERS INSTITUTE							
1144 PACIFIC AVENUE							
SAN FRANCISCO, CA 94133-7250	94-2581329	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
,					ESTIMATED		SUPPORT TO US CLINICS &
WILKES RECOVERY REVOLUTION, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1907 WEST PARK DRIVE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
NORTH WILKESBORO, NC 28659	81-1600840	501(C)(3)	0.	12.906.	PURCHASED	SUPPLIES	PATIENTS
,					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
WILL COUNTY COMMUNITY HEALTH					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
CENTER - 1106 NEAL AVENUE -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
JOLIET, IL 60433	36-3971168	501(C)(3)	0.	94.741.	PURCHASED	EQUIPMENT	PATIENTS
WILLIAM F. RYAN COMMUNITY HEALTH					ESTIMATED		SUPPORT TO US CLINICS &
CENTER, INC. (DBA RYAN HEALTH) -					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
110 W. 97 STREET - NEW YORK, NY					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
10025	13-2884976	501(C)(3)	0.	18,252.	PURCHASED	SUPPLIES	PATIENTS
				,			
WILLIAM F. RYAN COMMUNITY HLTH CTR							
110 W. 97TH STREET							INCREASING IMMUNITY
NEW YORK, NY 10025	13-2884976	501(C)(3)	50,000.	0.			AWARDS - CVS
•			, ,	<u> </u>			
WILLING HELPERS MEDICAL INC.							
POB 2508							
COVINGTON, GA 30015	56-2602392	501(C)(3)	40,000.	0.			HURRICANE MICHAEL

Schedule I (Form 990)

Part II Continuation of Grants and Other A		_				T .	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
WILLING HELPERS MEDICAL INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
4186 MILL STREET SUITE A					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
COVINGTON, GA 30014	56-2602392	501(C)(3)	0.	398,143.	PURCHASED	EQUIPMENT	PATIENTS
WINSTON-SALEM STATE UNIVERSITY							
601 S MARTIN LUTHER KING JR. DR.							
WINSTON-SALEM, NC 27110	56-6001466	501(C)(3)	100,000.	0.			FUND FOR HEALTH EQUITY
·					ESTIMATED		SUPPORT TO US CLINICS &
WOVEN HEALTH CLINIC FARMERS BRANCH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1 MEDICAL PKWY PLAZA 1 SUITE 149					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
FARMERS BRANCH, TX 75234	75-2616002	501(C)(3)	0.	102,347.	PURCHASED	SUPPLIES	PATIENTS
YOUNG WOMEN'S CHRISTIAN ASSOCIATION - 503 CASTROVILLE ROAD							
- SAN ANTONIO, TX 78237	74-1143135	501(C)(3)	225,000.	0.			FUND FOR HEALTH EQUITY
,							
YOUNG WOMEN'S CHRISTIAN							
ASSOCIATION - 503 CASTROVILLE ROAD							
- SAN ANTONIO, TX 78237	74-1143135	501(C)(3)	50,000.	0.			COVID19-US
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ZAREPHATH HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
595 WESTON CANAL ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SOMERSET, NJ 08873	31-1812810	501(C)(3)	0.	182,404.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ZUFALL HEALTH CENTER DOVER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
18 WEST BLACKWELL					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
DOVER, NJ 07801	22-3125397	501(C)(3)	0.	241,013.	PURCHASED	SUPPLIES	PATIENTS
							1

Schedule I (Form 990) 2021 DIRECT RELIEF 95-1831116 Page **2**

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance 0 SECTION 139 PAYMENT 19,500. 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

DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information OUR SUPPORT OF GRANTEES IN EMERGENCY RESPONSE SITUATIONS. PART II, LINE 1, COLUMN (G): NAME OF ORGANIZATION OR GOVERNMENT: ACACIA MEDICAL MISSION (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: BAPTIST COMMUNITY HEALTH SERVICES (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: BARRIER ISLANDS FREE MEDICAL CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: BOND COMMUNITY HEALTH CENTER YOURX PHARMACY @ BONDCHC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: BROTHER BILL'S HELPING HAND COMMUNITY CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: CENTRO DE SERVICIOS PRIMARIOS - PATILLAS (H) PURPOSE OF GRANT OR ASSISTANCE: ABBVIE PR INFRASTRUCTURE, EQUIPMENT Schedule I (Form 990)

DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information ABBVIE PR MOBILE HEALTH, ABBVIE PR MEDICALLY FRAGILE POPULATIONS NAME OF ORGANIZATION OR GOVERNMENT: CHARIS HEALTH CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: CITY OF NEW ORLEANS (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: CLAIBORNE COUNTY FAMILY HEALTH CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: CLINICAS DEL CAMINO REAL, INC. (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: COASTAL HEALTH & WELLNESS (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH CARE SYSTEMS (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH OF SOUTH FLORIDA (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL Schedule I (Form 990)

DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: CONCILIO DE SALUD INTEGRAL DE LOIZA, INC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: COVE HOUSE FREE CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: CURTIS V. COOPER PRIMARY HEALTH (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: DBA VIRGINIA B. ANDES VOLUNTEER COMMUNITY CLINIC VOLUNTEERS IN MEDICINE ALLI (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: EL DORADO COUNTY COMMUNITY HEALTH CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: EL MILAGRO CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT

132291

DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information NAME OF ORGANIZATION OR GOVERNMENT: EXCELTH, INC. (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: FAIRVIEW COMMUNITY HEALTH CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: FAITH FAMILY MEDICAL CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: FETTER HEALTH CARE NETWORK (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: FIRST CHOICE PRIMARY CARE (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: GREATER KILLEEN FREE CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: HEALTH AND HOPE CLINIC. INC. (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT

04-01-21

DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information NAME OF ORGANIZATION OR GOVERNMENT: HEALTH SERVICES OF NORTH TEXAS (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: HIV/AIDS ALLIANCE FOR REGION TWO (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: HOSPITAL GENERAL DE CASTAER, INC. (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: MARTIN LUTHER KING HEALTH CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: MERCI CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: MIGRANT HEALTH CENTER WESTERN REGION, INC. (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: MIGRANT HEALTH CTR WESTERN REGION (H) PURPOSE OF GRANT OR ASSISTANCE: ABBVIE PR INFRASTRUCTURE, EQUIPMENT

132291

DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information ABBVIE PR MOBILE HEALTH, ABBVIE PR MEDICALLY FRAGILE POPULATIONS COVID19-ABBOTT NAME OF ORGANIZATION OR GOVERNMENT: NC MEDASSIST (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: NORTH DALLAS SHARED MINISTRIES FREE MEDICAL CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: NORTH JEFFERSON COUNTY CLINIC PHARMACY (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: NOVA SCRIPTSCENTRAL INC PHARMACY (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: OPEN DOOR COMMUNITY HEALTH CENTERS - ADMINISTRATION (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: PONCE MEDICAL SCHOOL FOUNDATION (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: PUERTO RICO DEPARTMENT OF HEALTH (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: RAPIDES PRIMARY HEALTH CARE CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: RKM PRIMARY CARE (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: ROANOKE CHOWAN COMMUNITY HEALTH CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: SALUD INTEGRAL EN LA MONTANA (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: SAN JOSE CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: SANTA BARBARA COUNTY EXECUTIVE OFFICE

04-01-21

DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: SANTA BARBARA NEIGHBORHOOD CLINICS EASTSIDE NEIGHBORHOOD CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: SHINGLETOWN MEDICAL CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: SOUTH PLAINS RURAL HEALTH (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: SOUTHEAST COMMUNITY HEALTH SYSTEMS (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: ST THOMAS EAST END MEDICAL CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: SULZBACHER HEALTH CENTER DOWNTOWN CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT

132291

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

DIRECT RELIEF

Questions Regarding Compensation

Employer identification number 95-1831116

			Yes	No
1 a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as 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	1b		
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 on line 1a?	2		
3	Indicate which, if any, of the following the 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.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		х
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
Ĭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The totally of lines to o, not the percents and provide the approache amountered sometiment are in-			
	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:			
а	The organization?	5a		х
b	Any related organization?	5b		Х
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:			
а	The organization?	6a		х
b	Any related organization?	6b		х
-	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
J	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	Ť		
3	Regulations section 53.4958-6(c)?	9		
	Regulations section 53.4958-6(c)?	9		

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

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

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

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

(A) Name and Title		(B) Breakdown of W	reakdown of W-2 and/or 1099-MISC and/or 1099-N compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) THOMAS TIGHE	(i)	501,663.	0.	0.	14,500.	40,573.	556,736.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) BHUPI SINGH	(i)	425,715.	0.	0.	13,154.	15,512.	454,381.	0.	
EXECUTIVE VP, SENIOR ADVISOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) DAWN LONG	(i)	342,260.	0.	0.	14,500.	9,915.	366,675.	0.	
SENIOR VP, COO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) ADAN GROUMAN	(i)	269,475.	0.	0.	10,860.	14,441.	294,776.	0.	
DIRECTOR, IT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) JONATHAN STEINER	(i)	260,154.	0.	0.	12,230.	14,387.	286,771.	0.	
VP OF FINANCE, CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) DONALD ROANE	(i)	231,675.	0.	0.	11,670.	38,668.	282,013.	0.	
VP OF CORPORATE ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) HEATHER BENNETT	(i)	239,615.	0.	0.	12,002.	8,841.	260,458.	0.	
VP OF PARTNERSHIPS & PHILANTHROPY	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) ANDREW SCHROEDER	(i)	210,116.	0.	0.	11,038.	18,742.	239,896.	0.	
VP OF RESEARCH & ANALYSIS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) DOUG FROELICH	(i)	197,972.	0.	0.	9,964.	25,983.	233,919.	0.	
VP OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2021 DIRECT RELIEF 95-1831116 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open To Public Inspection

Employer identification number

DIRECT RELIEF 95-1831116 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (h) Approved (a) Name of (b) Relationship (c) Purpose (i) Written (e) Original (f) Balance due (g) ln by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
THOMAS TIGHE	CEO	58,500.	CASH	DISASTER RELI

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

Schedule L (Form 990) 2021

Total

<u>Schedule L (Form 990) 2021</u> DIRECT RELIEF 95-1831116 Page **2**

(a) Name of interested names	ed "Yes" on Form 990, Part IV, line 28a, 28		T	(c) Ch.	arina -
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	zation
				Yes	No
art V Supplemental Information.					
	ponses to questions on Schedule L (see in	nstructions).			
HEDULE L, PART III, LINE 1					
DECEMBER 22, 2020, THE BOARD OF DI	RECTORS OF DIRECT RELIEF APPROV	7ED			
, ,					
SASTER RELIEF PAYMENTS PURSUANT TO	IRC SECTION 139 TO THOMAS TIGHE	Ε,			
E ORGANIZATION'S CEO, AFTER TIGHE'S	PERSONAL RESIDENCE WAS DESTROY	ED.			
,					
A MUDSLIDE RESULTING FROM A WILDFI	RE - ALL OF WHICH WAS A FEDERAL	LY			
CLARED NATURAL DISASTER. PAYMENTS T	O TICHE TOTALLED \$58 500 IN				
	O IIGHE IOIMHED \$30,300 IN				
	O TIGHE TOTALLED \$30,500 IN				
2022, AND ONLY REPRESENTED AMOUNTS	·) BY			
2022, AND ONLY REPRESENTED AMOUNTS	·) BY			
2022, AND ONLY REPRESENTED AMOUNTS	·) BY			
	·) BY			
2022, AND ONLY REPRESENTED AMOUNTS	·) BY			
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2022, AND ONLY REPRESENTED AMOUNTS	·	D BY			
2022, AND ONLY REPRESENTED AMOUNTS	·) BY			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

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

Par	t 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 de noncash contribu		•	
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	Х	190	1,671,812.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies	Х	1,004	2,045,961,894.	EST. WHOLESALE VA	ALUE		
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other							
26	Other							
27	Other							
28	Other (
29	Number of Forms 8283 received by the organization	zation during	the tax year for co	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			0	
					ı		Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	quires the review of	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
						32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) for	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

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

132142 11-17-21 Schedule M (Form 990) 2021

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DIRECT RELIEF

Employer identification number 95-1831116

DIRECT RELIEF	95-1831116
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
DIRECT RELIEF HAS AN INTERNAL POLICY TO TRANSFER ALL BOARD-DESIGNATED	
UNRESTRICTED BEQUESTS AND GIFTS TO THE BOARD RESTRICTED INVESTMENT FUND	
(BRIF) HELD BY DIRECT RELIEF FOUNDATION. THE PURPOSE OF THE BRIF IS TO	
PROVIDE A RESERVE FOR FUTURE OPERATIONS.	
EXPENSES \$ 3,900,806. INCLUDING GRANTS OF \$ 3,900,808. REVENUE \$ 0.	
FORM 990, PART VI, SECTION A, LINE 1A:	
THE EXECUTIVE COMMITTEE CONSISTS OF THE OFFICERS OF THE BOARD OF DIRECTORS	
AND OTHER SUCH DIRECTORS AS DESIGNATED BY THE BOARD. THE EXECUTIVE	
COMMITTEE HAS THE AUTHORITY OF THE BOARD EXCEPT FOR CERTAIN ACTS THAT ARE	
RESERVED FOR THE FULL BOARD:	
A. TAKE ANY FINAL ACTION ON ANY MATTER THAT, UNDER THE CALIFORNIA NONPROFIT	
PUBLIC BENEFIT CORPORATION LAW, ALSO REQUIRES APPROVAL OF ALL OR A MAJORITY	
OF THE DIRECTORS;	
B. FILL VACANCIES ON THE BOARD OR ON ANY COMMITTEE THAT HAS THE AUTHORITY	
OF THE BOARD;	
C. ESTABLISH OR FIX COMPENSATION, IF ANY, OF THE DIRECTORS FOR SERVING ON	
THE BOARD OR ON ANY COMMITTEE;	
D. AMEND OR REPEAL THESE BYLAWS OR ADOPT NEW BYLAWS;	
E. AMEND OR REPEAL ANY RESOLUTION OF THE BOARD THAT BY ITS EXPRESS TERMS IS	
NOT SO AMENDABLE OR REPEALABLE;	
F. CREATE ANY OTHER COMMITTEES OF THE BOARD OR APPOINT THE MEMBERS OF	
COMMITTEES OF THE BOARD;	
G. APPROVE ANY SELF-DEALING TRANSACTION, EXCEPT AS PROVIDED IN SECTION	
5233(D)(3) OF THE CALIFORNIA CORPORATIONS CODE (AND SET FORTH IN SECTION 1 HA For Paperwork Reduction Act Notice see the Instructions for Form 990 or 990-F7	Schodulo O /Form 990) 2021
HA FOR PROPERTY OF REQUIRED ACTIVATION CONTINUES CAN INCITIATIONS FOR FORM UUII OF UUII-F/	SCHOOLID IT (FORM UCITY 2012)

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

Employer identification number Name of the organization DIRECT RELIEF 95-1831116 5.17 ABOVE). FORM 990, PART VI, SECTION B, LINE 11B: DIRECT RELIEF'S CHIEF FINANCIAL OFFICER DISTRIBUTES A COPY OF THE FINAL VERSION OF THE FORM 990 TO ALL CURRENT BOARD MEMBERS, REQUESTING THEY REVIEW THE FORM 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 FORM 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 VOTE OF THE OTHER DIRECTORS IS REFLECTED IN THE MINUTES OF THE MEETING OF THE BOARD OR

<u>Schedule O (Form 990) 2021</u>

Employer identification number Name of the organization DIRECT RELIEF 95-1831116 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 COMPENSATION ARE THE SOLE RESPONSIBILITY OF THE BOARD OF DIRECTORS. NO MEMBER OF THE STAFF INCLUDING THE CHIEF EXECUTIVE OFFICER, THE CHIEF OPERATING OFFICER, OR THE 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. CHIEF OPERATING OFFICER. AND THE CHIEF FINANCIAL OFFICER WAS LAST REVIEWED BY THE COMPENSATION COMMITTEE AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IN SEPTEMBER 2021. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: CA,AL,AK,AR,CO,CT,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NV,NH,NJ,NM,NY,NC,ND OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI 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

Schedule O (Form 990) 2021 Page 2 **Employer identification number** Name of the organization DIRECT RELIEF 95-1831116 STATEMENTS, AND FORM 990 (THE LATTER TWO GOING BACK TO FISCAL YEAR 2000 AND 2001 RESPECTIVELY) AVAILABLE TO THE PUBLIC ON ITS WEBSITE. FORM 990, PART VII, SECTION A, LINE 1(A) AND SCHEDULE J, PART II: THE COMPENSATION REPORTED IS FOR THE CALENDAR YEAR 2021, 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

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

<u>Schedule O (Form 990) 2021</u>

Employer identification number Name of the organization DIRECT RELIEF 95-1831116 THE UNMET NEEDS OF PEOPLE IN THE AREAS; MOBILIZING ESSENTIAL MEDICINES SUPPLIES, AND EQUIPMENT THAT ARE REQUESTED AND APPROPRIATE FOR THE CIRCUMSTANCES; AND MANAGING THE MANY DETAILS INHERENT IN STORING TRANSPORTING, AND DISTRIBUTING SUCH GOODS TO THE PARTNER ORGANIZATIONS IN THE MOST EFFICIENT MANNER POSSIBLE. WHEN DIRECT RELIEF RECEIVES AN IN-KIND DONATION, ACCOUNTING STANDARDS REQUIRE A "FAIR MARKET VALUE" TO BE ASSIGNED TO THE DONATION. DONATIONS OF MEDICINES. MEDICAL EQUIPMENT. AND MEDICAL SUPPLIES HAVE LONG BEEN AN INTEGRAL PART OF DIRECT RELIEF'S HUMANITARIAN ASSISTANCE PROGRAMS. IN ASSIGNING A FAIR MARKET VALUE TO THE IN-KIND MEDICAL DONATIONS RECEIVED, DIRECT RELIEF USES A CAREFUL, CONSERVATIVE APPROACH THAT COMPLIES WITH THE RELEVANT ACCOUNTING STANDARDS, AND THE SPIRIT AND PURPOSE OF DISCLOSURE, TRANSPARENCY, AND ACCOUNTABILITY TO THE PUBLIC. SPECIFICALLY, DIRECT RELIEF USES THE FOLLOWING METHODOLOGY IN DETERMINING THE FAIR MARKET VALUE OF IN-KIND MEDICAL DONATIONS: CONTRIBUTIONS OF U.S. FOOD AND DRUG ADMINISTRATION (FDA)-APPROVED PHARMACEUTICALS, BRANDED AND GENERIC, ARE RECORDED AT ESTIMATED WHOLESALE VALUE, WHICH APPROXIMATES FAIR VALUE, ON THE DATE RECEIVED, BASED ON THE WHOLESALE ACQUISITION COST (WAC) AS PUBLISHED IN THE TRUVEN HEALTH ANALYTICS REDBOOK, AN INDUSTRY-RECOGNIZED DRUG AND PRICING REFERENCE GUIDE FOR PHARMACEUTICALS IN THE UNITED STATES. FOR THE YEAR ENDED JUNE 30TH, 2022 THE ORGANIZATION CONTINUED ITS POLICY OF USING MONTHLY PRICING INFORMATION AVAILABLE FROM THE REDBOOK ONLINE SERVICE PROVIDED BY TRUVEN HEALTH ANALYTICS, AN IBM WATSON

Employer identification number Name of the organization DIRECT RELIEF 95-1831116 HEALTH COMPANY. WAC IS THE STANDARD USED BY MANY U.S. STATES AS THE FEDERAL UPPER LIMIT PRICING FOR DRUGS PURCHASED UNDER THE MEDICAID PROGRAM. IF THE WHOLESALE VALUE IS NOT AVAILABLE IN THE ONLINE REDBOOK SOURCE. THE WHOLESALE VALUE OF THE CONTRIBUTION IS BASED ON OTHER APPROPRIATE INTERNET PRICING SOURCES. ALTERNATIVE METHODS OF VALUING A DRUG DONATION WOULD RESULT IN A HIGHER VALUATION. FOR EXAMPLE, THE COMMONLY CITED AVERAGE WHOLESALE PRICE (AWP), WHICH ALSO IS PUBLISHED IN THE REDBOOK, IS APPROXIMATELY TWENTY PERCENT HIGHER THAN WAC FOR A PARTICULAR PRODUCT. ACCORDING TO THE REDBOOK. DIRECT RELIEF DETERMINED THAT WAC IS THE MORE APPROPRIATE MEASURE. BECAUSE PRICING DIFFERENCES EXIST FOR GENERIC AND BRANDED PRODUCTS, IT IS IMPORTANT TO NOTE DIRECT RELIEF APPLIES THE WAC VALUE TO EACH SPECIFIC PRODUCT'S NATIONAL DRUG CODE, WHICH RELATES TO THE SPECIFIC MANUFACTURER AND FORMULATION OF A DRUG. THIS DISTINCTION IS SIGNIFICANT BECAUSE IT REFLECTS, FOR EXAMPLE, THE LOWER PRICE (AND FAIR MARKET VALUE) OF A GENERIC PRODUCT RECEIVED THROUGH DONATION, COMPARED TO HIGHER-PRICED BRANDED PRODUCT. FOR NON-FDA-APPROVED PHARMACEUTICALS, FOR EXAMPLE, PRODUCTS MANUFACTURED FOR USE IN NON-U.S. MARKETS, THE ORGANIZATION USES INDEPENDENT PRICING GUIDES TO DETERMINE THE FAIR MARKET VALUE OF THE PARTICULAR MANUFACTURER'S SPECIFIC FORMULATION. THE SOURCES OF SUCH PRICING INFORMATION VARY, BUT RELEVANT INFORMATION MAY INCLUDE THE PRICE PAID BY WHOLESALERS OR OTHER THIRD-PARTY BUYERS, A PRICE NEGOTIATED BY AN ORGANIZATION (SUCH AS THE CLINTON HEALTH ACCESS

Name of the organization **Employer identification number** DIRECT RELIEF 95-1831116 INITIATIVE) FOR A PARTICULAR DRUG, OR OTHER SUCH REASONABLE BASIS. CONTRIBUTIONS OF MEDICAL EQUIPMENT AND SUPPLIES ARE ALSO RECORDED AT ESTIMATED WHOLESALE VALUE BASED UPON APPROPRIATE PRICING INFORMATION ON THE SPECIFIC ITEM LISTED FOR SALE IN TRADE PUBLICATIONS, THROUGH ONLINE INTERNET PRICING GUIDES. AND THROUGH ITS OWN PROCUREMENT HISTORY WHEN PURCHASING. SUCH VALUATIONS TYPICALLY ARE SUBSTANTIALLY LOWER THAN PUBLISHED RETAIL PRICES. THE ORGANIZATION VERIFIES THE REASONABLENESS OF THIS DISCOUNTING METHODOLOGY ON AN ANNUAL BASIS. CONTRIBUTED MATERIALS, PROVIDED TO THE ORGANIZATION'S PARTNERS AROUND THE WORLD. ARE RECORDED AS AN EXPENSE AT THE SAME FAIR VALUE AS THEY WERE RECOGNIZED UPON RECEIPT AS REVENUE. DIFFERENT PRICES OF SIMILAR PRODUCTS OR SERVICES IN DIFFERENT GEOGRAPHIC AREAS CAN CAUSE CONFUSION. THE SPECIFICS OF DIRECT RELIEF'S VALUATION METHODOLOGY ARE NOTED HERE IN RECOGNITION OF THE CONFUSION THAT CAN ARISE WITH REGARD TO THE VALUE OF CONTRIBUTED GOODS AND SERVICES. ONE SOURCE OF CONFUSION STEMS FROM THE SIGNIFICANT PRICING (AND THEREFORE VALUATION) DIFFERENCES THAT EXIST IN DIFFERENT PARTS OF THE WORLD FOR SIMILAR PRODUCTS. WITH REGARD TO PHARMACEUTICAL PRODUCTS SIGNIFICANT DIFFERENCES EXIST BETWEEN A BRANDED DRUG AND A GENERIC EQUIVALENT FORMULATION EVEN WITHIN THE SAME MARKET, INCLUDING THE U.S. BECAUSE DIRECT RELIEF OPERATES ON A GLOBAL SCALE, SUCH DIFFERENCES MUST BE CONSIDERED AND REFLECTED IN THE ACCOUNTING AND REPORTING OF CONTRIBUTIONS.

Schedule O (Form 990) 2021	Page 2
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 SERVICESSURGERY, COMPUTER PROGRAMMING,	
RESEARCH CONDUCTED BY PH.D.SARE 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	0.1

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** DIRECT RELIEF 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 \$199,765,711 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, 2022 CONSISTS OF THE FOLLOWING: PRIOR YEAR APPROVED TRANSFERS (A) 3,331,569 CURRENT YEAR APPROVED TRANSFERS 3,571,490 ACTUAL TRANSFERS TAKEN (3,351,569) TOTAL AMOUNT RECEIVABLE AS OF JUNE 30, 2022: \$ 3,551,490 (A) APPROVED TRANSFERS THAT ARE NOT TAKEN BY THE END OF EACH FISCAL

YEAR ARE CARRIED FORWARD TO BE TAKEN IN FUTURE YEARS.

Scriedule O (FOITH 990) 2021		Page Z
Name of the organization		Employer identification number 95-1831116
DIRECT RELIEF		95-1631116
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
FY22 ACCRUED DONATED FREIGHT - UNUSED IN FY22	39,191.	
COURDING D. DADW II. COLUMN (D)		
SCHEDULE B, PART II, COLUMN (D):		
THE NON-CASH PROPERTY LISTED ON SCHEDULE B REFLECTS PRODUCT DONAT	TTONS	
RECEIVED THROUGHOUT OUR FISCAL YEAR. THE SOFTWARE USED TO PREPARE	E THIS	
FORM DOES NOT ALLOW FOR A DATE RANGE.		

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DIRECT RELIEF

DIRECT RELIEF

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
DR PROPERTY 1, LLC - 81-3303673	OPERATES SOLELY AND				
6100 WALLACE BECKNELL ROAD	EXCLUSIVELY FOR THE BENEFIT				
SANTA BARBARA, CA 93117	OF DIRECT RELIEF	CALIFORNIA	0.	38,592,471.	DIRECT RELIEF
DIRECT RELIEF PUERTO RICO					
PMB 721 1353 AVE LUIS VIGOREAUX					
PUERTO RICO 00966	HUMANITARIAN	PUERTO RICO	0.	0.	DIRECT RELIEF

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	olled
				501(c)(3))		Yes	No
DIRECT RELIEF FOUNDATION - 20-5983698	OPERATES SOLELY AND						I
6100 WALLACE BECKNELL ROAD	EXCLUSIVELY FOR THE						İ
SANTA BARBARA, CA 93117	BENEFIT OF DIRECT RELIEF	CALIFORNIA	501(C)(3)	LINE 12A, I	DIRECT RELIEF	х	<u> </u>
DIRECT RELIEF INTERNATIONAL SOUTH AFRICA	COORDINATION OF MEDICAL						
52 CORLETT DRIVE WANDERERS OFFICE PARK	SUPPORT TO AFRICAN DOCTORS						I
ILLOVO, JOHANNESBURG, SOUTH AFRICA 2196	AND MEDICAL CLINICS	SOUTH AFRICA	501(C)(3)		DIRECT RELIEF	х	<u> </u>
DIRECT RELIEF MEXICO	COORDINATION OF MEDICAL						
AV. PASEO DE LA REFORMA 300 - PISO 9	SUPPORT TO MEXICAN DOCTORS						I
CUAUHTEMOC, DISTRITO FEDERAL, MEXICO 6600	AND MEDICAL CLINICS	MEXICO	501(C)(3)		DIRECT RELIEF	х	<u> </u>
							1
							l
							<u> </u>

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

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

organization treated as a parameter parameter from											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managin partner?	Percentage ownership
		country)		sections 512-514)		a33013	Yes	No	K-1 (Form 1065)	Yes No	,
											T
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-									-
-									

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

Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions	with one or more re	lated organizations listed i	in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	,			. 1a		Х	
						Х		
						Х		
							Х	
							Х	
							Х	
g	Sale of assets to related organization(s)				. 1g		Х	
h	Purchase of assets from related organization(s)				. 1h		Х	
i	Exchange of assets with related organization(s)				. 1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)				. <u>1j</u>		Х	
k	Lease of facilities, equipment, or other assets from related organization(s)				. 1k		Х	
I	Performance of services or membership or fundraising solicitations for related orgar	nization(s)			11		Х	
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		Х	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
0	Sharing of paid employees with related organization(s)				. 10		Х	
р	Reimbursement paid to related organization(s) for expenses				. 1p		Х	
						Х		
r	Other transfer of cash or property to related organization(s)				. 1r		Х	
s	Other transfer of cash or property from related organization(s)				. 1s		Х	
2	If the answer to any of the above is "Yes," see the instructions for information on wh	no must complete th	is line, including covered r	relationships and transaction thresholds.				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involved			
(1) D	RECT RELIEF MEXICO - SEE PART VII	В	690,000.	CASH VALUE				
(2) Di	RECT RELIEF FOUNDATION - SEE PART VII	В	3,881,308.	CASH VALUE				
b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets from related organization(s) i Exchange of assets from related organization(s) i Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) m Performance of services or membership or fundraising solicitations for related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses q								

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Schedule R (Form 990) 2021 DIRECT RELIEF 95-1831116 Page **4**

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation Yes N	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership

Schedule R (Form 990) 2021

2021.05030 DIRECT RELIEF

TOTAL AMOUNT RECEIVABLE AS OF JUNE 30, 2022 \$ 3,551,490