

AmeriCares Foundation, Inc.

IRS Form 990

Fiscal Year 2010

Return of Organization Exempt From Income Tax

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 2010

Header section containing organization name (AMERICARES FOUNDATION, INC.), EIN (06-1008595), address (88 HAMILTON AVENUE, STAMFORD, CT), and principal officer (CURTIS R. WELLING).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue (Total: 795,078,846), expenses (Total: 854,604,824), and net assets (Total: 159,618,587).

Part II Signature Block

Signature block containing officer signature (William S. Post), date (12/21/2010), preparer signature (Seth Ryan), and firm information (GRANT THORNTON LLP).

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.* Form 990 (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 3

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 620,705,167. including grants of \$ 591,046,668.) (Revenue \$ 0.)

ATTACHMENT 4

4b (Code:) (Expenses \$ 220,643,859. including grants of \$ 216,566,428.) (Revenue \$ 0.)

AMERICARES OPERATES A PATIENT ASSISTANCE PROGRAM THROUGH WHICH IT RECEIVES DONATED MEDICINES. THESE DONATIONS ARE USED TO PROVIDE FREE PRESCRIPTION MEDICATIONS TO PATIENTS IN NEED THROUGHOUT THE UNITED STATES THAT HAVE MET VARIOUS ELIGIBILITY CRITERIA AND WHO WOULD NOT OTHERWISE BE ABLE TO AFFORD THEM.

SINCE ITS INCEPTION, THIS PROGRAM HAS FILLED MORE THAN 3 MILLION PRESCRIPTIONS, REPRESENTING APPROXIMATELY \$2 BILLION IN DONATED PRODUCTS.

4c (Code:) (Expenses \$ 3,119,421. including grants of \$ 2,235,958.) (Revenue \$ 678,328.)

AMERICARES OPENED A FAMILY HEALTH CLINIC, CLÍNICA INTEGRAL DE ATENCIÓN FAMILIAR IN OCTOBER 2003, LOCATED IN SANTIAGO DE MARÍA, EL SALVADOR. A DEDICATED STAFF OF DOCTORS, REGISTERED NURSES, A SOCIAL WORKER AND A DENTIST PROVIDE HIGH-QUALITY CARE AT AN AFFORDABLE COST, WORKING IN A BUILDING EQUIPPED WITH LABORATORY, MAMMOGRAPHY, ULTRASOUND AND X-RAY EQUIPMENT.

REVENUES ASSOCIATED WITH THIS PROGRAM INCLUDE PATIENT SERVICE REVENUE, AS REPORTED IN PART VIII, LINE 2, AND SALE OF MEDICINES, AS REPORTED IN PART VIII, LINE 10A.

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

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

4e Total program service expenses 844,468,447.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20 covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question numbers (1a-12b), Yes, and No. Contains various tax compliance questions and their corresponding answers.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (17), 1b Enter the number of voting members that are independent (16), 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? (X), 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X), 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X), 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X), 6 Does the organization have members or stockholders? (X), 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X), 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X), 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X), b Each committee with authority to act on behalf of the governing body? (X), 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X), 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?, 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X), 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990., 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X), 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X), 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X), 13 Does the organization have a written whistleblower policy? (X), 14 Does the organization have a written document retention and destruction policy? (X), 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X), b Other officers or key employees of the organization (X), 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? (X), 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 6
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KATHERINE A SEARS, SR VP, CFO 88 HAMILTON AVENUE STAMFORD, CT 06902 203-658-9500

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT MACAULEY DIRECTOR	1.00	X						0.	0.	0.
ELIZABETH ALLEN DIRECTOR	1.00	X						0.	0.	0.
CAROL BAUER DIRECTOR	1.00	X						0.	0.	0.
JOHN KELLY DIRECTOR	1.00	X						0.	0.	0.
PAUL KUEHNER DIRECTOR	1.00	X						0.	0.	0.
JERRY LEAMON DIRECTOR	1.00	X						0.	0.	0.
ROBERT LEARY DIRECTOR	1.00	X						0.	0.	0.
ALMA JANE MACAULEY DIRECTOR	1.00	X						0.	0.	0.
DEAN MAGLARIS DIRECTOR	1.00	X						0.	0.	0.
JOSEPH MERRILL DIRECTOR	1.00	X						0.	0.	0.
BEVERLEY SCHUCH DIRECTOR	1.00	X						0.	0.	0.
CHIP SKOWRON DIRECTOR	1.00	X						0.	0.	0.
FRED WEISMAN DIRECTOR	1.00	X						0.	0.	0.
JAMES WHEAT III DIRECTOR	1.00	X						0.	0.	0.
STEPHEN WINTER DIRECTOR	1.00	X						0.	0.	0.
JOSEPH RUCCI DIRECTOR AND SECRETARY	1.00	X		X				0.	0.	0.

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Part VII Section A is omitted										

A copy may be obtained at no cost by writing to:

AmeriCares Foundation, Inc.
88 Hamilton Avenue
Stamford, CT 06902

or by calling (203) 658-9500

Part VIII Statement of Revenue

06-1008595

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 282,751.				
	b	Membership dues	1b				
	c	Fundraising events	1c 681,456.				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f 793,599,354.				
	g	Noncash contributions included in lines 1a-1f: \$	755,530,622.				
	h	Total. Add lines 1a-1f		794,563,561.			
Program Service Revenue				Business Code			
	2a	EL SALVADOR PATIENT VISIT REVENUE	900099	337,479.	337,479.		
	b	EL SALVADOR CAFETERIA INCOME	900099	5,003.			5,003.
	c	EL SALVADOR MISCELLANEOUS INCOME	900099	2,484.			2,484.
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		344,966.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		707,762.			707,762.
	4	Income from investment of tax-exempt bond proceeds . . .		0.			
	5	Royalties		0.			
			(i) Real (ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
			(i) Securities (ii) Other				
	7a	Gross amount from sales of assets other than inventory	22,460,926.	51,450.			
	b	Less: cost or other basis and sales expenses	23,085,556.	42,509.			
	c	Gain or (loss)	-624,630.	8,941.			
	d	Net gain or (loss)		-615,689.			-615,689.
	8a	Gross income from fundraising events (not including \$ 681,456. of contributions reported on line 1c). See Part IV, line 18	a	371,489.			
	b	Less: direct expenses	b	371,489.			
c	Net income or (loss) from fundraising events		0.			0.	
9a	Gross income from gaming activities. See Part IV, line 19	a					
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities		0.				
10a	Gross sales of inventory, less returns and allowances	a	333,262.				
b	Less: cost of goods sold	b	249,572.				
c	Net income or (loss) from sales of inventory		83,690.			83,690.	
Miscellaneous Revenue			Business Code				
11a	MISCELLANEOUS	900099	-5,444.			-5,444.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		-5,444.				
12	Total Revenue. See instructions		795,078,846.	337,479.	0.	177,806.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	24,318,222.	24,318,222.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	217,223,280.	217,223,280.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	568,307,550.	568,307,550.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,226,543.	677,758.	784,486.	764,299.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	4,304,384.	2,472,070.	596,466.	1,235,848.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	69,297.	33,781.	14,519.	20,997.
9 Other employee benefits	967,361.	486,970.	198,351.	282,040.
10 Payroll taxes	527,819.	291,968.	95,615.	140,236.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	115,826.	4,752.	101,750.	9,324.
c Accounting	173,935.	23,935.	150,000.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	599,537.			599,537.
f Investment management fees	7,673.		7,673.	
g Other	1,126,583.	212,389.	122,230.	791,964.
12 Advertising and promotion	1,138,182.	32,651.	611.	1,104,920.
13 Office expenses	1,183,583.	156,665.	125,577.	901,341.
14 Information technology	310,504.	1,799.	81,123.	227,582.
15 Royalties	0.			
16 Occupancy	1,989,156.	1,559,804.	113,788.	315,564.
17 Travel	354,794.	274,262.	36,010.	44,522.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	52,078.	48,052.	3,163.	863.
20 Interest	10.		10.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	293,873.	162,153.	59,809.	71,911.
23 Insurance	192,505.	96,150.	46,793.	49,562.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a INVENTORY WRITEOFF	22,654,636.	22,654,636.		
b BAD DEBT EXPENSE	805,424.		805,424.	
c MISCELLANEOUS	5,662,069.	5,429,600.	90,934.	141,535.
d -----				
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	854,604,824.	844,468,447.	3,434,332.	6,702,045.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	14,350.	1	3,972.	
	2 Savings and temporary cash investments	4,720,945.	2	6,350,097.	
	3 Pledges and grants receivable, net	1,416,170.	3	798,468.	
	4 Accounts receivable, net	45,505.	4	40,446.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	190,829,184.	8	116,931,925.	
	9 Prepaid expenses and deferred charges	682,718.	9	529,241.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,040,977.			
	b Less: accumulated depreciation	10b 1,485,525.	2,853,025.	10c	2,555,452.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	13,459,815.	12	27,659,146.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	4,916,364.	15	4,749,840.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	218,938,076.	16	159,618,587.		
Liabilities	17 Accounts payable and accrued expenses	4,492,045.	17	5,357,180.	
	18 Grants payable	6,702,814.	18	3,637,496.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	584,204.	25	576,682.	
	26 Total liabilities. Add lines 17 through 25	11,779,063.	26	9,571,358.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	163,675,727.	27	84,499,460.	
	28 Temporarily restricted net assets	39,428,124.	28	61,370,390.	
	29 Permanently restricted net assets	4,055,162.	29	4,177,379.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	207,159,013.	33	150,047,229.	
	34 Total liabilities and net assets/fund balances	218,938,076.	34	159,618,587.	

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2009)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	885,215,202.	873,287,619.	1,011,003,360.	1,194,350,692.	794,563,561.	4,758,420,434.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.	885,215,202.	873,287,619.	1,011,003,360.	1,194,350,692.	794,563,561.	4,758,420,434.
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).						1,846,654,785.
6 Public support. Subtract line 5 from line 4.						2,911,765,649.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	885,215,202.	873,287,619.	1,011,003,360.	1,194,350,692.	794,563,561.	4,758,420,434.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,867,348.	2,601,362.	2,185,501.	1,370,026.	707,762.	9,731,999.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	469,964.	725,345.	632,003.	881,253.	699,307.	3,407,872.
11 Total support. Add lines 7 through 10						4,771,560,305.
12 Gross receipts from related activities, etc. (see instructions)					12	1,377,025.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	61.02%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	65.22%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Rows: 15 Public support percentage for 2009; 16 Public support percentage from 2008 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Rows: 17 Investment income percentage for 2009; 18 Investment income percentage from 2008 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.

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

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
SPECIAL EVENTS	188,527.	492,558.	345,635.	547,125.	371,489.	1,945,334.
SALES OF INVENTORY	190,069.	224,894.	286,368.	331,259.	333,262.	1,365,852.
MISCELLANEOUS	91,368.	7,893.	0.	2,869.	-5,444.	96,686.
TOTALS	<u>469,964.</u>	<u>725,345.</u>	<u>632,003.</u>	<u>881,253.</u>	<u>699,307.</u>	<u>3,407,872.</u>

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization **AMERICARES FOUNDATION, INC.**

Employer identification number
06-1008595

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	MEDICAL SUPPLIES AND MEDICINE _____ _____ _____	\$ 117,121,380.	VAR _____
2	MEDICAL SUPPLIES AND MEDICINE _____ _____ _____	\$ 64,965,933.	VAR _____
3	MEDICAL SUPPLIES AND MEDICINE _____ _____ _____	\$ 31,606,680.	VAR _____
4	MEDICAL SUPPLIES AND MEDICINE _____ _____ _____	\$ 18,022,111.	VAR _____
5	MEDICAL SUPPLIES AND MEDICINE _____ _____ _____	\$ 73,458,349.	VAR _____
6	MEDICAL SUPPLIES AND MEDICINE _____ _____ _____	\$ 106,523,419.	VAR _____

Name of organization **AMERICARES FOUNDATION, INC.**

Employer identification number
06-1008595

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	MEDICAL SUPPLIES AND MEDICINE _____ _____ _____	\$ 21,099,532.	VAR _____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor informed consent.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure). 2. Table for conservation contribution details (2a-2d). 3-9. Questions about monitoring, expenses, and reporting.

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

Form with 2 main sections: 1a-1b. Questions about reporting works of art, historical treasures, or other similar assets. 2. Questions about reporting financial gain from such assets.

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

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

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

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

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

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

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

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

Table with 2 columns: Description (1c-1f) and Amount

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

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

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

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment 100.0000 %
c Term endowment %

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

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

- (i) unrelated organizations
(ii) related organizations

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

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

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

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

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

Table with 10 rows and 3 columns: Line number, Description, and Amount. Total revenue is 795,078,846. Total expenses are 854,604,824. Excess or (deficit) for the year is -59,525,978.

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

Table with 5 main rows and sub-rows (a-e) and 3 columns: Line number, Description, and Amount. Total revenue is 795,078,846. Includes adjustments for net unrealized gains and other items.

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

Table with 5 main rows and sub-rows (a-e) and 3 columns: Line number, Description, and Amount. Total expenses are 854,604,824. Includes adjustments for donated services and other losses.

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

ENDOWMENT FUNDS

FORM 990, SCHEDULE D, PART V, LINE 4

THE AMERICARES FOUNDATION ENDOWMENT IS INTENDED TO SUPPORT THE GENERAL CHARITABLE MISSION OF THE ORGANIZATION. THE FOUNDATION INTENDS THAT THE PRINCIPAL SHOULD REMAIN UNTOUCHED, WHILE THE EARNINGS ON THE ENDOWMENT'S INVESTMENTS SHALL BE USED TO SUPPORT VARIOUS CHARITABLE PROGRAMS.

INCOME TAXES

FORM 990, SCHEDULE D, PART X

IN JULY 2008, AMERICARES ADOPTED THE PROVISIONS OF FASB INTERPRETATION NO. 48 ("FIN 48"), "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES." FIN 48 REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. DURING FISCAL 2009, AMERICARES EVALUATED ITS TAX POSITIONS AND CONCLUDED THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT MEET THE CRITERIA UNDER FIN 48. ACCORDINGLY, IMPLEMENTATION OF FIN 48 DID NOT HAVE ANY IMPACT ON AMERICARES' ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

RECONCILIATION OF NET ASSETS

FORM 990, SCHEDULE D, PART XI, LINE 8

SPLIT INTEREST AGREEMENT \$ 57,087

TOTAL 57,087

=====

Part XIV Supplemental Information (continued)

REVENUE ON BOOKS NOT ON RETURN

FORM 990, SCHEDULE D, PART XII, LINE 2

SPLIT INTEREST AGREEMENT \$ 57,087

SPECIAL EVENTS EXPENSE 371,489

COST OF GOODS SOLD 249,572

TOTAL 678,148

=====

EXPENSES ON BOOKS NOT ON RETURN

FORM 990, SCHEDULE D, PART XIII, LINE 2

SPECIAL EVENTS EXPENSE 371,489

COST OF GOODS SOLD 249,572

TOTAL 621,061

=====

FORM 990, SCHEDULE D, PART XI

THE AMERICARES FOUNDATION, INC. FILES A CONSOLIDATED AUDITED FINANCIAL STATEMENT WITH ITS SUBSIDIARY, AMERICARES FREE CLINICS, INC. THE RECONCILIATION IN PART XI OF SCHEDULE D RECONCILES BACK TO THE FOUNDATION'S FINANCIAL INFORMATION AS PRESENTED IN AUDITED FINANCIAL STATEMENTS AND NOT TO THE CONSOLIDATED NUMBERS (INCLUSIVE OF CLINICS).

AMERICARES FOUNDATION'S CHANGE IN NET ASSETS FOR THE YEAR IS

(\$57,111,784).

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.
- ▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

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

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

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(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 in region
CENTRAL AMERICA/CARIBBEAN	2	61	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	182,928,112.
SOUTH ASIA	1	2	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	11,655,588.
EAST ASIA AND THE PACIFIC	1	0	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	55,707,360.
EUROPE	0	0	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	27,096,569.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	41,093,102.
NORTH AMERICA	0	0	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	5,456,652.
RUSSIA/INDEPENDENT STATES	0	0	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	36,358,132.
SOUTH AMERICA	0	0	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	44,265,393.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	164,975,102.
Totals	4	63			569,536,010.

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

Schedule F (Form 990) 2009

JSA
9E1274 2.000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
 Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENT. AMERICA/CARIBBEAN	ON-GOING SUP			145,295,506.	MED. SUPPL.	FAIR MKT VAL
			EAST ASIA/PACIFIC	ON-GOING SUP			48,496,857.	MED. SUPPL.	FAIR MKT VAL
			EUROPE/ICELAND/GREENLAND	ON-GOING SUP			26,444,936.	MED. SUPPL.	FAIR MKT VAL
			MIDDLE EAST/NORTH AFRICA	ON-GOING SUP			40,761,153.	MED. SUPPL.	FAIR MKT VAL
			NORTH AMERICA	ON-GOING SUP			4,431,100.	MED. SUPPL.	FAIR MKT VAL
			RUSSIA/Independent States	ON-GOING SUP			36,266,947.	MED. SUPPL.	FAIR MKT VAL
			SOUTH AMERICA	ON-GOING SUP			38,016,503.	MED. SUPPL.	FAIR MKT VAL
			SOUTH ASIA	ON-GOING SUP			10,634,985.	MED. SUPPL.	FAIR MKT VAL
			SUB-SAHARAN AFRICA	ON-GOING SUP			155,714,947.	MED. SUPPL.	FAIR MKT VAL
			SOUTH AMERICA	EMERGENCY AS	5,263.	WIRE			
			SOUTH AMERICA	EMERGENCY AS	10,000.	WIRE			
			SOUTH AMERICA	EMERGENCY AS	7,000.	WIRE			
			SUB-SAHARAN AFRICA	HEALTH WORKE	9,960.	WIRE			
			SUB-SAHARAN AFRICA	OBSTETRIC FI	32,862.	WIRE			
			CENT. AMERICA/CARIBBEAN	EMERGENCY OP	20,130.	WIRE			
			CENT. AMERICA/CARIBBEAN	IMPROVING AC	73,021.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 182
 3 Enter total number of other organizations or entities 8

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
MEDICAL OUTREACH	CENT. AMERICA/CARIBBEAN	519			36,320,745.	MEDICINE	FAIR MKT VAL
MEDICAL OUTREACH	EAST ASIA/PACIFIC	93			7,006,097.	MEDICINE	FAIR MKT VAL
MEDICAL OUTREACH	EUROPE/ICELAND/GREENLAND	7			651,633.	MEDICINE	FAIR MKT VAL
MEDICAL OUTREACH	MIDDLE EAST/NORTH AFRICA	6			331,949.	MEDICINE	FAIR MKT VAL
MEDICAL OUTREACH	NORTH AMERICA	25			1,025,552.	MEDICINE	FAIR MKT VAL
MEDICAL OUTREACH	RUSSIA/Independent States	2			91,185.	MEDICINE	FAIR MKT VAL
MEDICAL OUTREACH	SOUTH AMERICA	111			6,050,568.	MEDICINE	FAIR MKT VAL
MEDICAL OUTREACH	SOUTH ASIA	22			818,947.	MEDICINE	FAIR MKT VAL
MEDICAL OUTREACH	SUB-SAHARAN AFRICA	142			9,217,333.	MEDICINE	FAIR MKT VAL

Part IV Supplemental Information

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

ACTIVITIES CONDUCTED OUTSIDE THE UNITED STATES

FORM 990, SCHEDULE F, PART I, LINE 2

AMERICARES MONITORING ACTIVITIES FOCUS SPECIFICALLY ON THE ACTIVITIES

WITHIN THE SCOPE OF THE PROJECT BEING FUNDED. MONITORING ACTIVITIES

INCLUDE A REGULAR SCHEDULE OF NARRATIVE REPORTING ON GRANT RELATED

ACTIVITIES AS WELL AS REGULAR FINANCIAL REPORTS ON SPENDING AGAINST THE

PROPOSED BUDGET. IN ADDITION, AMERICARES MAY CONDUCT SITE VISITS TO THE

PROJECT SITE AS REQUIRED OR DEEMED NECESSARY.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		AIRLIFT BENEFIT (event type)	(event type)	0 (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	1,052,945.		1,052,945.
	2	Less: Charitable contributions	681,456.		681,456.
	3	Gross income (line 1 minus line 2)	371,489.		371,489.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	48,815.		48,815.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	322,674.		322,674.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____
 Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

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

Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____
 Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

	Yes	No
13a		
13b		
14		
15a		
15b		
15c		
16		
17a		
17b		

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization
AMERICARES FOUNDATION, INC.

Employer identification number
06-1008595

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	COASTAL FAMILY HEALTH CENTER P.O. BOX 475 BILOXI, MI 39533	64-0617252	501(C)(3)	40,000.				ENHANCED PATIENT ACC
	GIAO DIEM HUMANITARIAN FOUNDATION, INC. P.O. BOX 2188 GARDEN GROVE, CA 92842	20-1788094	501(C)(3)	108,955.				VIETNAM PEDIATRIC NU
	HOPE WORLDWIDE, LTD. 353 WEST LANCASTER AVENUE WAYNE, PA 19087	74-2050245	501(C)(3)	16,465.				XANGO GOODNESS MEAL
	INTERNATIONAL MEDICAL CORPS 1919 SANTA MONICA BOULEVARD, SUITE 400	72-0743677	501(C)(3)	150,000.				EXPANDING MEDICAL CA
	MANNA MINISTRIES, INC. 120 STREET A, SUITE A PICAYUNE, MI 39466	76-0570086	501(C)(3)	20,000.				CLINIC CAPACITY GRAN
	TIBETAN VILLAGE PROJECT 10542 KIPLING PLACE WESTMINSTER, CO 80021	58-2003179	501(C)(3)	20,000.				PROCUREMENT OF NEEDE
	FEEDING AMERICA 35 EAST WACKER DRIVE CHICAGO?, IL 60601	36-3673599	501(C)(3)		87,312.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
	THE FREE MEDICAL CLINIC OF GREATER CLEVELAN 12201 EUCLID AVENUE CLEVELAND, OH 44106	23-7078501	501(C)(3)		6,653.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
	COMMUNITY OUTREACH HEALTH CLINIC W180 N8085 TOWN HALL RD	39-1743056	501(C)(3)		102,524.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
	CONWAY COUNTY CHRISTIAN CLINIC 1208 WEST CHILDRESS ST. MORRILTON, AR 72110	54-2109861	501(C)(3)		25,653.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
	GOOD SAMARITAN CLINIC 911 EMERSON AVENUE PARKESBURG, WV 26104	55-0708491	501(C)(3)		119,410.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
	GOOD SHEPHERD CLINIC 6392 MURPHY DRIVE MORROW, GA 30260	58-2578581	501(C)(3)		345,007.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations ▶ 147

3 Enter total number of other organizations ▶ 0

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

Schedule I (Form 990) 2009

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MEDICAL OUTREACH IN THE US	29		415,645.	FAIR MARKET VALUE	MEDICAL SUPPLIES
FREE MEDICINES TO PATIENTS	101,000		216,807,635.	FAIR MARKET VALUE	PRESCRIP. MEDICINES

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

GRANTS AND ASSISTANCE

FORM 990, SCHEDULE I, PART I

LINE 2- AMERICARES MONITORING ACTIVITIES FOCUS SPECIFICALLY ON THE

ACTIVITIES WITHIN THE SCOPE OF THE PROJECT BEING FUNDED. MONITORING

ACTIVITIES INCLUDE A REGULAR SCHEDULE OF NARRATIVE REPORTING ON GRANT

RELATED ACTIVITIES AS WELL AS REGULAR FINANCIAL REPORTS ON SPENDING

AGAINST THE PROPOSED BUDGET. IN ADDITION, AMERICARES MAY CONDUCT SITE

VISITS TO THE PROJECT SITE AS REQUIRED OR DEEMED NECESSARY.

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
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Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUDOUN COMMUNITY FREE CLINIC 224B CORNWALL STREET LEESBURG, VA 20176	54-1921059	501(C)(3)		106,179.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
HOPE CLINIC 1600 5TH AVE JASPER, AL 35501	20-3327980	501(C)(3)		5,340.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
CHARITABLE CHRISTIAN MEDICAL CLINIC 133 ARBOR STREET HOT?SPRINGS, AR 71901-3535	62-1671396	501(C)(3)		20,357.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
CHRISTIAN HEALTH CENTER OF HEBER SPRINGS 501 W MAIN ST, PMB #233	71-0852792	501(C)(3)		145,805.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
CHRISTIAN HEALTH CENTER 1115 FAIRVIEW CAMDEN, AR 71701	71-0852792	501(C)(3)		52,511.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
CONWAY INTERFAITH CLINIC 830 NORTH CREEK CONWAY, AR 72034	41-2058756	501(C)(3)		480,959.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
GOOD SAMARITAN CLINIC 615 NORTH B STREET FORT?SMITH, AR 72901	71-0863639	501(C)(3)		8,059.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
GRAND PRAIRIE CHARITABLE CHRISTIAN MEDICAL 115 N. ADAMS STREET DEWITT, AR 72042	71-0851962	501(C)(3)		8,027.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
MOUNTAIN HOME CHRISTIAN CLINIC 421 W. WADE AVENUE MOUNTAIN?HOME, AR 72653	71-0835511	501(C)(3)		6,139.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
NORTHWEST ARKANSAS FREE HEALTH CENTER 10 SOUTH COLLEGE AVE FAYETTEVILLE, AR 72701	58-1691790	501(C)(3)		165,663.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
RIVER VALLEY CHRISTIAN CLINIC 1714 STATE HIGHWAY 22 DARDANELLE, AR 72834	20-5193973	501(C)(3)		84,906.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
ST. VINCENT DE PAUL VIRGINIA G. PIPER CLINI 420 WEST WATKINS ROAD PHOENIX, AZ 85003	86-0096789	501(C)(3)		34,597.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
FAMILY RESOURCE CENTER ON YOUR FEET INC. SAN?DIEGO, CA 92105	35-2329448	501(C)(3)		236,838.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
ACS COMMUNITY L.I.F.T 5045 WEST 1ST AVE DENVER, CO 80219	82-0643036	501(C)(3)		12,032.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
TLC PHARMACY 555 E.COSTILLA STREET	84-1345520	501(C)(3)		18,128.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

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Employer identification number

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICARES FREE CLINICS 88 HAMILTON AVE STAMFORD, CT 06902	06-1422741	501(C)(3)		979,896.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
CAMP AMERIKIDS 88 HAMILTON AVE STAMFORD, CT 06902	06-1431690	501(C)(3)		42,169.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
EAST HARTFORD COMMUNITY HEALTH CENTER, INC 94 CONNECTICUT BLVD.	06-1416492	501(C)(3)		324,666.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
KEVIN'S COMMUNITY CENTER 153 S. MAIN STREET NEWTOWN, CT 06470	61-1436909	501(C)(3)		35,944.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
OPTIMUS HEALTH CARE 471 BARNUM AVENUE BRIDGEPORT, CT 06608	06-0972166	501(C)(3)		36,250.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
LIFESOUTH COMMUNITY BLOOD CENTERS, INC 4039 NEWBERRY ROAD GAINESVILLE, FL 32607	59-1545914	501(C)(3)		47,480.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
OPEN DOOR HEALTH CENTER 1350 SW 4TH STREET HOMESTEAD, FL 33030	83-0375996	501(C)(3)		22,055.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
CMAP - COSTAL MEDICAL ACCESS PROJECT? 900?BAY ST. BRUNSWICK, GA 31520	01-0576945	501(C)(3)		20,408.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
COMPASSIONATE CARE CLINIC, INC. 102 A AIRPORT RD MILLEDGEVILLE, GA 31061	74-3157081	501(C)(3)		704,501.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
FAITH CARE CLINIC, INC. WESLEY UNITED METHODIST CHURCH	13-4256432	501(C)(3)		201,403.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
GOOD SHEPARD CLINIC, INC 6392 MURPHY DR MORROW, GA 30260	58-2578581	501(C)(3)		10,283.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
GOOD SAMARITAN HEALTH & WELLNESS CENTER 175 SAMARITAN DRIVE JASPER, GA 30143	58-2576315	501(C)(3)		223,313.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
GOODWIN COMMUNITY HEALTH CTR HENRI WOODMAN 900 BAY STREET BRUNSWICK, GA 31520	01-0576945	501(C)(3)		20,031.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
HANDS OF HOPE CLINIC? 1010 HOSPITAL DRIVE BLD B	42-1591970	501(C)(3)		402,638.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
ST MARY'S HEALTH CENTER 1302 DRAYTON ST SAVANNAH, GA 31401	58-2288758	501(C)(3)		146,961.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

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Employer identification number

06-1008595

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGAPE CARE TEAM 502 EAST 2ND STREET TAMPICO, IL 61283	91-2115123	501(C)(3)		80,004.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
COMMUNITY HEALTH 2611 W. CHICAGO AVE CHICAGO, IL 60622	36-3831793	501(C)(3)		230,476.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
ST MARTINS HEALTHCARE 1359 S. RANDOLPH ST GARRETT, IN 46738	20-8609620	501(C)(3)		12,215.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
HEALTH CARE ACCESS INC 1920 MOODIE ROAD LAWRENCE, KS 66046	48-1062114	501(C)(3)		384,597.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
BABY HEALTH SERVICES 1590 HARRODSBURG RD LEXINGTON, KY 40504	61-0518017	501(C)(3)		36,636.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
CHRISTIAN APPALACHIAN PROJECT 6550 US 321 SOUTH HAGERHILL, KY 41222	61-0661137	501(C)(3)		336,132.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
GRACE MEDICAL CLINIC 211 SOUTH 8TH STREET MAYFIELD, KY 42066	61-1351519	501(C)(3)		590,292.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
NEW HOPE CLINIC? 41 S. COURT STREET OWINGSVILLE, KY 40360	61-1363437	501(C)(3)		15,013.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
WHITE HOUSE CLINICS 221 US HIGHWAY 421 MCKEE, KY 40447	61-0843731	501(C)(3)		144,205.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
NEW ORLEANS CHILDREN'S HEALTH PROJECT TIDEWATER BUILDING NEW?ORLEANS, LA 70112	72-0423889	501(C)(3)		74,302.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
CAMP EXPRESS 929 JOHNSTON STREET ALEXANDRIA, LA 71301	02-0751416	501(C)(3)		11,911.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
COMMUNITY HEALTHWORX 1543 MCGINNIS STREET ALEXANDRIA, LA 71301	72-1444312	501(C)(3)		112,408.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
IBERIA COMPREHENSIVE HEALTH CENTER 806 JEFFERSON TERRACE NEW?IBERIA, LA 70560	58-2164455	501(C)(3)		109,474.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
ST. BERNARD HEALTH CENTER, INC. 7718 W. JUDGE PEREZ DR. ARABI, LA 70032	20-4511742	501(C)(3)		567,510.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
SAINT CHARLES COMMUNITY HEALTH CENTER 843 MILLING AVE LULING, LA 70070	47-0852944	501(C)(3)		496,541.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

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Internal Revenue Service

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Employer identification number

06-1008595

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED COMMUNITY HEALTH CENTER 450 MOOSA BLVD. EUNICE, LA 70535	27-0213992	501(C)(3)		612,315.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
REGIONAL COMMUNITY HEALTH CARE CENTER FOUND 249 MILL STREET HAGERSTOWN, MD 21740	52-1772594	501(C)(3)		5,257.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
CATHERINE'S CARE CENTER 224 CARRIER NE GRAND?RAPIDS, MI 49505	20-3572418	501(C)(3)		87,642.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
DETROIT HEALTH CARE FOR THE HOMELESS DBA AD 2395 W. GRAND BOULEVARD DETROIT, MI 48208	38-2724796	501(C)(3)		450,477.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
JOY-SOUTHFIELD COMMUNITY HEALTH CENTER 18917 JOY ROAD DETROIT, MI 48228	38-3622930	501(C)(3)		151,093.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
GOOD SAMARITAN CARE CLINIC 501 W US HIGHWAY 60 MOUNTAINVIEW, MO 65548	56-2418664	501(C)(3)		12,329.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
JACKSON COUNTY FREE HEALTH CLINIC 313 S. LIBERTY INDEPENDENCE, MO 64050	43-1482136	501(C)(3)		15,747.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
KANSAS CITY FREE HEALTH CLINIC 3515 BROADWAY KANSAS?CITY, MO 64111	43-0967292	501(C)(3)		493,623.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
THE KITCHEN CLINIC 1630 N JEFFERSON AVE SPRINGFIELD, MO 65803	43-1384531	501(C)(3)		80,972.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
SOCIAL WELFARE BOARD 904 SOUTH 10TH ST. ST.?JOSEPH, MO 64503	44-6000455	501(C)(3)		110,964.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
VOLUNTEERS IN MEDICINE ?INC. 2140 NORTH 4TH STREET ST.?CHARLES, MO 63301	43-1791543	501(C)(3)		21,551.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
AARON E. HENRY COMMUNITY HEALTH CENTER 510 HIGHWAY 322 CLARKSDALE, MS 38614	64-0624495	501(C)(3)		56,330.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
MS GULF COAST CHILDRENS HEALTH PROJECT 1046 DIVISION STREET BILOXI, MS 39530	64-0592416	501(C)(3)		6,822.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
COASTAL FAMILY HEALTH CLINIC 1046 DIVISION STREET BILOXI, MS 39530	64-0592416	501(C)(3)		446,026.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
D'IBERVILLE FREE CLINIC 3409 BIG RIDGE ROAD D'IBERVILLE, MS 39540	20-5231033	501(C)(3)		29,866.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

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Name of the organization

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Employer identification number

06-1008595

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST BAPTIST CHURCH MEDICAL/DENTAL 1607 CHERRY STREET VICKSBURG, MS 39181	64-0356253	501(C)(3)		572,963.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
MANNA MEDICAL CLINIC 120 STREET A SUITE A PICAYUNE, MS 39466	20-1788094	501(C)(3)		381,057.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
COMMUNITY HEALTH SERVICES 601 E 5TH STREET CHARLOTTE, NC 28202	56-0621073	501(C)(3)		5,350.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
COMMUNITY CARE CENTER OF FORSYTH COUNTY 2135 NEW WALKERTOWN RD	58-1403699	501(C)(3)		1,334,407.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
COMMUNITY CARE CLINIC OF HIGHLANDS-CASHIERS 52 AUNT DORA DR. HIGHLANDS, NC 28741	65-1251915	501(C)(3)		227,809.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
GREATER HICKORY COOPERATIVE CHRISTIAN MINIS 31 1ST AVENUE SE HICKORY, NC 28602	56-0934855	501(C)(3)		51,736.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
HEALTH REACH COMMUNITY CLINIC 400 EAST STATESVILLE AVE - SUITE 300	20-1020941	501(C)(3)		134,130.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
HELPING HANDS CLINIC 810 HARPER AVENUE NW LENOIR, NC 28645	56-2076541	501(C)(3)		11,424.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
THE CARE CLINIC, INC. 239 ROBERSON STREET FAYETTEVILLE, NC 28301	56-1837010	501(C)(3)		7,782.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
FREE CLINIC OF TRANSYLVANIA COUNTY P.O. BOX 1135 BREVARD, NC 28712	43-1980011	501(C)(3)		6,818.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
AMAUS HEALTH SERVICES AT THE CATHEDRAL 259 E ONONDAGA STREET SYRACUSE, NY 13102	15-0532133	501(C)(3)		11,004.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
THE FLOATING HOSPITAL 41-40 27TH STREET	13-1624169	501(C)(3)		353,314.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
PARTNERSHIP FOR THE HOMELESS-FURNISH A FUTU 476 JEFFERSON STREET BROOKLYN, NY 11237	13-3732698	501(C)(3)		10,929.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
WESTSIDE FAMILY HEALTH CENTER 216 SEYMOUR STREET SYRACUSE, NY 13204	15-0532254	501(C)(3)		283,361.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
THE MEDINA HEALTH MINISTRY 425 W LIBERTY STREET SUITE 1	30-0092944	501(C)(3)		10,843.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPEN M'S SUMMIT COUNTY FREE CLINIC 941 PRINCETON STREET ARKON, OH 44311	34-1046107	501(C)(3)		42,080.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
ST. VINCENT DE PAUL CHARITABLE PHARMACY 1125 BANK STREET CINCINNATI, OH 45214	30-0272954	501(C)(3)		9,882.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
VIOLA STARTZMAN FREE CLINIC 1874 CLEVELAND ROAD WOOSTER, OH 44691	34-1758151	501(C)(3)		293,860.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
ETOWAH BAPTIST CAHRITY PHARMACY 18901 EAST ETOWAH RD NOBLE, OK 73068	73-1637087	501(C)(3)		26,107.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
TRINITY CLINIC PO BOX 37 CALVIN, OK 74531	73-1325401	501(C)(3)		73,263.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
A COMMUNITY CLINIC, INC 335 MARKET STREET SUNBURY, PA 17801	20-4051982	501(C)(3)		6,672.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
CHILDREN'S HOSPITAL OF PENNSYLVANIA 215 BEECHAM DRIVE SUITE 1	25-1729714	501(C)(3)		35,853.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
OPERATION SAFETY NET, MERCY HOSPITAL 1518 FORBES AVE PITTSBURGH, PA 15219	25-1604115	501(C)(3)		49,311.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
THE CLINIC 143 CHURCH STREET PHOENIXVILLE, PA 19460	23-3072363	501(C)(3)		256,259.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
WATER STREET RESCUE MISSION MEDICAL CLINIC 210 SOUTH PRINCE STREET LANCASTER, PA 17601	23-2798318	501(C)(3)		21,014.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
RHODE ISLAND FREE CLINIC 655 BROAD STREET PROVIDENCE, RI 02907	05-0501276	501(C)(3)		23,086.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
ANDERSON FREE CLINIC 414 N. FANT STREET ANDERSON, SC 29621	57-0787584	501(C)(3)		5,145.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
FREE MEDICAL CLINIC OF DARLINGTON COUNTY 203 GROVE STREET DARLINGTON, SC 29532	58-2445265	501(C)(3)		7,744.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
GREENVILLE FREE MEDICAL CLINIC 600 ARLINGTON AVENUE GREENVILLE, SC 29601	57-0855205	501(C)(3)		221,569.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
ORANGEBURG-CALHOUN FREE MEDICAL CLINIC PO BOX 505 ORANGEBURG, SC 29116	26-3762573	501(C)(3)		10,757.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

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Internal Revenue Service

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06-1008595

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSA CLARK MEDICAL CLINIC 210 SOUTH OAK STREET SENECA, SC 29678	58-6076010	501(C)(3)		42,245.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
ST. LUKE'S FREE MEDICAL CLINIC 162 NORTH DEAN STREET	57-0943232	501(C)(3)		453,519.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
LE BONHEUR COMMUNITY OUTREACH 77 STONEBRIDGE BLVD. JACKSON, TN 38305	62-1251288	501(C)(3)		253,592.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
CHURCH HILL FREE CLINIC 401 RICHMOND STREET CHURCH?HILL, TN 37642	62-1391365	501(C)(3)		176,400.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
DISPENSARY OF HOPE 566 MAINSTREAM DRIVE NASHVILLE, TN 37228	62-0347580	501(C)(3)		448,377.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
GOOD FAITH CLINIC 711 COOK DRIVE ATHENS, TN 37303	61-1624210	501(C)(3)		8,876.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
HEALING HANDS HEALTH CENTER 210 MEMORIAL DRIVE BRISTOL, TN 37620	62-1677000	501(C)(3)		12,543.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
PARTNERS FOR HEALING 109 WEST BLACKWELL ST. TULLAHOMA, TN 37388	62-1834800	501(C)(3)		94,814.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
COMMUNITY CLINIC OF SHELBYVILLE 841 UNION STREET SHELBYVILLE, TN 37160	34-1974609	501(C)(3)		68,081.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
CHRISTIAN COMMUNITY ACTION ADULT HEALTH CEN 200 S. MILL STREET LEWISVILLE, TX 75057	23-7319371	501(C)(3)		77,268.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
UNIVERSITY MEDICAL CENTER AT BRACKENRIDGE UNIVERSITY MEDICAL CENTER AT BRACKENRIDGE	74-1109643	501(C)(3)		15,963.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
CHILDREN AND COMMUNITY HEALTH CENTER OF MCK 120 S. CENTRAL EXPRESSWAY, SUITE 106	20-0637782	501(C)(3)		275,716.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
DELL CHILDREN'S MEDICAL CENTER?- HEALTH?EXP 4900 MUELLER DRIVE AUSTIN, TX 78723	74-1009643	501(C)(3)		19,538.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
COMMUNITY CHILDRENS CLINIC PHARMACY 1101 E. FRONT STREET MIDLAND, TX 79701	75-1875246	501(C)(3)		13,090.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
GREATER TEXOMA HEALTH CLINIC 900 N ARMSTRONG DENISON?, TX 75020	81-0584983	501(C)(3)		169,719.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

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Internal Revenue Service

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Employer identification number

06-1008595

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER KILLEEN FREE CLINIC 309 N. 2ND ST. KILLEEN, TX 76541	74-2724725	501(C)(3)		11,492.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
GUADALUPE HEALTH CENTER 310 N. EYE STREET HARLINGEN, TX 78550	20-3463338	501(C)(3)		14,768.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
HEALING HANDS MINISTRIES 7475 SKILLMAN DALLAS, TX 75231	65-1259379	501(C)(3)		31,161.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
HEALTHCARE FOR THE HOMELESS HOUSTON 2505 FANNIN ST. HOUSTON, TX 77002	76-0260403	501(C)(3)		78,650.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
IBN SINA FOUNDATION 11226 SOUTH WILCREST DRIVE 76-0698464	76-0698464	501(C)(3)		438,639.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
LIVE OAK CLINIC 796 S. BRAZOSPORT BLVD. CLUTE, TX 77531	30-0395491	501(C)(3)		8,677.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
MANSFIELD CARES INC 990 HWY 287 #106-185 MANSFIELD, TX 76063	27-0537256	501(C)(3)		27,869.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
MISSION ARLINGTON MEDICAL CLINIC 210 WEST SOUTH ST. ARLINGTON, TX 76010	75-2724385	501(C)(3)		2,071,263.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
MISSION EAST DALLAS 2914 OATES DRIVE DALLAS, TX 75228	72-2935803	501(C)(3)		8,559.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
PEDI PLACE 502 SOUTH OLD ORCHARD LANE 75-2512752	75-2512752	501(C)(3)		98,168.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
RAPHAEL COMMUNITY FREE CLINIC 1807 WATER STREET KERRVILLE, TX 78028	74-2819628	501(C)(3)		209,796.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
SAN JOSE CLINIC 2615 FANNIN STREET HOUSTON, TX 77002	76-0373703	501(C)(3)		162,795.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
SOUTH COUNTY COMMUNITY CLINIC DBA COMMUNITY 101 PINE MANOR DRIVE 75-2634623	75-2634623	501(C)(3)		21,638.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
UBI CARITAS 4450 HIGHLAND AVENUE BEAUMONT, TX 77705	76-0558225	501(C)(3)		8,889.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
UNION GOSPEL MISSION 3211 IRVING BLVD DALLAS, TX 75235	75-6003612	501(C)(3)		17,700.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

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Internal Revenue Service

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMENS HEALTH CONNECTIONS 412 S. MAIN ST. LINDALE, TX 75771	20-0776090	501(C)(3)		272,809.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
AUGUSTA REGIONAL FREE CLINIC 342 MULE ACADEMY ROAD FISHERVILLE, VA 22939	54-1651896	501(C)(3)		49,616.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
CROSSROADS MEDICAL MISSION 300 WEST VALLEY DR BRISTOL, VA 24201	54-2038877	501(C)(3)		8,858.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
LLOYD MOSS FREE CLINIC 1301 SAM PERRY BOULEVARD	54-1677934	501(C)(3)		7,292.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
THE RESCUE MISSION FREE CLINIC 402 4TH STREET ROANOKE, VA 24013	54-0573900	501(C)(3)		69,764.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
SAINT MARYS HEALTH WAGON 119 NUMBER TEN STREET CLINCHO, VA 24226	04-3739083	501(C)(3)		146,045.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
BREAD OF HEALING 1821 N 16TH STREET MILWAUKEE, WI 53205	81-0669867	501(C)(3)		67,809.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
HEALTH CARE NETWORK, INC 904 STATE STREET RACINE, WI 53404	42-1299913	501(C)(3)		445,151.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
DR. JAMES E. ALBRECHT FREE CLINIC, INC 1201 OAK STREET WEST BEND, WI 53095-0632	39-1839654	501(C)(3)		53,311.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
THE OPEN DOOR CLINIC 130 W. CENTRAL STREET	20-3673759	501(C)(3)		12,578.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
BECKLEY HEALTH RIGHT, INC 111 RANDOLPH STREET BECKLEY, WV 25801	55-0774466	501(C)(3)		12,744.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
E PANHANDLE FREE CLINIC 1212 N. MILDRED STREET RANSON, WV 25438	55-0778553	501(C)(3)		285,802.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
HEALTH ACCESS, INC 916 WEST PIKE STREET CLARKSBURG, WV 26301	55-0715066	501(C)(3)		642,112.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
WEST VIRGINIA HEALTH RIGHT 1520 WASHINGTON STREET, E	31-1066881	501(C)(3)		911,675.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
WHEELING HEALTH RIGHT, INC. 61 29TH ST. WHEELING, WV 26003	31-1149085	501(C)(3)		6,088.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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

Schedule I-1 (Form 990) 2009

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				

Schedule J Part II is omitted

A copy may be obtained at no cost by writing to:

AmeriCares Foundation, Inc.
 88 Hamilton Avenue
 Stamford, CT 06902

or by calling (203) 658-9500

Part III Supplemental Information

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

Area with horizontal dashed lines for supplemental information.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization
AMERICARES FOUNDATION, INC.

Employer identification number
06-1008595

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications	X		315.	MARKET PRICE
5 Clothing and household goods	X		2,367,130.	MARKET PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded	X	67	462,537.	MARKET PRICE
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	X	68,166	7,204,291.	COST/WHOLESALE PRICE
20 Drugs and medical supplies	X	374,826	742,865,677.	COST/WHOLESALE PRICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (HYGIENE ITEMS)	X	33891	2,630,672.	COST/WHOLESALE PRICE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 8

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

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

FORM 990, SCHEDULE M, LINE 32B

TO THE EXTENT THAT AMERICARES RECEIVES NONCASH CONTRIBUTIONS IN THE FORM
OF DONATED SECURITIES, AMERICARES WILL USE ITS OWN INVESTMENT BROKER TO
SELL THOSE DONATED SECURITIES.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

ATTACHMENT 2

FORM 990, PART III, LINE 3

IN JUNE 2009, IN AN EFFORT TO FOCUS MORE CLOSELY ON ITS CORE WORK OF MEDICAL AND DISASTER RELIEF AID, AMERICARES DECIDED TO DISCONTINUE ITS SPONSORSHIP OF TWO AFFILIATES- AMERICARES HOMEFRONT, INC. AND CAMP AMERIKIDS, INC. AMERICARES CONTINUED ITS SPONSORSHIP OF CAMP AMERIKIDS, INC. THROUGH THE 2010 SUMMER CAMP SEASON AND INCURRED AN ESTIMATED \$.3 MILLION OF EXPENSES TO SUPPORT THESE ACTIVITIES. NO SIGNIFICANT PROCEEDS OR EXPENSES IN FISCAL 2010 WERE INCURRED IN CONNECTION WITH THE DISCONTINUED SPONSORSHIP OF AMERICARES HOMEFRONT, INC.

FORM 990, PART VI, LINE 2

DIRECTORS ROBERT MACAULEY AND ALMA JANE MACAULEY ARE MARRIED.

FORM 990, PART VI, LINE 11

THE FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE FORM 990 IS REVIEWED BY MANAGEMENT AND DISTRIBUTED TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW AND COMMENT. COMMENTS ARE ADDRESSED AND THE FORM IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, LINE 12

IF A DIRECTOR OR EXECUTIVE OFFICER BELIEVES THAT HE OR SHE MAY HAVE A CONFLICT OF INTEREST WITH RESPECT TO ANY PARTICULAR TRANSACTION, HE OR

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ATTACHMENT 2 (CONT'D)

SHE SHALL PROMPTLY AND FULLY DISCLOSE THE POTENTIAL CONFLICT TO THE CHIEF EXECUTIVE OFFICER ("CEO") AND THE CHAIR OF THE GOVERNANCE COMMITTEE AND THE LATTER SHALL THEN PROMPTLY NOTIFY ALL MEMBERS OF THE GOVERNANCE COMMITTEE.

A. IF THE GOVERNANCE COMMITTEE DETERMINES THAT THERE IS IN FACT A CONFLICT WITH RESPECT OF A DIRECTOR, THE CONFLICT SHALL BE REPORTED TO THE FULL BOARD, AND THE AFFECTED DIRECTOR SHALL AGREE TO ANSWER ANY QUESTIONS ABOUT THE MATTER THAT OTHER BOARD MEMBERS MAY HAVE. IF THE PARTICULAR TRANSACTION REQUIRES A VOTE OF THE BOARD, OR OF ONE OF ITS COMMITTEES, THE AFFECTED DIRECTOR SHALL NOT BE COUNTED FOR PURPOSES OF A QUORUM NOR SHALL HE OR SHE VOTE ON THE MATTER. THE MINUTES SHALL REPORT THE QUORUM DETERMINATION AND THE VOTING.

B. IF THE GOVERNANCE COMMITTEE DETERMINES THAT THERE IS IN FACT A CONFLICT CONCERNING A PARTICULAR TRANSACTION WITH RESPECT TO AN EXECUTIVE OFFICER, THEY SHALL EXERCISE THEIR BEST JUDGMENT ABOUT THE APPROPRIATE COURSE TO FOLLOW, WHICH MAY INCLUDE:

1. APPROVAL OF THE TRANSACTION DESPITE THE CONFLICT IF THEY ARE REASONABLY CERTAIN THAT THE BEST INTERESTS OF AMERICARES WILL BE SERVED THEREBY, OR

2. REFERRAL OF THE ISSUE TO LEGAL COUNSEL FOR ADVICE, OR

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ATTACHMENT 2 (CONT'D)

3. REFERRAL OF THE ISSUE TO THE APPROPRIATE COMMITTEE OF THE BOARD OF DIRECTORS, OR TO THE FULL BOARD, FOR DECISION. EXCEPT THAT IN ALL CASES WHEREIN THE GOVERNANCE COMMITTEE DETERMINES THAT THERE IS IN FACT A CONFLICT OF INTEREST CONCERNING A PARTICULAR TRANSACTION INVOLVING AN OFFICER OF AMERICARES, THE FULL BOARD SHALL BE NOTIFIED OF THE RESOLUTION OF THE ISSUE AND THE AFFECTED OFFICER SHALL AGREE TO ANSWER ANY QUESTIONS ABOUT THE MATTER THAT BOARD MEMBERS MAY HAVE.

C. IF THE GOVERNANCE COMMITTEE DETERMINES THAT THERE IS NO CONFLICT OF INTEREST WITH RESPECT TO A PARTICULAR TRANSACTION INVOLVING A DIRECTOR OR OFFICER, THEY NEED NOT NOTIFY THE BOARD OF DIRECTORS, BUT THE SECRETARY OF THE BOARD SHALL KEEP A RECORD OF THE DECISION WHICH SHALL BE AVAILABLE TO BOARD MEMBERS UPON REQUEST.

D. IN ANY CASE IN WHICH THE POTENTIAL CONFLICT WITH RESPECT TO A PARTICULAR TRANSACTION INVOLVES EITHER THE CEO OR THE CHAIRMAN OF THE BOARD OF DIRECTORS, THE AFFECTED PARTY SHALL NOTIFY THE CHAIR OF THE GOVERNANCE COMMITTEE, AND THE CONFLICT SHALL THEN BE REPORTED TO THE FULL BOARD, AND THE CEO OR CHAIRMAN OF THE BOARD SHALL AGREE TO ANSWER ANY QUESTIONS ABOUT THE MATTER THAT OTHER BOARD MEMBERS MAY HAVE. IF THE PARTICULAR TRANSACTION REQUIRES A VOTE OF THE BOARD, OR ONE OF ITS COMMITTEES, THE CEO OR CHAIRMAN SHALL NOT BE COUNTED FOR PURPOSES OF A QUORUM NOR SHALL HE OR SHE VOTE ON THE MATTER. THE MINUTES SHALL REPORT THE QUORUM DETERMINATION AND THE VOTING.

FORM 990, PART VI, LINE 15

THE BOARD OF DIRECTORS DETERMINES COMPENSATION OF THE CEO, WHO RECEIVES

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ATTACHMENT 2 (CONT'D)

THE SAME COMPENSATION AS WHEN HE STARTED WITH AMERICARES IN 2002. HE HAS NOT ACCEPTED ANY ANNUAL INCREASES OR ADJUSTMENTS TO HIS COMPENSATION, ALTHOUGH IN NOVEMBER 2008, AND AGAIN IN APRIL 2009, HE DID ACCEPT A REDUCTION IN COMPENSATION AS PART OF AN ORGANIZATION-WIDE ACTION. THE ORGANIZATION'S CHIEF EXECUTIVE DETERMINES THE COMPENSATION OF OTHER SENIOR STAFF AND MAY UTILIZE AVAILABLE MARKET DATA, SALARY SURVEY RESULTS AND OTHER AVAILABLE TOOLS TO SUBSTANTIATE DECISIONS.

FORM 990, PART VI, LINE 19

THE TAXPAYER MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS AND ON ITS WEBSITE. THE FORM 990 IS LIKEWISE PUBLISHED ON THE INTERNET AT WWW.GUIDESTAR.ORG. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE SUMMARIZED IN ITS ANNUAL REPORT, WHICH IS AVAILABLE ON ITS WEBSITE AND BY REQUEST; FULL FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT ORDINARILY MADE AVAILABLE TO THE PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.

ATTACHMENT 3FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

AMERICARES IS A NONPROFIT GLOBAL HEALTH AND DISASTER RELIEF ORGANIZATION THAT DELIVERS MEDICINES, MEDICAL SUPPLIES AND HUMANITARIAN AID TO PEOPLE IN NEED AROUND THE WORLD AND ACROSS THE UNITED STATES. IN TIMES OF EPIC DISASTER, DAILY STRUGGLE OR CIVIL CONFLICT, AMERICARES RESTORES HEALTH AND SAVES LIVES BY DELIVERING MEDICINES, MEDICAL SUPPLIES AND HUMANITARIAN AID TO PEOPLE IN NEED

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AMERICARES FOUNDATION, INC.

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ATTACHMENT 3 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

AROUND THE WORLD AND ACROSS THE UNITED STATES. IN TIMES OF EPIC DISASTER, DAILY STRUGGLE OR CIVIL CONFLICT, AMERICARES RESTORES HEALTH AND SAVES LIVES BY DELIVERING MEDICINES, MEDICAL SUPPLIES AND HUMANITARIAN AID TO PEOPLE IN NEED AROUND THE WORLD AND ACROSS THE UNITED STATES.

ATTACHMENT 44A PROGRAM SERVICE

AMERICARES GLOBAL MEDICAL ASSISTANCE, EMERGENCY RESPONSE AND MEDICAL OUTREACH PROGRAMS RESTORE HEALTH AND SAVE LIVES IN THE WAKE OF NATURAL DISASTERS AND CIVIL CONFLICTS AND SUPPORT LONG-TERM MEDICAL AND HUMANITARIAN ASSISTANCE PROGRAMS. AMERICARES DELIVERED \$808 MILLION IN MEDICINES AND MEDICAL SUPPLIES TO 296 HEALTHCARE PARTNERS IN 97 COUNTRIES IN THE YEAR ENDED JUNE 30, 2010.

AMERICARES OBTAINS DONATIONS OF MEDICINES, MEDICAL SUPPLIES AND OTHER AID FROM U.S. AND INTERNATIONAL PHARMACEUTICAL COMPANIES AND MEDICAL SUPPLY MANUFACTURERS, AND DELIVERS THEM QUICKLY AND EFFICIENTLY TO HOSPITALS, CLINICS AND COMMUNITY HEALTH FACILITIES.

SINCE IT BEGAN OPERATIONS IN 1982, AMERICARES HAS DELIVERED MORE THAN \$9 BILLION IN AID TO OVER 147 COUNTRIES. PARTNERSHIPS ALLOW AMERICARES TO HELP MORE PEOPLE LIVE LONGER, HEALTHIER LIVES BY

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 4 (CONT'D)

PROVIDING CRITICAL MEDICINES AND MEDICAL SUPPLIES.

AMERICARES SOLICITS FUNDING TO DELIVER THE AID TO HEALTH CARE FACILITIES AROUND THE WORLD AND IN THE U.S. AMERICARES WORKS WITH OUR PARTNERS TO ASSESS THE HEALTH PRIORITIES IN EACH COMMUNITY IN ORDER TO DELIVER THE MEDICINES AND MEDICAL SUPPLIES NEEDED THE MOST. TIGHT AUDITING AND UNCOMPROMISING SECURITY PROCEDURES ENSURE THE AID IS DISTRIBUTED TO THE INTENDED PERSONS.

AMERICARES HAS A LONGSTANDING COMMITMENT TO FISCAL RESPONSIBILITY AND HAS CONSISTENTLY RECEIVED HIGH RANKINGS FOR ITS EFFICIENCY. THESE RATINGS REFLECT THE FACT THAT MORE THAN 98% OF OUR TOTAL EXPENSES DIRECTLY SUPPORT PROGRAMS AND RELIEF FOR PEOPLE IN NEED AND LESS THAN 2% REPRESENT ADMINISTRATIVE COSTS.

FOR THE YEAR ENDING JUNE 30, 2010, AMERICARES RECEIVED \$609,085 IN CONTRIBUTED SERVICES; (THIS AMOUNT IS NOT REFLECTED IN THE FORM 990 INCOME STATEMENT OR FUNCTIONAL EXPENSE SCHEDULE).

ATTACHMENT 5FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

EL SALVADOR

SRI LANKA

INDONESIA

INDIA

HAITI

Name of the organization

AMERICARES FOUNDATION, INC.

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ATTACHMENT 6FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 7990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
GRANT THORNTON LLP 666 THIRD AVENUE NEW YORK, NY 10017	AUDIT & ACCTG SVCS	110,017.
DONOR DIGITAL INC 2550 NINTH STREET, STE 103 BERKELEY, CA 94710	FUNDRAISING	232,619.
DONOR SERVICES INC 6715 SUNSET BOULEVARD LOS ANGELES, CA 90028	FUNDRAISING	132,918.
BRICKMILL MARKETING INC 24 MILL BROOK ROAD WILTON, NH 03086	FUNDRAISING	234,000.
TOTAL COMPENSATION		<u>709,554.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
AMERICARES FREE CLINICS, INC 06-1422741 88 HAMILTON AVENUE STAMFORD, CT 06902	HEALTH CARE	CT	501 (C) (3)	7	N/A

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

Schedule R (Form 990) 2009

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 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 related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)	X	
r Other transfer of cash or property from other organization(s)		X

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1) AMERICARES FREE CLINICS, INC	B	979,896.
(2)		
(3)		
(4)		
(5)		
(6)		

