

AmeriCares Foundation, Inc.

IRS Form 990

Fiscal Year 2011

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)

2010

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.

Header section A-M containing organization name (AMERICARES FOUNDATION, INC.), address (88 HAMILTON AVENUE, STAMFORD, CT), and financial data (Gross receipts: 693,120,149).

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1. Mission statement; 2-7. Governance metrics; 8-12. Revenue (Total: 663,793,851); 13-19. Expenses (Total: 665,331,622); 20-22. Net Assets (Total: 149,677,795).

Part II Signature Block

Signature block containing officer signature (William S. Post), date (1/4/2012), and preparer information (Scott Thompsett, GRANT THORNTON LLP).

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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 \$ 516,241,182. including grants of \$ 487,879,572.) (Revenue \$ 0.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 137,637,511. including grants of \$ 135,368,637.) (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 \$ 1,220,801. including grants of \$ 306,452.) (Revenue \$ 713,298.)

ATTACHMENT 3

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

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

4e Total program service expenses ▶ 655,099,494.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related organizations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, and various organizational requirements.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (17), 1b (16), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 5
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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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			
(1) ROBERT MACAULEY CHAIRMAN	1.00	X		X			0.	0.	0.	
(2) ELIZABETH ALLEN DIRECTOR	1.00	X					0.	0.	0.	
(3) CAROL BAUER DIRECTOR	1.00	X					0.	0.	0.	
(4) JOHN KELLY DIRECTOR	1.00	X					0.	0.	0.	
(5) PAUL KUEHNER DIRECTOR	1.00	X					0.	0.	0.	
(6) JERRY LEAMON DIRECTOR	1.00	X					0.	0.	0.	
(7) ROBERT LEARY DIRECTOR	1.00	X					0.	0.	0.	
(8) ALMA JANE MACAULEY VICE CHAIRMAN	1.00	X		X			0.	0.	0.	
(9) DEAN MAGLARIS CHAIRMAN	1.00	X		X			0.	0.	0.	
(10) JOSEPH MERRILL DIRECTOR	1.00	X					0.	0.	0.	
(11) BEVERLY SCHUCH DIRECTOR	1.00	X					0.	0.	0.	
(12) CHIP SKOWRON DIRECTOR	1.00	X					0.	0.	0.	
(13) FRED WEISMAN DIRECTOR	1.00	X					0.	0.	0.	
(14) JAMES WHEAT III DIRECTOR	1.00	X					0.	0.	0.	
(15) STEPHEN WINTER DIRECTOR	1.00	X					0.	0.	0.	
(16) JOSEPH RUCCI DIRECTOR AND SECRETARY	1.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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			
(17) CURTIS WELLING DIRECTOR, PRESIDENT & CEO	40.00	X		X				266,021.	0.	28,935.
(18) ELIZABETH FRANK SENIOR V.P., GLOBAL PROGRAMS	40.00			X				122,893.	0.	17,663.
(19) KEVIN GILRAIN SENIOR V.P., HUMAN RESOURCES	40.00			X				153,108.	0.	19,763.
(20) CHRISTOPH GORDER SENIOR VICE PRESIDENT	40.00			X				147,387.	0.	25,372.
(21) RACHEL GRANGER V.P. - EMERGENCY RESPONSE	40.00			X				110,887.	0.	11,416.
(22) JENNIFER GREY V.P., INDIVIDUAL PHILANTHROPY	40.00			X				121,013.	0.	11,747.
(23) GEOFF KNEISEL VICE PRESIDENT	40.00			X				97,278.	0.	23,931.
(24) GARY LEEDS VICE PRESIDENT/CONTROLLER	40.00			X				132,896.	0.	4,524.
(25) CAROLYN O'BRIEN SENIOR V.P. - DEVELOPMENT	40.00			X				194,233.	0.	26,741.
(26) DR. PURVISH PARIKH VICE PRESIDENT	40.00			X				113,656.	0.	23,648.
(27) WILLIAM POST VICE PRESIDENT - TREASURER	40.00			X				72,790.	0.	13,380.
(28) SUSAN SCHROETER V.P. - INSTITUTIONAL RELATIONS	40.00			X				41,336.	0.	10,445.
1b Sub-total								1,573,498.	0.	217,565.
c Total from continuation sheets to Part VII, Section A ATTACHMENT 6								866,047.	0.	116,210.
d Total (add lines 1b and 1c)								2,439,545.	0.	333,775.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **13**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 7		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	267,837.				
	b Membership dues	1b					
	c Fundraising events	1c	571,818.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	662,050,244.				
	g Noncash contributions included in lines 1a-1f: \$		626,907,342.				
	h Total. Add lines 1a-1f			662,889,899.			
Program Service Revenue		Business Code					
	2a EL SALVADOR PATIENT VISIT REVENUE		900099	355,271.	355,271.		
	b EL SALVADOR CAFETERIA INCOME		900099	18,702.			18,702.
	c EL SALVADOR MISCELLANEOUS INCOME		900099	7,612.			7,612.
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f			381,585.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,089,351.			1,089,351.
	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			27,940,049.			
	b Less: cost or other basis and sales expenses			28,582,993.			
	c Gain or (loss)			-642,944.			
	d Net gain or (loss)				-642,944.		-642,944.
	8a Gross income from fundraising events (not including \$ 571,818. of contributions reported on line 1c). See Part IV, line 18	a		485,013.			
	b Less: direct expenses	b		485,013.			
c Net income or (loss) from fundraising events				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		331,713.				
b Less: cost of goods sold	b		258,292.				
c Net income or (loss) from sales of inventory				73,421.		73,421.	
Miscellaneous Revenue			Business Code				
11a MISCELLANEOUS			900099	2,539.			2,539.
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d				2,539.			
12 Total revenue. See instructions				663,793,851.	355,271.		548,681.

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	19,322,972.	19,322,972.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	135,512,490.	135,512,490.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	468,719,199.	468,719,199.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,686,272.	1,041,275.	821,369.	823,628.
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	5,497,850.	3,146,808.	850,305.	1,500,737.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	134,635.	88,997.	16,506.	29,132.
9 Other employee benefits	1,160,755.	608,978.	199,562.	352,215.
10 Payroll taxes	646,778.	358,093.	104,409.	184,276.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	73,019.	15,319.	66,298.	-8,598.
c Accounting	36,734.	24,145.	12,589.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	572,300.			572,300.
f Investment management fees	28,449.		28,449.	
g Other	1,156,100.	359,871.	266,346.	529,883.
12 Advertising and promotion	1,087,256.	21,437.	3,013.	1,062,806.
13 Office expenses	1,593,374.	199,712.	141,064.	1,252,598.
14 Information technology	353,313.	13,403.	165,612.	174,298.
15 Royalties	0.			
16 Occupancy	1,972,154.	1,556,745.	76,864.	338,545.
17 Travel	703,376.	560,646.	37,397.	105,333.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	28,784.	21,027.	5,013.	2,744.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	286,007.	163,447.	44,395.	78,165.
23 Insurance	183,770.	82,630.	55,702.	45,438.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a FREIGHT -----	4,951,237.	4,951,227.	10.	
b PERSONNEL RELATED -----	173,911.	80,046.	49,754.	44,111.
c BANK CHARGES -----	218,733.	18,873.	41,821.	158,039.
d INVENTORY WRITE-OFF -----	18,230,548.	18,230,548.		
e BUILDING MATERIALS -----	1,606.	1,606.		
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	665,331,622.	655,099,494.	2,986,478.	7,245,650.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,972.	1	7,734.
	2 Savings and temporary cash investments	6,350,097.	2	11,491,502.
	3 Pledges and grants receivable, net	798,468.	3	3,056,308.
	4 Accounts receivable, net	40,446.	4	88,589.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	116,931,925.	8	104,295,312.
	9 Prepaid expenses and deferred charges	529,241.	9	518,871.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,141,364.		
	b Less: accumulated depreciation	10b 1,778,112.	2,555,452.	10c 2,363,252.
	11 Investments - publicly traded securities	27,659,146.	11	29,699,714.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,749,840.	15	5,426,707.
16 Total assets. Add lines 1 through 15 (must equal line 34)	159,618,587.	16	156,947,989.	
Liabilities	17 Accounts payable and accrued expenses	5,357,180.	17	4,759,813.
	18 Grants payable	3,637,496.	18	1,259,593.
	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	576,682.	25	1,250,788.
	26 Total liabilities. Add lines 17 through 25	9,571,358.	26	7,270,194.
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	84,499,460.	27	101,114,379.
	28 Temporarily restricted net assets	61,370,390.	28	43,966,046.
	29 Permanently restricted net assets	4,177,379.	29	4,597,370.
	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	150,047,229.	33	149,677,795.	
34 Total liabilities and net assets/fund balances	159,618,587.	34	156,947,989.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	663,793,851.
2	Total expenses (must equal Part IX, column (A), line 25)	2	665,331,622.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,537,771.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	150,047,229.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,168,337.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	149,677,795.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
--	---

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

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

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

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

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

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

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	Yes	No
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 60.78%; 15 Public support percentage from 2009 Schedule A, Part II, line 14 61.02%; 16a 33 1/3% support test - 2010. 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 [X]; 16b 33 1/3% support test - 2009. 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; 17a 10%-facts-and-circumstances test - 2010. 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; 17b 10%-facts-and-circumstances test - 2009. 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; 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.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
SPECIAL EVENTS	492,558.	345,635.	547,125.	371,489.	485,013.	2,241,820.
SALES OF INVENTORY	224,894.	286,368.	331,259.	333,262.	331,713.	1,507,496.
MISCELLANEOUS	7,893.	0.	2,869.	-5,444.	2,539.	7,857.
TOTALS	<u>725,345.</u>	<u>632,003.</u>	<u>881,253.</u>	<u>699,307.</u>	<u>819,265.</u>	<u>3,757,173.</u>

Schedule of Contributors

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

2010

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 33¹/₃ % 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).

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 _____ _____ _____	\$ 134,886,047.	VARIOUS
2	MEDICAL SUPPLIES AND MEDICINE _____ _____ _____	\$ 111,418,539.	VARIOUS
3	MEDICAL SUPPLIES AND MEDICINE _____ _____ _____	\$ 49,530,015.	VARIOUS
4	MEDICAL SUPPLIES AND MEDICINE _____ _____ _____	\$ 44,819,423.	VARIOUS
5	MEDICAL SUPPLIES AND MEDICINE _____ _____ _____	\$ 26,483,334.	VARIOUS
6	MEDICAL SUPPLIES AND MEDICINE _____ _____ _____	\$ 20,585,129.	VARIOUS

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 _____ _____ _____	\$ 14,992,370.	VARIOUS
8	MEDICAL SUPPLIES AND MEDICINE _____ _____ _____	\$ 14,456,342.	VARIOUS
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

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: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Revenues, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2010

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:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,177,237.	1,028,266.	1,196,255.		
b Contributions					
c Net investment earnings, gains, and losses	162,939.	148,971.	-167,989.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,340,176.	1,177,237.	1,028,266.		

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

- a Board designated or quasi-endowment ▶ 0.0000 %
- b Permanent endowment ▶ 100.0000 %
- c Term endowment ▶ 0.0000 %

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		725,077.	228,733.	496,344.
c Leasehold improvements		2,115,847.	578,044.	1,537,803.
d Equipment		987,294.	791,707.	195,587.
e Other		313,145.	179,629.	133,516.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).				2,363,252.

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) SPLIT INTEREST AGREEMENTS	1,250,788.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,250,788.	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

Table with 10 rows and 3 columns: Line number, Description, and Amount. Total revenue (663,793,851), Total expenses (665,331,622), Excess or (deficit) for the year (-1,537,771), Net unrealized gains (838,814), Donated services (0), Investment expenses (0), Prior period adjustments (0), Other (329,519), Total adjustments (1,168,333), Excess or (deficit) per audited statements (-369,438).

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 (666,453,298), Adjustments (Net unrealized gains 838,814, Donated services 747,809, Recoveries 0, Other 1,072,824), Total revenue after adjustments (663,793,851), Adjustments (Investment expenses 0, Other 0), Total revenue (663,793,851).

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 (666,822,730), Adjustments (Donated services 747,809, Prior year adjustments 0, Other losses 0, Other 743,305), Total expenses after adjustments (665,331,616), Adjustments (Investment expenses 0, Other 6), Total expenses (665,331,622).

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

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES 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 2011 AND 2010, AMERICARES EVALUATED ITS TAX POSITIONS AND CONCLUDED THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT MEET THE CRITERIA UNDER THIS STANDARD.

RECONCILIATION OF NET ASSETS

FORM 990, SCHEDULE D, PART XI, LINE 8

SPLIT INTEREST AGREEMENTS	\$329,519
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Part XIV Supplemental Information (continued)

REVENUE ON BOOKS NOT ON RETURN

FORM 990, SCHEDULE D, PART XII, LINE 2

SPLIT INTEREST AGREEMENTS \$329,519

SPECIAL EVENTS EXPENSE \$485,013

COST OF GOODS SOLD \$258,292

TOTAL \$1,072,824

EXPENSES ON BOOKS NOT ON RETURN

FORM 990, SCHEDULE D, PART XIII, LINE 2

SPECIAL EVENTS EXPENSE \$485,013

COST OF GOODS SOLD \$258,292

TOTAL \$743,305

PART XIII, LINE 4(B)

ROUNDING - \$6

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 THE AUDITED FINANCIAL

STATEMENTS AND NOT TO THE CONSOLIDATED NUMBERS (INCLUSIVE OF CLINICS).

AMERICARES FOUNDATION'S CHANGE IN NET ASSETS FOR THE YEAR IS (\$369,434).

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 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 V the organization's procedures for monitoring the use of grant funds outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN	2.	73.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	177,080,616.
(2) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	29,242,422.
(3) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	155,746,068.
(4) EAST ASIA AND THE PACIFIC	1.	2.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	22,622,222.
(5) EUROPE	0.	0.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	16,080,017.
(6) NORTH AMERICA	0.	0.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	1,024,545.
(7) RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	26,141,766.
(8) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	29,149,061.
(9) SOUTH ASIA	1.	3.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	17,280,972.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	4.	78.			474,367,689.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	4.	78.			474,367,689.

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

Schedule F (Form 990) 2010

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	HUMANITARIAN	15,000.	WIRE			
(2)			EAST ASIA/PACIFIC	FOOD	30,000.	WIRE			
(3)			SUB-SAHARAN AFRICA	HEALTH WORKE	143,876.	WIRE			
(4)			CENT. AMERICA/CARIBBEAN	DIABETES	19,320.	WIRE			
(5)			CENT. AMERICA/CARIBBEAN	FOOD & NUTRI	100,000.	WIRE			
(6)			SOUTH AMERICA	MEDICAL ASSI	50,000.	WIRE			
(7)			EAST ASIA/PACIFIC	TRANSPORT CO	20,000.	WIRE			
(8)			SOUTH ASIA	ASSIST-FLOOD	52,503.	WIRE			
(9)			SOUTH ASIA	FLOOD ASSIST	50,000.	WIRE			
(10)			SOUTH ASIA	HEALTHCARE S	30,000.	WIRE			
(11)			EAST ASIA/PACIFIC	POSTNATAL HE	100,000.	WIRE			
(12)			EAST ASIA/PACIFIC	TRANSLATION/	10,000.	WIRE			
(13)			SOUTH AMERICA	POST ER HOSP	407,545.	WIRE			
(14)			EAST ASIA/PACIFIC	MOBILE DELIV	140,000.	WIRE			
(15)			SOUTH ASIA	CLINIC REHAB	7,225.	WIRE			
(16)			EAST ASIA/PACIFIC	PSYCHOSOCIAL	63,889.	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

3 Enter total number of other organizations or entities

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	DISEASE TREA	20,000.	WIRE			
(2)			EAST ASIA/PACIFIC	MUD CLEARANC	30,000.	WIRE			
(3)			SOUTH ASIA	CLINIC REHAB	62,539.	WIRE			
(4)			SUB-SAHARAN AFRICA	CLINIC COMMO	100,000.	WIRE			
(5)			SOUTH ASIA	CLINIC REHAB	134,697.	WIRE			
(6)			EAST ASIA/PACIFIC	MOBIL HEALTH	41,000.	WIRE			
(7)			RUSSIA	FOOD ASSISTA	25,178.	WIRE			
(8)			EAST ASIA/PACIFIC	PSYCHOLOGICA	30,000.	WIRE			
(9)			CENT. AMERICA/CARIBBEAN	ON-GOING SUP			151,231,483.	MED. SUPPL.	FAIR MKT VAL
(10)			EAST ASIA/PACIFIC	ON-GOING SUP			17,836,041.	MED. SUPPL.	FAIR MKT VAL
(11)			EUROPE/ICELAND/GREENLAND	ON-GOING SUP			15,528,831.	MED. SUPPL.	FAIR MKT VAL
(12)			MIDDLE EAST/NORTH AFRICA	ON-GOING SUP			28,795,692.	MED. SUPPL.	FAIR MKT VAL
(13)			NORTH AMERICA	ON-GOING SUP			238,509.	MED. SUPPL.	FAIR MKT VAL
(14)			RUSSIA	ON-GOING SUP			25,970,452.	MED. SUPPL.	FAIR MKT VAL
(15)			SOUTH AMERICA	ON-GOING SUP			25,217,075.	MED. SUPPL.	FAIR MKT VAL
(16)			SOUTH ASIA	ON-GOING SUP			14,395,282.	MED. SUPPL.	FAIR MKT VAL

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

3 Enter total number of other organizations or entities

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	ON-GOING SUP			146,445,156.	MED. SUPPL.	FAIR MKT VAL
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 194.

3 Enter total number of other organizations or entities 5.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) EMERGENCY RESPONSE	CENT. AMERICA/CARIBBEAN	99.			5,577,417.	MEDICINE	FAIR MKT VAL
(2) EMERGENCY RESPONSE	SOUTH ASIA	8.			576,080.	MEDICINE	FAIR MKT VAL
(3) MEDICAL OUTREACH	CENT. AMERICA/CARIBBEAN	419.			16,183,396.	MEDICINE	FAIR MKT VAL
(4) MEDICAL OUTREACH	EAST ASIA/PACIFIC	118.			5,000,365.	MEDICINE	FAIR MKT VAL
(5) MEDICAL OUTREACH	EUROPE/ICELAND/GREENLAND	8.			481,002.	MEDICINE	FAIR MKT VAL
(6) MEDICAL OUTREACH	MIDDLE EAST/NORTH AFRICA	7.			259,713.	MEDICINE	FAIR MKT VAL
(7) MEDICAL OUTREACH	NORTH AMERICA	55.			784,070.	MEDICINE	FAIR MKT VAL
(8) MEDICAL OUTREACH	RUSSIA	2.			8,589.	MEDICINE	FAIR MKT VAL
(9) MEDICAL OUTREACH	SOUTH AMERICA	102.			3,173,114.	MEDICINE	FAIR MKT VAL
(10) MEDICAL OUTREACH	SOUTH ASIA	33.			816,013.	MEDICINE	FAIR MKT VAL
(11) MEDICAL OUTREACH	SUB-SAHARAN AFRICA	186.			8,489,146.	MEDICINE	FAIR MKT VAL
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

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

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.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization
AMERICARES FOUNDATION, INC.

Employer identification number
06-1008595

Part I

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 BRICKMILL MARKETING INC	DIRECT MAIL		X	6,797,548.	333,018.	6,464,530.
2 DONOR DIGITAL INC	INTERNET		X	4,707,531.	169,529.	4,538,002.
3 DONOR SERVICES INC	TELEPHONE		X	299,472.	60,393.	239,079.
4						
5						
6						
7						
8						
9						
10						
Total				11,804,551.	562,940.	11,241,611.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN,
IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY,

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

		(a) Event #1	(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	1,056,831.			1,056,831.
	2 Less: Charitable contributions	571,818.			571,818.
	3 Gross income (line 1 minus line 2).	485,013.			485,013.
Direct Expenses	4 Cash prizes	0.			0.
	5 Noncash prizes	0.			0.
	6 Rent/facility costs	54,163.			54,163.
	7 Food and beverages	83,950.			83,950.
	8 Entertainment	88,305.			88,305.
	9 Other direct expenses	258,595.			258,595.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(485,013.)
	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	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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				

9 Enter the state(s) in which the organization operates gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

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? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART I - FUNDRAISING CONSULTANTS

THE AMOUNTS PAID BY AMERICARES TO THE FUNDRAISING CONSULTANTS LISTED IN SCHEDULE G ARE REPORTED (AS REQUIRED BY THE FORM 990) ON A FISCAL YEAR BASIS. THESE CONSULTANTS MAY BE REPRESENTED IN PART VII, SECTION B AS TOP HIGHLY PAID INDEPENDENT CONTRACTORS. THE AMOUNTS REPORTED IN PART VII ARE REPORTED ON A CALENDAR-YEAR BASIS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

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. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ACCESS FAMILY CARE 4301 DONIPHAN DRIVE NEOSHO, MO 64850	43-1752799	501 (C) (3)	19,488.				MOBILE DELIVERY
(2)	ACCESS FAMILY HEALTH SERVICES, INC. P.O. BOX 179 SMITHVILLE, MS 38870	64-0612902	501 (C) (3)	30,000.				TEMPORARY CLINIC
(3)	ARCARE 405 HIGHWAY 11 NORTH DES ARC, AR 72040	58-1666179	501 (C) (3)	10,115.				RESTORATION OF HEALTH
(4)	ASIA AMERICA INITIATIVE 1523 16TH STREET NW WASHINGTON, DC 20036	20-1879258	501 (C) (3)	6,500.				FLASH FLOOD EMERGENC
(5)	COASTAL FAMILY HEALTH CENTER P.O. BOX 475 BILOXI, MI 39533	62-1671396	501 (C) (3)	200,000.				GULF OIL SPILL
(6)	GIAO DIEM HUMANITARIAN FOUNDATION, INC. P.O. BOX 2188 GARDEN GROVE, CA 92842	33-0495124	501 (C) (3)	169,912.				PEDIATRIC NUTRITION
(7)	GLASSWING INTERNATIONAL USA, INC. FDR STATION P.O. BOX 455 NEW YORK, NY 10150	26-1456470	501 (C) (3)	55,590.				EMERGENCY PREPAREDNE
(8)	HAITIAN HEALTH FOUNDATION 97 SHERMAN STREET NORWICH, CT 06460	06-1135999	501 (C) (3)	100,000.				CHOLERA
(9)	HAITIAN HEALTH FOUNDATION 97 SHERMAN STREET NORWICH, CT 06460	06-1135999	501 (C) (3)	85,916.				INFANT AND MATERNAL
(10)	HOPE WORLDWIDE, LTD 353 WEST LANCASTER AVENUE WAYNE, PA 19087	04-3129839	501 (C) (3)	250,437.				BREAST CANCER
(11)	SAVE THE CHILDREN FEDERATION, INC. 54 WILTON ROAD WESTPORT, CT 06880	06-0726487	501 (C) (3)	128,512.				CHOLERA RESPONSE
(12)	ACCESS FAMILY CARE ACCESS FAMILY CARE NEOSHO, MO 64850	43-17252799	501 (C) (3)		51,533.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE

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

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**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. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ACCESS FAMILY HEALTH SERVICES 63450 HWY. 25 NORTH SMITHVILLE, MS 38870	64-0612902	501(C)(3)		808,338.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(2)	CHRISTIAN APPALACHIAN PROJECT 6550 US 321 SOUTH HAGERHILL, KY 41222	61-0661137	501(C)(3)		44,919.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(3)	COMMUNITY CLINIC 701 S. JOPLIN AVE JOPLIN, MO 64801	43-1643962	501(C)(3)		467,398.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(4)	COMMUNITY CLINIC OF SHELBYVILLE & BEDFORD C 200 DOVER ST SUITE 203	34-1974609	501(C)(3)		5,394.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(5)	CONWAY INTERFAITH CLINIC 830 NORTH CREEK CONWAY, AR 72032	41-2058756	501(C)(3)		6,163.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(6)	CROSSROADS MEDICAL MISSION 300 WEST VALLEY DRIVE BRISTOL, VA 24201	54-2038877	501(C)(3)		8,091.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(7)	ETOWAH FREE COMMUNITY CLINIC 423 S. 3RD. STREET GADSDEN, AL 35901	82-0562064	501(C)(3)		7,256.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(8)	FEEDING AMERICA 35 EAST WACKER DRIVE CHICAGO, IL 60601	36-3673599	501(C)(3)		172,273.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(9)	FIRST BAPTIST CHURCH MEDICAL/DENTAL CLINIC 1607 CHERRY STREET VICKSBURG, MS 39180	64-0356253	501(C)(3)		11,095.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(10)	HARMONY HEALTH CLINIC 201 E. ROOSEVELT LITTLE ROCK, AR 72206	20-5691313	501(C)(3)		5,394.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(11)	HELPING HAND CLINIC 507 NORTH STEELE ST SANFORD, NC 27330	56-1752295	501(C)(3)		96,077.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(12)	M-POWER CLINIC 4022 4TH AVE SOUTH BIRMINGHAM, AL 35222	31-1639601	501(C)(3)		139,161.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

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. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	RED CROSS SPRINGFIELD 1545 NORTHWEST BYPASS SPRINGFIELD, MO 65803	44-0563832	501 (C) (3)		5,701.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(2)	SALVATION ARMY - ALABAMA 350 INDUSTRIAL DRIVE BIRMINGHAM, AL 35211	58-0660607	501 (C) (3)		12,247.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(3)	SALVATION ARMY - TENNESSEE 5001 COVINGTON STREET CHATTANOOGA, TN 37407	58-0660607	501 (C) (3)		7,256.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(4)	SEMO HEALTH NETWORK 311 MAIN STREET NEW MADRID, MO 63869	43-1253101	501 (C) (3)		249,901.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(5)	ST. JOHNS REGIONAL MEDICAL CENTER 2817 ST. JOHNS BLVD. JOPLIN, MO 64804	44-0545809	501 (C) (3)		23,434.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(6)	TUSCALOOSA FAMILY RESOURCE CENTER 860 REDMONT DRIVE TUSCALOOSA, AL 35404	63-1212904	501 (C) (3)		9,986.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(7)	WARREN COUNTY FREE CLINIC, INC 546 WEST RIDGEWAY ST. WARRENTON, NC 27589	20-4307481	501 (C) (3)		5,394.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(8)	A COMMUNITY CLINIC, INC 335 MARKET STREET SUNBURY, PA 17801	20-4051982	501 (C) (3)		107,183.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(9)	A STOREHOUSE FOR JESUS 675 E. LEXINGTON ROAD MOCKSVILLE, NC 27028	56-1875073	501 (C) (3)		30,465.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(10)	ACS COMMUNITY L.I.F.T 5045 W 1ST AVE DENVER, CO 80219	52-0643036	501 (C) (3)		103,017.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(11)	ADA JENKINS FREE CLINICS OF OUR TOWN PO BOX 1842 DAVIDSON, NC 28036	56-1927067	501 (C) (3)		7,243.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(12)	ADAMS COUNTY HEALTH DEPARTMENT 425 E MAIN OTHELLO, WA 99344	91-6001294	501 (C) (3)		37,793.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations
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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

2010

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Inspection**

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Employer identification number

06-1008595

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(1)	AGAPE CARE TEAM 502 E 2ND ST TAMPICO, IL 61283	91-2115123	501(C)(3)		7,319.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(2)	AGAPE CLINIC 4105 JUNIUS STREET DALLAS, TX 75246	14-1847977	501(C)(3)		67,896.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(3)	ALAMANCE COUNTY HEALTH DEPARTMENT 319-B N. GRAHAM-HOPEDALE ROAD	56-6000271	501(C)(3)		56,690.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(4)	ALTOONA REGIONAL PARTNERSHIP? 501 HOWARD AVE SUITE 204B ALTOONA, PA 16602	25-1842308	501(C)(3)		106,240.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(5)	AMAUUS HEALTH SERVICES AT THE CATHEDRAL 259 E ONONDAGA STREET SYRACUSE, NY 13102	15-0532133	501(C)(3)		19,115.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(6)	AMERICARES FREE CLINICS 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1422741	501(C)(3)		471,551.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(7)	ANGELS COMMUNITY CLINIC 1005 POPLAR ST MURRAY, KY 42071	62-1777249	501(C)(3)		15,954.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(8)	APACHE COUNTY PUBLIC HEALTH SERVICE DISTRICT 323 SOUTH MOUNTAIN AVENUE	86-6000385	501(C)(3)		56,690.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(9)	ARLINGTON FREE CLINIC 2921 11TH STREET SOUTH ARLINGTON, VA 22204	54-1671883	501(C)(3)		6,160.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(10)	ARTHUR NAGAL COMMUNITY CLINIC 1116 12TH STREET, UNIT #3 BANDERA, TX 78003	77-0697361	501(C)(3)		37,897.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(11)	ASHE COUNTY FREE MEDICAL CLINIC 225 COURT ST JEFFERSON, NC 28640	13-4314059	501(C)(3)		33,597.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(12)	ASHLAND FREE MEDICAL CLINIC 3555 WHIPPLE ROAD UNION CITY, CA 94589	68-0554276	501(C)(3)		7,489.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1)	AUGUSTA REGIONAL FREE CLINIC 342 MULE ACADEMY ROAD	54-1651896	501 (C) (3)		14,461.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(2)	BEAUREGARD AGAPE CLINIC 305 WEST 7TH STREET DERIDDER, LA 70634	06-1822290	501 (C) (3)		33,749.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(3)	BECKLEY HEALTH RIGHT, INC 111 RANDOLPH STREET BECKLEY, WV 25801	55-0774466	501 (C) (3)		26,781.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(4)	BELMONT COUNTY HEALTH DEPARTMENT 68501 BANNOCK ROAD	34-6000234	501 (C) (3)		9,407.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(5)	BETHESDA HEALTH CENTER 133 STETSON DRIVE CHARLOTTE, NC 28262	56-2015959	501 (C) (3)		20,037.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(6)	BETHESDA HEALTH CLINIC 409 WEST FERGUSON TYLER, TX 75702	26-0036674	501 (C) (3)		62,822.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(7)	BREAD OF HEALING 1821 N 16TH STREET MILWAUKEE, WI 53205	81-0669867	501 (C) (3)		158,329.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(8)	BREAD OF HEALING CLINIC 1821 N 16TH ST MILWAUKEE, WI 53205	81-0669867	501 (C) (3)		7,159.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(9)	BRIGHT STEPS FORWARD 4026 N. OCEAN BLVD	20-3633146	501 (C) (3)		6,243.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(10)	BROAD STREET CLINIC FOUNDATION 534 N. 35TH STREET, SUITE K	56-1853604	501 (C) (3)		51,695.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(11)	BROWARD COUNTY HEALTH DEPARTMENT 780 SW 24TH STREET	59-3502843	501 (C) (3)		5,669.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(12)	BUNCOMBE COUNTY HEALTH DEPARTMENT 35 WOODFIN STREET ASHEVILLE, NC 28801	56-6000279	501 (C) (3)		37,793.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE

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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
(1)	CALHOUN COUNTY PUBLIC HEALTH 501 COURT STREET ROCKWELL CITY, IA 50579	42-6005168	501(C)(3)		7,559.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(2)	CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER 1121 LINDEN STREET CAPE GIRARDEAU, MO 63702	43-1426014	501(C)(3)		18,897.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(3)	CARIDAD CENTER 8645 W BOYNTON BEACH BLVD	65-0149423	501(C)(3)		12,598.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(4)	CARING HANDS HEALTH CLINIC 34-C COURTHOUSE SQUARE CLEVELAND, GA 30528	64-0950194	501(C)(3)		99,108.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(5)	CATHERINE MCAULEY CLINIC 5514 HOHMAN AVE HAMMOND, IN 46320	35-1835133	501(C)(3)		19,672.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(6)	CATHERINE'S CARE CENTER 1211 LAFAYETTE AVE NE	20-3572418	501(C)(3)		79,466.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(7)	CENTER FOR HEALTH EDUCATION MED AND DDS 1771 MADISON AVENUE LAKEWOOD, NJ 08701	20-1324142	501(C)(3)		6,425.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(8)	CENTRAL DALLAS MINISTRIES 801 N. PEAK ST DALLAS, TX 75246	79-2332948	501(C)(3)		119,985.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(9)	CHAFFEE PEOPLES CLINIC 448 E. 1ST STREET SALIDA, CO 81201	20-5114022	501(C)(3)		50,361.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(10)	CHARLOTTE COMMUNITY HEALTH CLINIC 6900 FARMINGDALE DR CHARLOTTE, NC 28212	56-2274174	501(C)(3)		17,392.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(11)	CHATHAM CARES COMMUNITY PHARMACY 127 E. RALEIGH STREET SILVER CITY, NC 27344	41-2170926	501(C)(3)		30,131.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(12)	CHEROKEE COUNTY HEALTH DEPARTMENT 228 CHURCH STREET HAYESVILLE, NC 28904	56-6000285	501(C)(3)		8,314.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE

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

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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

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Department of the Treasury
Internal Revenue Service

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Name of the organization

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Employer identification number

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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
(1)	CHESAPEAKE CARE FREE CLINIC 2145 SOUTH MILITARY HIGHWAY	54-1642754	501 (C) (3)		15,549.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(2)	CHILDREN AND COMMUNITY HEALTH CENTER OF MCK 120 S. CENTRAL EXPRESSWAY	20-0637782	501 (C) (3)		69,865.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(3)	CHILDREN'S HOSPITAL - GREATER NEW ORLEANS I 201 EVANS RD, SUITE 314 HARAHAH, LA 70123	72-0467503	501 (C) (3)		75,586.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(4)	CHIPPEWA VALLEY FREE CLINIC 421 GRAHAM AVE EAU CLAIRE, WI 54702	39-1840231	501 (C) (3)		101,745.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(5)	CHRIST CLINIC 5810 THIRD STREET KATY, TX 77493	35-2179708	501 (C) (3)		57,805.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(6)	CHRISTIAN APPALACHIAN PROJECT 6550 US 321 SOUTH HAGERHILL, KY 41222	61-0661137	501 (C) (3)		171,800.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(7)	CHRISTIAN COMMUNITY ACTION ADULT HEALTH CEN 200 S. MILL STREET LEWISVILLE, TX 75057	23-7319371	501 (C) (3)		22,846.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(8)	CHRISTIAN COMMUNITY CLINIC OF JACKSON COUNT 1420A MCLAIN STREET NEWPORT, AR 72112	27-1913982	501 (C) (3)		40,216.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(9)	CHRISTIAN HEALTH CENTER OF HEBER SPRINGS 2001 CARES DRIVE HEBER SPRINGS, AR 72543	71-0852792	501 (C) (3)		49,322.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(10)	CHURCH HILL FREE CLINIC 401 RICHMOND STREET CHURCH HILL, TN 37642	62-1391365	501 (C) (3)		43,871.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(11)	CHURCH HILL FREE CLINIC 401 RICHMOND STREET CHURCH HILL, TN 37642	62-1391365	501 (C) (3)		42,831.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(12)	CLEARWATER FREE CLINIC 707 N. FT. HARRISON AVENUE	59-1852871	501 (C) (3)		22,119.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE

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Department of the Treasury
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(1)	CLEVELAND COUNTY HEALTH DEPARTMENT 315 E. GROVER STREET SHELBY, NC 28150	56-6000288	501(C)(3)		7,559.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(2)	COASTAL FAMILY HEALTH CENTER 1046 DIVISION STREET BILOXI, MS 39530	64-0592416	501(C)(3)		88,244.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(3)	COCHISE COUNTY HEALTH DEPARTMENT 1415 MELODY LANE BISBEE, AZ 85603	86-6000398	501(C)(3)		279,668.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(4)	COLUMBUS COUNTY HEALTH DEPARTMENT 714 N. THOMPSON STREET WHITEVILLE, NC 28472	56-6000289	501(C)(3)		18,897.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(5)	COLUMBUS PUBLIC HEALTH IMMUNIZATIONS PROGRA 240 PARSON AVENUE COLUMBUS, OH 43215	31-6400223	501(C)(3)		75,586.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(6)	COMMONWEALTH CLINIC DBA LOVE OF JESUS HEALT 10930 HULL STREET ROAD MIDLOTHIAN, VA 23112	03-0450006	501(C)(3)		91,065.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(7)	COMMUNITY CARE CENTER OF FORSYTH COUNTY 2135 NEW WALKERTOWN RD	58-1403699	501(C)(3)		144,731.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(8)	COMMUNITY CARE CLINIC OF HIGHLANDS-CASHIERS 52 AUNT DORA DRIVE HIGHLANDS, NC 28741	65-1251915	501(C)(3)		97,626.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(9)	COMMUNITY CARE CLINIC OF HIGHLANDS-CASHIERS 52 AUNT DORA DRIVE HIGHLANDS, NC 28741	65-1251915	501(C)(3)		90,960.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(10)	COMMUNITY CLINIC 701 S. JOPLIN AVE JOPLIN, MO 64801	43-1643962	501(C)(3)		40,680.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(11)	COMMUNITY CLINIC OF SHELBYVILLE 200 DOVER ST SUITE 203	34-1974609	501(C)(3)		146,915.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(12)	COMMUNITY CLINIC OF SHELBYVILLE & BEDFORD C 200 DOVER ST SUITE 203	34-1974609	501(C)(3)		15,862.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

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. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	COMMUNITY HEALTH 2611 W. CHICAGO AVE. CHICAGO, IL 60622	36-3931793	501(C)(3)		32,763.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(2)	COMMUNITY HEALTH CARE 410 ROUTE 9 NORTH	22-2763588	501(C)(3)		75,586.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(3)	COMMUNITY HEALTH CLINIC OF BUTLER COUNTY 103 BONNIE DRIVE BUTLER, PA 16002	20-4852135	501(C)(3)		36,850.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(4)	COMMUNITY OUTREACH HEALTH CLINIC W180 N8085 TOWN HALL ROAD	39-1743056	501(C)(3)		16,091.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(5)	COMPASSIONATE HEALTH CENTER 740 N. STATE ROAD 25 ROCHESTER, IN 46975	32-0237943	501(C)(3)		5,661.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(6)	CONWAY INTERFAITH CLINIC 830 NORTH CREEK CONWAY, AR 72032	41-2058756	501(C)(3)		83,493.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(7)	CORPUS CHRISTI METRO MINISTRIES 1919 LEOPARD CORPUS CHRISTI, TX 78408	74-2247261	501(C)(3)		18,678.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(8)	COWLITZ FREE MEDICAL CLINIC 1952 9TH AVE LONGVIEW, WA 98632	91-2016542	501(C)(3)		27,552.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(9)	CRISIS CONTROL MINISTRY PHARMACY 200 EAST 10TH STREET	23-7348168	501(C)(3)		13,931.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(10)	CROSSINGS COMMUNITY CLINIC 2208 W HEFNER ROAD SUITE B	86-1115863	501(C)(3)		56,654.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(11)	CROSSROADS MEDICAL MISSION 300 WEST VALLEY DRIVE BRISTOL, VA 24201	54-2038877	501(C)(3)		6,637.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(12)	D'IBERVILLE FREE CLINIC 3409 BIG RIDGE ROAD D'LBERVILLE, MS 39540	20-5231033	501(C)(3)		28,192.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE

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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

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Employer identification number

06-1008595

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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
(1)	DETROIT HEALTH CARE FOR THE HOMELESS DBA AD 15400 W MCNICHOLS DETROIT, MI 48235	38-2724796	501(C)(3)		132,560.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(2)	DISPENSARY OF HOPE 566 MAINSTREAM DRIVE NASHVILLE, TN 37228	20-8973035	501(C)(3)		58,056.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(3)	DR GARABED A FATTAL COMMUNITY FREE CLINIC UPSTATE MEDICAL UNIVERSITY CLINIC CAMPUS	16-1068101	501(C)(3)		5,396.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(4)	DR GARY BURNSTEIN COMMUNITY HEALTH CLINIC 90 W UNIVERSITY PONTIAC, MI 48342	32?0015321	501(C)(3)		5,584.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(5)	DUPAGE COUNTY HEALTH DEPARTMENT 111 N. COUNTY FARM ROAD WHEATON, IL 60187	36-6006553	501(C)(3)		45,352.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(6)	E PANHANDLE FREE CLINIC 1212 N. MILDRED STREET RANSON, WV 25438	55-0778553	501(C)(3)		39,772.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(7)	EAST HARTFORD COMMUNITY HEALTH CENTER, INC 94 CONNECTICUT BLVD. GLASTONBURY, CT 06108	06-1416492	501(C)(3)		32,590.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(8)	ELLENSBURG COMMUNITY HEALTH CLINIC 110 W 6TH AVE ELLENSBURG, WA 98926	65-1185178	501(C)(3)		35,625.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(9)	ETOWAH BAPTIST CAHRITY PHARMACY 18901 E. ETOWAH RD, NOBLE NOBLE, OK 73068	73-1637087	501(C)(3)		92,144.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(10)	ETOWAH FREE COMMUNITY CLINIC 423 S. 3RD. STREET GADSDEN, AL 35901	82-0562064	501(C)(3)		70,376.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(11)	FAITH FAMILY CLINIC 700 SOUTH ZARZAMORA, SUITE LL1	26-3791828	501(C)(3)		265,611.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(12)	FAITHCARE, INC. 277 MAIN STREET HARTFORD, CT 06106	68-0601468	501(C)(3)		5,772.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations
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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**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
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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
(1)	FAMILY HEALTH PARTNERSHIP CLINIC 13707 W JACKSON ST WOODSTOCK, IL 60098	36-4277029	501(C)(3)		68,665.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(2)	FAMILY RESOURCE CENTER ON YOUR FEET INC. SAN DIEGO, CA 92105	35-2329448	501(C)(3)		45,268.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(3)	FEEDING AMERICA 35 EAST WACKER DRIVE CHICAGO, IL 60601	36-3673599	501(C)(3)		756,793.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(4)	FIRST BAPTIST CHURCH MEDICAL/DENTAL 1607 CHERRY STREET VICKSBURG, MS 39180	64-0356253	501(C)(3)		71,828.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(5)	FIRST BAPTIST CHURCH MEDICAL/DENTAL CLINIC 1607 CHERRY STREET VICKSBURG, MS 39180	64-0356253	501(C)(3)		18,432.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(6)	FLORIDA HOSPITAL WATERMAN CPHC 2300 KURT STREET EUSTIS, FL 32726	59-3140669	501(C)(3)		66,683.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(7)	FORKS COMM HOSPITAL AND BOGACHIEL MEDICAL C 530 BOGACHIEL WAY FORKS, WA 98331	91-6001732	501(C)(3)		10,582.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(8)	FORSYTH COUNTY DEPT. OF PUBLIC HEALTH 799 N. HIGHLAND AVENUE	56-6000450	501(C)(3)		11,338.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(9)	FREE CLINIC OF GREATER CLEVELAND 12201 EUCLID AVENUE CLEVELAND, OH 44106	23-7078501	501(C)(3)		576,080.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(10)	FREE CLINIC OF SW WASHINGTON 4100 PLOMONDON STREET VANCOUVER, WA 98661	91-1707542	501(C)(3)		19,063.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(11)	FREE CLINIC OF TRANSYLVANIA COUNTY 144 DUCKWORTH AVENUE BREVARD, NC 28712	43-1980011	501(C)(3)		5,882.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(12)	FREE MEDICAL CLINIC OF DARLINGTON COUNTY 203 GROVE STREET DARLINGTON, SC 29532	58-2445265	501(C)(3)		48,903.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations
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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

2010

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Inspection**

Name of the organization

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(1)	FREE MEDICAL CLINIC OF DARLINGTON COUNTY 203 GROVE STREET DARLINGTON, SC 29532	58-2445265	501(C)(3)		6,241.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(2)	FREE MEDICAL CLINIC OF DUBOIS 47 W LONG AVENUE DUBOIS, PA 15801	25-1804763	501(C)(3)		5,719.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(3)	FRISCO CARES 7548 PRESTON ROAD FRISCO, TX 75034	20-2266641	501(C)(3)		63,713.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(4)	GALLATIN CITY COUNTY HEALTH DEPARTMENT 215 W. MENDENHALL BOZEMAN, MT 59715	81-6001363	501(C)(3)		18,897.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(5)	GARY BURNSTEIN COMMUNITY HEALTH CLINIC 90 W UNIVERSITY PONTIAC, MI 48342	32?0015321	501(C)(3)		67,336.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(6)	GASCONADE COUNTY HEALTH DEPARTMENT 300 SCHILLER STREET HERMANN, MO 65041	43-1167596	501(C)(3)		13,228.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(7)	GEORGIA HIGHLANDS MEDICAL SERVICES 260 ELM STREET CUMMING, GA 30040	53-1338038	501(C)(3)		68,027.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(8)	GLOUCESTER HEALTH DEPARTMENT 3 POND ROAD GLOUCESTER, MA 01930	04-6001390	501(C)(3)		11,338.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(9)	GOOD FAITH CLINIC 711 COOK DRIVE ATHENS, TN 37303	61-1624210	501(C)(3)		17,225.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(10)	GOOD HEALTH CLINIC 91555 O'SEAS HWY #2 TAVERNIER, FL 33070	04-3745805	501(C)(3)		6,610.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(11)	GOOD SAMARITAN 140 INDUSTRIAL LOOP	91-2129853	501(C)(3)		5,723.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(12)	GOOD SAMARITAN CLINIC OF JACKSON COUNTY 538 SCOTTS CREEK ROAD SYLVA, NC 28779	56-2266536	501(C)(3)		15,261.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE

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

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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1)	GOOD SAMARITAN CLINIC PHARMACY 305 WEST UNION STREET MORGANTOWN, NC 28680	56-1939030	501(C)(3)		6,874.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(2)	GOOD SAMARITAN HEALTH & WELLNESS CENTER 175 SAMARITAN DRIVE JASPER, GA 30143	58-2576315	501(C)(3)		29,568.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(3)	GOOD SAMARITAN HEALTH CLINIC OF PASCO, INC 5334 ASPEN ST. NEW PORT RICHEY, FL 34652	59-3072334	501(C)(3)		34,019.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(4)	GOOD SHEPARD CLINIC, INC 6392 MURPHY DR MORROW, GA 30260	58-2578581	501(C)(3)		15,878.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(5)	GRACE MEDICAL CLINIC 211 S. 8TH ST. MAYFIELD, KY 42066	61-1351519	501(C)(3)		191,418.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(6)	GRAND PRAIRIE CHARITABLE CHRISTIAN MEDICAL 115 N. ADAMS STREET DEWITT, AR 72042	71-0851962	501(C)(3)		47,841.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(7)	GRAND PRAIRIE WELLNESS CENTER 1710 SMALL STREET GRAND PRAIRIE, TX 75050	75-2877107	501(C)(3)		55,852.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(8)	GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT 101 HUNT DRIVE OXFORD, NC 27565	56-1060453	501(C)(3)		18,717.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(9)	GRAYS HARBOR COUNTY PUBLIC HEALTH 2109 SUMNER AVENUE ABERDEEN, WA 98520	91-3001320	501(C)(3)		9,448.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(10)	GREATER GREENWOOD UNITED MINISTRY 1404 EDGEFIELD STREET GREENWOOD, SC 29384	57-1012393	501(C)(3)		8,931.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(11)	GREATER KILLEEN FREE CLINIC 309 N 2ND STREET KILLEEN, TX 76541	74-2724725	501(C)(3)		53,219.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(12)	GREATER TEXOMA HEALTH CLINIC 900 N. ARMSTRONG AVE. DENISON, TX 75020	81-0584983	501(C)(3)		120,949.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE

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Department of the Treasury
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(1)	GREATER TEXOMA HEALTH CLINIC 900 N. ARMSTRONG AVE. DENISON, TX 75020	81-0584983	501 (C) (3)		7,526.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(2)	GREENVILLE FREE MEDICAL CLINIC PO BOX 8993 GREENVILLE, SC 29604	57-0855205	501 (C) (3)		92,242.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(3)	GREENVILLE FREE MEDICAL CLINIC PO BOX 8993 GREENVILLE, SC 29604	57-0855205	501 (C) (3)		49,790.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(4)	GUADALUPE HEALTH CENTER 955 W. PRICE RD BROWNSVILLE, TX 78526	20-3463338	501 (C) (3)		10,210.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(5)	HANDS OF HOPE CLINIC? 1010 HOSPITAL DRIVE STOCKBRIDGE, GA 30281	42-1591970	501 (C) (3)		9,373.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(6)	HARMONY HEALTH CLINIC 201 E. ROOSEVELT LITTLE ROCK, AR 72206	20-5691313	501 (C) (3)		96,997.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(7)	HEALING HANDS HEALTH CENTER 210 MEMORIAL DRIVE BRISTOL, TN 37620	62-1677000	501 (C) (3)		54,009.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(8)	HEALING HANDS MINISTRIES 7475 SKILLMAN, SUITE 103B DALLAS, TX 75231	65-1259379	501 (C) (3)		102,779.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(9)	HEALTH ACCESS, INC 489 WASHINGTON AVENUE CLARKSBURG, WV 26301	55-0715066	501 (C) (3)		60,417.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(10)	HEALTH ALLIANCE FOR THE UNINSURED, INC 313 NE 50TH STREET OKLAHOMA CITY, OK 73105	26-1789292	501 (C) (3)		12,771.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(11)	HEALTH AND HOPE CLINIC 9999 CHEMSTRAND RD PENSACOLA, FL 32514	26-4336638	501 (C) (3)		12,123.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(12)	HEALTH CARE ACCESS INC 1920 MOODIE ROAD LAWRENCE, KS 66046	48-1062114	501 (C) (3)		29,402.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

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. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	HEALTH CARE NETWORK, INC 904 STATE STREET RACINE, WI 53404	42-1299913	501(C)(3)		66,329.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(2)	HEALTH FOR ALL 1328A MEMORIAL DRIVE BRYAN, TX 77802	74-2624477	501(C)(3)		138,840.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(3)	HEALTH LINK MEDICAL CENTER 1775 STREET ROAD SOUTHAMPTON, PA 18966	23-2998708	501(C)(3)		5,741.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(4)	HEALTH PARTNERS INC 3070 CRAIN HIGHWAY WALDORF, MD 20601	52-1767044	501(C)(3)		19,054.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(5)	HEALTH REACH COMMUNITY CLINIC 400 EAST STATESVILLE AVE	20-1020941	501(C)(3)		70,714.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(6)	HEALTHCARE FOR THE HOMELESS - HOUSTON 2505 FANNIN STREET HOUSTON, TX 77002	76-0647934	501(C)(3)		35,750.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(7)	HEALTHQUEST PHARMACY OF UNION COUNTY 415 E. FRANKLIN STREET MONROE, NC 28112	56-2117596	501(C)(3)		277,301.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(8)	HEART BRIGHT WELLNESS CENTER 2923 SOUTH TRYON CHARLOTTE, NC 28203	45-0496759	501(C)(3)		7,683.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(9)	HELPING HAND CLINIC 507 NORTH STEELE ST SANFORD, NC 27330	56-1752295	501(C)(3)		14,410.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(10)	HIGHLANDS COUNTY HEALTH DEPARTMENT 7205 SOUTH GEORGE BLVD SEBRING, FL 33875	59-3502843	501(C)(3)		22,607.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(11)	HOPE CLINIC OF GARLAND, INC. 808 W. AVE A GARLAND, TX 75040	75-2960314	501(C)(3)		31,571.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(12)	HOPE MEDICAL AND DENTAL CLINIC 111 MEADOWVIEW DRIVE CLEBURNE, TX 76033	75-2953856	501(C)(3)		35,091.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE

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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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(1)	HOPE WITHIN COMMUNITY HEALTH CENTER 4748 EAST HARRISBURG PIKE	16-1643004	501 (C) (3)		29,083.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(2)	HOPKINS COUNTY COMMUNITY CLINIC, INC. 638 N. FRANKLIN ST. MADISONVILLE, KY 42431	06-1710391	501 (C) (3)		8,306.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(3)	IBN SINA FOUNDATION 11226 S. WILCREST DR HOUSTON, TX 77099	76-0698464	501 (C) (3)		85,163.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(4)	JEWISH COMMUNITY FREE CLINIC 490 CITY CENTER DRIVE ROHNERT, CA 94928	94-3386103	501 (C) (3)		5,669.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(5)	JOY-SOUTHFIELD COMMUNITY HEALTH CENTER 18917 JOY ROAD DETROIT, MI 48228	38-3622930	501 (C) (3)		14,104.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(6)	KANSAS CITY FREE HEALTH CLINIC 3515 BROADWAY KANSAS CITY, MO 64111	43-0967292	501 (C) (3)		36,123.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(7)	KEVIN'S COMMUNITY CENTER 153 N MAIN STREET NEWTOWN, CT 06470	61-1436909	501 (C) (3)		140,646.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(8)	KITSAP COUNTY HEALTH DISTRICT 345 6TH STREET BREMERTON, WA 98337	42-1689063	501 (C) (3)		18,897.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(9)	KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT 507 N. NANUM STREET ELLENSBURG, WA 98926	91-6001349	501 (C) (3)		22,261.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(10)	KUUMBA COMMUNITY HEALTH, INC 4910 VALLEY VIEW BLVD ROANOKE, VA 24012	54-1937835	501 (C) (3)		191,989.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(11)	LA CLINICA DE LA ESPERANZA 2679 MAURY STREET DES MOINES, IA 50317	42-0680452	501 (C) (3)		10,230.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(12)	LA CLINICA GUADALUPANA 1000 LAKEVIEW RD CLEARWATER, FL 33756	59-3348864	501 (C) (3)		45,272.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE

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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**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
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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
(1)	LAKE AREA FREE CLINIC 856B ARMOUR RD OCONOMOWOC, WI 53066	39-2006388	501(C)(3)		17,664.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(2)	LAWRENCE DOUGLAS COUNTY HEALTH DEPARTMENT 200 MAINE LAWRENCE, KS 66044	48-6061048	501(C)(3)		15,117.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(3)	LIGHT OF THE WORLD CLINIC 806 E. PROSPECT ROAD OAKLAND PARK, FL 33334	65-0266070	501(C)(3)		85,667.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(4)	LIVE OAK CLINIC 796 S. BRAZOSPORT BLVD. CLUTE, TX 77531	30-0395491	501(C)(3)		29,834.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(5)	LOGAN COUNTY HEALTH DISTRICT 310 S. MAIN STREET BELLEFONTAINE, OH 43311	34-6400797	501(C)(3)		15,117.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(6)	LOUDOUN COUNTY HEALTH DEPARTMENT 102 HERITAGE WAY, NE LEESBURG, VA 20176	54-6001775	501(C)(3)		13,228.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(7)	LOVE OF JESUS HEALTH CLINIC 10930 HULL STREET ROAD MIDLOTHIAN, VA 23112	03-0450006	501(C)(3)		42,734.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(8)	MADISON HEALTH DEPARTMENT 28 WALNUT STREET MADISON, NJ 07940	22-6002052	501(C)(3)		7,351.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(9)	MALTA HOUSE OF CARE, INC. 19 WOODLAND STREET HARTFORD, CT 06105	20-3562424	501(C)(3)		43,871.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(10)	MALTA HOUSE OF CARE, INC. 19 WOODLAND STREET HARTFORD, CT 06105	20-3562424	501(C)(3)		16,182.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(11)	MAMOU HEALTH RESOURCES, INC. 300 SOUTH STREET MAMOU, LA 70554	72-0949444	501(C)(3)		85,236.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(12)	MAMOU HEALTH RESOURCES, INC. 300 SOUTH STREET MAMOU, LA 70554	72-0949444	501(C)(3)		5,595.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE

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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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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
(1)	MANET COMMUNITY HEALTH CENTER 110 WEST SQUANTUM STREET	04-2646695	501(C)(3)		5,669.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(2)	MANNA MEDICAL CLINIC 120 STREET A, SUITE A PICAYUNE, MS 39466	20-1788094	501(C)(3)		43,046.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(3)	MANNA MINISTRIES INC 120 STREET A, SUITE A PICAYUNE, MS 39466	20-1788094	501(C)(3)		6,519.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(4)	MANSFIELD CARES INC 990 HWY 287 N, #106-185 MANSFIELD, TX 76063	27-0537258	501(C)(3)		6,971.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(5)	MARION COUNTY DBA MARION COUNTY DEPARTMENT 2003 N. LINCOLN KNOXVILLE, IA 50138	42-6004844	501(C)(3)		7,559.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(6)	MARSHALL COUNTY HEALTH DEPARTMENT 600 BROADWAY MARYSVILLE, KS 66508	48-6022700	501(C)(3)		5,558.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(7)	MARTIN TYRELL WASHINGTON DISTRICT HD 210 W. LIBERTY STREET WILLIAMSTON, NC 27892	56-1066387	501(C)(3)		56,482.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(8)	MATAGORDA EPISCOPAL HEALTH OUTREACH PROGRAM 101 AVENUE F BAY CITY, TX 77414	20-0537948	501(C)(3)		67,379.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(9)	MCHENRY COUNTY DEPARTMENT OF HEALTH 2200 N SEMINARY AVENUE WOODSTOCK, IL 60098	36-6006623	501(C)(3)		7,559.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(10)	MEDICAL OUTREACH MINISTRIES FAMILY HEALTH C 1301 E. SOUTH BOULEVARD	63-1204645	501(C)(3)		29,705.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(11)	METROCREST FAMILY MEDICAL CLINIC ONE MEDICAL PARKWAY	75-2616002	501(C)(3)		23,851.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(12)	MISSION ARLINGTON MEDICAL CLINIC 210 W. SOUTH ARLINGTON, TX 76010	75-2724385	501(C)(3)		210,067.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations ▶ -----
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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

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(1)	MISSION EAST DALLAS 2914 OATES DRIVE DALLAS, TX 75228	72-2935803	501 (C) (3)		102,706.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(2)	MISSION FORTH WORTH, INC 4401 VERMONT FORT WORTH, TX 76115	75-2720337	501 (C) (3)		24,585.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(3)	MISSOULA CITY COUNTY HEALTH DEPARTMENT 301 W. ADLER MISSOULA, MT 59802	81-6001397	501 (C) (3)		7,420.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(4)	MOORE FREE CARE CLINIC 211 TRIMBLE PLANT ROAD	01-0781234	501 (C) (3)		13,701.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(5)	MS GULF COAST CHILDRENS HEALTH PROJECT 1046 DIVISION ST. BILOXI, MS 39530	64-0592416	501 (C) (3)		52,467.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(6)	MUSLIM COMMUNITY CENTER 7600 GLEN VIEW RICHLAND HILLS, TX 76180	75-2580088	501 (C) (3)		73,260.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(7)	NATIVE AMERICAN HEALTH CENTER 160 CAPP ST SAN FRANCISCO, CA 94110	23-7135928	501 (C) (3)		6,921.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(8)	NEIGHBORHOOD CLINIC 1323 S YAKIMA AVE TACOMA, WA 98405	91-1318144	501 (C) (3)		9,337.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(9)	NESS COUNTY HEALTH DEPARTMENT 202 W SYCAMORE NESS CITY, KS 67560	48-6010682	501 (C) (3)		7,489.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(10)	NEW HOPE CLINIC 41 S. COURT STREET OWINGSVILLE, KY 40360	61-1363437	501 (C) (3)		7,743.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(11)	NEW ORLEANS CHILDREN'S HEALTH PROJECT TIDEWATER BUILDING NEW ORLEANS, LA 70112	72-0423889	501 (C) (3)		24,071.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(12)	NEW ORLEANS DREAM CENTER 1137 SAINT CHARLES AVENUE	30-0591534	501 (C) (3)		38,702.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE

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Department of the Treasury
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(1)	NORTH BROWARD HOSPITAL DISTRICT 1600 S. ANDREWS AVENUE	59-6012065	501 (C) (3)		42,517.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(2)	NORTH BY NORTHEAST COMMUNITY HEALTH CENTER 3030 NE MARTIN LUTHER KING, JR. BLVD.	72-1618287	501 (C) (3)		5,625.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(3)	NORTH DALLAS SHARED MINISTRIES 2875 MERRELL ROAD DALLAS, TX 75229	75-1908563	501 (C) (3)		88,080.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(4)	NORTHEAST TRI COUNTY HEALTH DISTRICT 240 E. DOMINION COLVILLE, WA 99114	91-1358169	501 (C) (3)		15,117.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(5)	NORTHWEST ARKANSAS FREE HEALTH CENTER 10 SOUTH COLLEGE AVE.	58-1691790	501 (C) (3)		163,013.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(6)	NORTHWEST ARKANSAS FREE HEALTH CENTER 10 SOUTH COLLEGE AVE.	58-1691790	501 (C) (3)		6,832.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(7)	OFFICE OF PUBLIC HEALTH REGION VI 5604-B COLISEUM BLVD. ALEXANDRIA, LA 71303	72-6011595	501 (C) (3)		29,681.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(8)	OPEN DOOR CLINIC OF ALAMANCE COUNTY 1214 VAUGHN ROAD SUITE 103	56-1794210	501 (C) (3)		11,799.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(9)	OPEN DOOR CLINIC STATESVILLE PO BOX 5217 STATESVILLE, NC 28687	58-1821225	501 (C) (3)		12,781.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(10)	OPEN DOOR HEALTH CENTER 1350 SW 4 ST. HOMESTEAD, FL 33030	83-0375996	501 (C) (3)		122,451.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(11)	OPEN M'S SUMMIT COUNTY FREE CLINIC 941 PRINCETON ST. AKRON, OH 44311	34-1046107	501 (C) (3)		89,723.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(12)	OPERATION SAFETY NET, MERCY HOSPITAL 1518 FORBES AVENUE PITTSBURGH, PA 15219	25-1604115	501 (C) (3)		24,633.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE

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(Form 990)**

Department of the Treasury
Internal Revenue Service

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▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

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. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ORANGE COUNTY HEALTH DEPT 832 W. CENTRAL BLVD ORLANDO, FL 32805	59-3502843	501(C)(3)		18,897.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(2)	ORANGEBURG-CALHOUN FREE MEDICAL CLINIC 860 HOLLY STREET ORANGEBURG, SC 29115	26-3762573	501(C)(3)		48,431.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(3)	ORANGEBURG-CALHOUN FREE MEDICAL CLINIC 860 HOLLY STREET ORANGEBURG, SC 29115	26-3762573	501(C)(3)		46,154.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(4)	OZANAM CHARITABLE PHARMACY 571 DAUPHIN STREET MOBILE, AL 36602	72-1386236	501(C)(3)		26,941.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(5)	PALMBEACH COUNTY HEALTH DEPARTMENT 800 CLEMATIS STREET	59-3502843	501(C)(3)		188,965.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(6)	PARK STREET HEALTHSHARE 145 STATE STREET RUTLAND, VT 05701	83-0427544	501(C)(3)		95,206.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(7)	PARTNERS FOR HEALING 109 WEST BLACKWELL TULLAHOMA, TN 37388	62-1834800	501(C)(3)		53,948.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(8)	PEDI PLACE 502 S. OLD ORCHARD LANE	75-2512752	501(C)(3)		26,174.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(9)	PEOPLE'S CLINIC FOR BETTER HEALTH 3110 GOULDEN PORT HURON, MI 48060	38-3274342	501(C)(3)		78,981.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(10)	PEOPLES CLINIC FOUNDATION 751 WEST 1ST MOOREHEAD, KY 40351	04-3801066	501(C)(3)		26,193.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(11)	PEOPLE'S COMMUNITY HEALTH CENTERS 3013 GREENMOUNT AVENUE BALTIMORE, MD 21218	52-0205681	501(C)(3)		82,868.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(12)	PEOPLE'S HEALTH & WELLNESS CLINIC 553 NORTH MAIN STREET BARRE, VT 05641	03-0343290	501(C)(3)		7,487.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**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
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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
(1)	POLK COUNTY HEALTH DEPARTMENT 3241 LAKELAND HILLS BLVD.	59-3502843	501 (C) (3)		33,876.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(2)	RAPHAEL COMMUNITY FREE CLINIC 1807 WATER STREET KERRVILLE, TX 78028	74-2819628	501 (C) (3)		100,891.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(3)	REGIONAL COMMUNITY HEALTH CARE CENTER FOUND 249 MILL STREET HAGERSTOWN, MD 21740	52-1772594	501 (C) (3)		50,829.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(4)	RHEA COUNTY VOLUNTEERS IN MEDICINE 7794 RHEA CO. HWY SUITE 103	27-1109527	501 (C) (3)		15,443.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(5)	RICHMOND AREA HIGH BLOOD PRESSURE CENTER 1200 WEST CARY STREET RICHMOND, VA 23220	52-1303481	501 (C) (3)		25,966.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(6)	RIVER VALLEY CHRISTIAN CLINIC 1714 STATE HWY. 22 DARDANELLE, AR 72834	20-5193973	501 (C) (3)		92,439.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(7)	RIVER VALLEY CHRISTIAN CLINIC 1714 STATE HWY. 22 DARDANELLE, AR 72834	20-5193973	501 (C) (3)		14,808.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(8)	RIVERSTONE HEALTH 123 SO. 27TH STREET BILLINGS, MT 59101	81-0513538	501 (C) (3)		11,338.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(9)	ROCK SPRINGS CLINIC 219 ROCK SPRINGS ROAD MILNER, GA 30257	26-448-5460	501 (C) (3)		122,620.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(10)	ROSA CLARK MEDICAL CLINIC 210 SOUTH OAK STREET SENECA, SC 29678	58-6076010	501 (C) (3)		25,601.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(11)	RUTHS PLACE 1411 CRAWFORD AVENUE GRANBURY, TX 76048	20-4594680	501 (C) (3)		12,552.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(12)	SACRED HEART COMMUNITY CLINIC 620 ROUND ROCK WEST #8 ROUND ROCK, TX 78681	27-2901548	501 (C) (3)		51,849.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations
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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**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

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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
(1)	SAFE HARBOR FREE CLINIC 9631 269TH ST. NW STANWOOD, WA 98292	26-3825107	501(C)(3)		96,793.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(2)	SAINT CHARLES COMMUNITY HEALTH CENTER 843 MILLING AVE LULING, LA 70070	47-0852944	501(C)(3)		6,542.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(3)	SAINT MARY'S HEALTH WAGON 119 NUMBER TEN STREET CLINCHO, VA 24226	04-3739083	501(C)(3)		18,186.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(4)	SALT LAKE VALLEY HEALTH DEPARTMENT 2001 SOUTH STATE STREET	87-6000316	501(C)(3)		75,586.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(5)	SAMARITAN HEALTH CLINIC OF PICKENS COUNTY 303 DACUSVILLE HIGHWAY PICKENS, SC 29640	57-0947115	501(C)(3)		62,905.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(6)	SAN JOSE CLINIC 2615 FANNIN ST., SUITE 2703	76-0373703	501(C)(3)		34,358.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(7)	SCOTLAND COMMUNITY HEALTH CLINIC 1405B WEST BLVD LAURINBURG, NC 28353	20-2841940	501(C)(3)		16,609.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(8)	SHALOM HEALTH MINISTRY 2220 BROADWAY HOUSTON, TX 77012	76-0570086	501(C)(3)		82,139.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(9)	SHELTER HEALTH SERVICES INC 534 SPRATT ST. CHARLOTTE, NC 28206	20-3041985	501(C)(3)		10,220.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(10)	SHEPHERDS CARE MEDICAL CLINIC NORTH CAROLIN 304 B PONY ROAD ZEBULON, NC 27597	26-2757593	501(C)(3)		79,206.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(11)	SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)(3)		20,144.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(12)	SKAGIT COUNTY PUBLIC HEALTH 700 S. 2ND STREET MOUNT VERNON, WA 98273	91-6001361	501(C)(3)		18,897.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations ▶ -----
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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**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

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- 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
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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
(1)	SMITH MEDICAL CLINIC 116 BASKERVILLE DRIVE	57-0786699	501 (C) (3)		108,728.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(2)	SNAKE RIVER COMMUNITY CLINIC, INC 215 10TH STREET LEWISTON, ID 83501	31-1726460	501 (C) (3)		14,293.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(3)	SNOHOMISH HEALTH DISTRICT 3020 RUCKER AVENUE EVERETT, WA 98201	91-1866899	501 (C) (3)		12,850.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(4)	SOCIAL WELFARE BOARD 904 S. 10TH, SUITE A ST. JOSEPH, MO 64503	44-6000455	501 (C) (3)		35,004.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(5)	SOUTH BROOKLYN HEALTH CENTER 120 RICHARD STREET BROOKLYN, NY 11231	11-2339341	501 (C) (3)		47,200.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(6)	SOUTH CENTRAL FAMILY HEALTH CENTER 4425 S. CENTRAL AVENUE	95-3877793	501 (C) (3)		18,897.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(7)	SOUTH COUNTY COMMUNITY CLINIC DBA COMMUNITY 101 PINE MANOR DRIVE	75-2634623	501 (C) (3)		9,837.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(8)	SOUTHWEST UTAH PUBLIC HEALTH DEPARTMENT 620 SOUTH 400 EAST ST. GEORGE, UT 84770	87-0331280	501 (C) (3)		37,793.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(9)	SPOKANE REGIONAL HEALTH DISTRICT 1101 W COLLEGE SPOKANE, WA 99201	91-1527532	501 (C) (3)		18,897.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(10)	ST LUKES CLINIC 132 SEYMOUR AVE. JACKSON, MI 49202	32-0038675	501 (C) (3)		20,753.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(11)	ST MARTINS HEALTHCARE 1359 SOUTH RANDOLPH STREET	20-8609620	501 (C) (3)		7,632.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(12)	ST MARY'S HEALTH CENTER 1302 DRAYTON ST SAVANNAH, GA 31401	58-2282758	501 (C) (3)		33,879.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations
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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

2010

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Name of the organization

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Employer identification number

06-1008595

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(1)	ST. ANDREW COMMUNITY MEDICAL CENTER, INC 1616 CINCINNATI AVENUE	32-0103234	501 (C) (3)		64,561.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(2)	ST. ANTHONY FREE MEDICAL CLINIC 150 GOLDEN GATE AVENUE	94-1513140	501 (C) (3)		28,268.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(3)	ST. BERNARD HEALTH CENTER, INC. 7718 W. JUDGE PEREZ DR. ARABI, LA 70032	20-4511742	501 (C) (3)		68,764.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(4)	ST. LUKE FREE CLINIC OF HOPKINSVILLE 408 W 17TH ST HOPKINSVILLE, KY 42240	61-1237058	501 (C) (3)		5,447.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(5)	ST. LUKE'S FREE MEDICAL CLINIC 162 N. DEAN ST. SPARTANBURG, SC 29302	57-0943232	501 (C) (3)		65,720.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(6)	ST. PETERSBURG FREE CLINIC 863 3RD AVE N ST. PETERSBURG, FL 33701	23-7208280	501 (C) (3)		49,957.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(7)	ST. VINCENT DE PAUL CHARITABLE PHARMACY 1125 BANK ST. CINCINNATI, OH 45214	30-0272954	501 (C) (3)		45,531.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(8)	ST. VINCENT DE PAUL VIRGINIA G. PIPER CLINI 420 WEST WATKINS PHOENIX, AZ 85003	86-0096789	501 (C) (3)		89,948.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(9)	ST. VINCENT DEPAUL HEALTH CENTER 2110 BROAD STREET AUGUSTA, GA 30904	58-2060572	501 (C) (3)		152,984.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(10)	TACOMA-PIERCE COUNTY HEALTH DEPARTMENT 3629 SOUTH D STREET TACOMA, WA 98418	91-1488160	501 (C) (3)		52,910.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(11)	THE BRIDGE CLINIC PO BOX 16024 LOVES PARK, IL 61132	27-3097955	501 (C) (3)		13,260.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(12)	THE CARE CLINIC, INC. 239 ROBERSON STREET FAYETTEVILLE, NC 28301	56-1837010	501 (C) (3)		23,581.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations
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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

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Name of the organization

AMERICARES FOUNDATION, INC.

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(1)	THE CLINIC 143 CHURCH ST. PHOENIXVILLE, PA 19460	23-3072363	501(C)(3)		83,467.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(2)	THE EARLY LEARNING PARTNERSHIP OF YORK COUN 114 EAST MAIN STREET ROCKHILL, SC 29731	20-3146968	501(C)(3)		24,696.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(3)	THE FLOATING HOSPITAL 4140 27TH ST LONG ISLAND CITY, NY 11101	13-1624169	501(C)(3)		166,609.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(4)	THE FREE CLINIC OF GOOCHLAND 1800 SANDY HOOK RD. GOOCHLAND, VA 23063	54-1967650	501(C)(3)		87,887.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(5)	THE FREE MEDICAL CLINIC 1875 HARDEN STREET COLUMBIA, SC 29204	57-0779279	501(C)(3)		5,601.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(6)	THE GOOD SAMARITAN HOUSE 213 N. MAIN ST DEARING, GA 30808	32-0126528	501(C)(3)		108,314.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(7)	THE KITCHEN CLINIC 1630 N. JEFFERSON AVE.	43-1384531	501(C)(3)		40,461.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(8)	THE LA FREE CLINIC DBA SABAN FREE CLINIC 8405 BEVERLY BLVD. LOS ANGELES, CA 90028	95-2539105	501(C)(3)		113,379.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(9)	THE OPEN DOOR CLINIC 130 W CENTRAL CHIPPEWA FALLS, WI 54729	20-3673759	501(C)(3)		79,015.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(10)	THE PEOPLE'S CITY MISSION MEDICAL CLINIC 110 Q STREET LINCOLN, NE 68512	26-3819766	501(C)(3)		51,690.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(11)	THE RALEIGH RESCUE MISSION 314 E. HARGETT STREET RALEIGH, NC 27601	56-6024168	501(C)(3)		18,897.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(12)	THE RESCUE MISSION FREE CLINIC 402 4TH STREET ROANOKE, VA 24013	54-0573900	501(C)(3)		22,485.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE

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

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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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
(1)	TLC PHARMACY - OPEN BIBLE MEDICAL CLINIC 555 E COSTILLA COLORADO SPRINGS, CO 80903	84-1345520	501(C)(3)		14,727.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(2)	TOWNHALL II MEDICAL CLINIC 155 N. WATER STREET KENT, OH 44240	34-1091434	501(C)(3)		24,859.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(3)	TRAVERSE HEALTH CLINIC 3147 LOGAN VALLEY RD, TRAVERSE CITY	30-0224028	501(C)(3)		92,173.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(4)	TRAVERSE HEALTH CLINIC 3147 LOGAN VALLEY RD	30-022-4028	501(C)(3)		77,763.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(5)	TRICOUNTY HEALTH DEPARTMENT 133 S. 500 EAST VERNAL, UT 84078	87-6000318	501(C)(3)		9,448.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(6)	TRINITY CLINIC 312 CANADIAN CALVIN, OK 74531	73-1325401	501(C)(3)		7,021.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(7)	UBI CARITAS 4450 HIGHLAND AVENUE BEAUMONT, TX 77705	76-0558225	501(C)(3)		76,226.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(8)	UBI CARITAS 4450 HIGHLAND AVENUE BEAUMONT, TX 77705	76-0558225	501(C)(3)		47,435.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(9)	UNION GOSPEL MISSION CLINIC @ UNION GOSPEL MISSION	75-6003612	501(C)(3)		81,449.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(10)	UNITED COMMUNITY HEALTH CENTER 450 MOOSA BLVD. STE. E EUNICE, LA 70535	27-0213992	501(C)(3)		63,520.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(11)	UNIVERSITY MEDICAL CENTER AT BRACKENRIDGE 601 E 15TH STREET AUSTIN, TX 78701	74-1109643	501(C)(3)		58,099.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(12)	UTAH COUNTY HEALTH DEPARTMENT 151 SOUTH UNIVERSITY AVENUE PROVO, UT 84601	87-6000312	501(C)(3)		113,379.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

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. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	VIOLA STARTZMAN FREE CLINIC 1874 CLEVELAND ROAD WOOSTER, OH 44691	34-1758151	501(C)(3)		36,693.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(2)	VIRGINIA B. ANDES VOLUNTEER COMMUNITY CLINI 21450 GIBRALTER DRIVE	65-0958642	501(C)(3)		25,701.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(3)	VOLUNTEER HEALTH CLINIC 4215 MEDICAL PARKWAY AUSTIN, TX 78756	74-6082464	501(C)(3)		9,408.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(4)	VOLUNTEERS IN MEDICINE 15 NORTHRIDGE DRIVE	57-0959206	501(C)(3)		51,921.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(5)	VOLUNTEERS IN MEDICINE - BERKSHIRES 777 MAIN STREET, STE 4	90-0140004	501(C)(3)		5,904.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(6)	VOLUNTEERS IN MEDICINE - SAN DIEGO, INC 1457 E MADISON AVENUE EL CAJON, CA 92019	26-0057391	501(C)(3)		24,873.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(7)	VOLUNTEERS IN MEDICINE, INC. 2140 NORTH 4TH STREET ST. CHARLES, MO 63301	43-1791543	501(C)(3)		9,644.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(8)	WASATCH COUNTY HEALTH DEPARTMENT 55 SOUTH 500 EAST HEBER CITY, UT 84032	87-6000299	501(C)(3)		37,793.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(9)	WASATCH HOMELESS HEALTH CARE DBA FOUTH ST C 404 SOUTH 400 WEST SALT LAKE CITY, UT 84101	87-0569356	501(C)(3)		53,279.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(10)	WASATCH HOMELESS HEALTH CARE DBA FOUTH ST C 404 SOUTH 400 WEST SALT LAKE CITY, UT 84101	87-0569356	501(C)(3)		43,939.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(11)	WATER STREET RESCUE MISSION MEDICAL CLINIC 210 S. PRINCE STREET LANCASTER, PA 17603	23-2798318	501(C)(3)		11,700.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(12)	WEBER MORGAN HEALTH DEPARTMENT 477 23RD STREET OGDEN, UT 84401	87-6000308	501(C)(3)		11,338.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

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. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	WEST CENTRAL DISTRICT HEALTH 111 N. DEWEY STREET NORTH PLATTE, NE 69101	47-0879835	501(C)(3)		9,282.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(2)	WEST VIRGINIA HEALTH RIGHT 304 WOODBRIDGE DRIVE CHARLESTOWN, WV 25311	31-1066881	501(C)(3)		78,836.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(3)	WESTERN STARK FREE CLINIC 820 AMHERST RD NE MASSILLON, OH 44646	34-1887206	501(C)(3)		144,792.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(4)	WESTSIDE FAMILY HEALTH CENTER 216 SEYMOUR STREET SYRACUSE, NY 13204	15-0532254	501(C)(3)		31,225.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(5)	WESTSIDE FAMILY HEALTHCARE 1802 W 4TH STREET WILMINGTON, DE 19805	22-2488654	501(C)(3)		75,586.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(6)	WHEELING HEALTH RIGHT, INC. 61-29TH ST WHEELING, WV 26003	31-1149085	501(C)(3)		44,490.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(7)	WHITE HOUSE CLINICS 1010 MAIN ST. SOUTH MCKEE, KY 40447	61-0843731	501(C)(3)		5,394.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(8)	WILKES COUNTY HEALTH DEPARTMENT 306 COLLEGE STREET WILKESBORO, NC 28697	56-6000350	501(C)(3)		11,338.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(9)	WOMENS HEALTH CONNECTIONS 404 N. MAGNOLIA PALESTINE, TX 75801	20-0776090	501(C)(3)		6,808.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(10)	YAKIMA HEALTH DISTRICT 1210 AHTANUM RIDGE DRIVE YAKIMA, WA 98903	91-6001391	501(C)(3)		56,788.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(11)	ZUFALL HEALTH CENTER 17 S. WARREN STREET DOVER, NJ 07801	22-3125397	501(C)(3)		18,869.	FAIR MKT VAL	MED. SUPPL.	ON-GOING ASSISTANCE
(12)								

2 Enter total number of section 501(c)(3) and government organizations 469.

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

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.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FREE MEDICINES TO PATIENTS	101,000.		135,046,578.	FAIR MARKET VALUE	PRESCRIP. MEDICINES
2 MEDICAL OUTREACH IN THE US	39.		465,912.	FAIR MARKET VALUE	MEDICAL SUPPLIES
3					
4					
5					
6					
7					

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 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

2010

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

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

3 Indicate which, if any, of the following the 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 from the organization or a related organization?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) 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				
1 CURTIS WELLING	(i)	266,021.	0.	0.	8,044.	20,891.	294,956.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 KEVIN GILRAIN	(i)	153,108.	0.	0.	4,619.	15,144.	172,871.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 CHRISTOPH GORDER	(i)	147,387.	0.	0.	4,481.	20,891.	172,759.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 CAROLYN O'BRIEN	(i)	194,233.	0.	0.	5,850.	20,891.	220,974.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 KATHERINE SEARS	(i)	195,117.	0.	0.	5,923.	13,318.	214,358.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 CAROL SHATTUCK	(i)	165,070.	0.	0.	0.	14,640.	179,710.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 FRANK BIA	(i)	158,086.	0.	0.	4,874.	20,891.	183,851.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

**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

2010

**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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		3,092,159.	MARKET PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	83.	579,774.	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	X	1.	250,000.	MARKET PRICE
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	146,921.	18,113,228.	COST/WHOLESALE PRICE
20 Drugs and medical supplies	X	382,664.	603,292,634.	COST/WHOLESALE PRICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>HYGIENE ITEMS</u>)	X	55868.	1,579,547.	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** 49.

	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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2010)

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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICARES FOUNDATION, INC.

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

06-1008595

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. BEFORE FILING,
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.

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
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

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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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
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

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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 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

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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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.

FORM 990, PART XII, LINE 5

CHANGES IN FUND BALANCE -

SPLIT INTEREST AGREEMENTS -	\$329,519
UNREALIZED GAINS ON INVESTMENTS -	\$838,814
ROUNDING -	\$4

TOTAL CHANGE IN FUND BALANCES - \$1,168,337

ATTACHMENT 1

FORM 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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ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

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 \$622 MILLION IN MEDICINES AND MEDICAL SUPPLIES TO 296 HEALTHCARE PARTNERS IN 97 COUNTRIES IN THE YEAR ENDED JUNE 30, 2011.

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 \$10 BILLION IN AID TO OVER 147 COUNTRIES. PARTNERSHIPS ALLOW AMERICARES TO HELP MORE PEOPLE LIVE LONGER, HEALTHIER LIVES BY PROVIDING CRITICAL MEDICINES AND MEDICAL SUPPLIES.

IN FY11, AMERICARES PROVIDED GLOBAL MEDICAL ASSISTANCE THROUGHOUT THE UNITED STATES, LATIN AMERICA, ASIA AND AFRICA. ITS OFFICE IN MUMBAI, INDIA LAUNCHED A MOBILE MEDICAL CLINIC TO HELP CARE FOR RESIDENTS OF SLUM COMMUNITIES WITHOUT ACCESS TO HEALTH CARE. IN LATIN AMERICA AND EURASIA, IT BEGAN WORKING WITH PARTNERS TO ACCESS MEDICINES FOR CHRONIC CONDITIONS LIKE DIABETES AND

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ATTACHMENT 2 (CONT'D)

CARDIOVASCULAR DISEASE - BEING SEEN MORE FREQUENTLY IN THESE REGIONS. IN AFRICA, PROGRAMS TO RESPOND TO HEALTH CARE NEEDS OF CHILDREN AND MOTHERS WERE INITIATED.

EMERGENCY RESPONSE IS ALSO A LARGE PART OF THE AMERICARES PORTFOLIO. THE ORGANIZATION WAS ACTIVE IN FY2011 IN THE WAKE OF THE JOPLIN, MO TORNADO AND THE EARTHQUAKE AND TSUNAMI IN JAPAN. IT ESTABLISHED AN OFFICE IN SENDAI, JAPAN TO ASSIST WITH POST-EMERGENCY ISSUES, INCLUDING RE-ESTABLISHMENT OF HEALTH CARE SERVICES IN HARD-HIT REGIONS OF THE COUNTRY. THE OFFICE IS EXPECTED TO OPERATE FOR APPROXIMATELY THREE YEARS.

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, 2011, AMERICARES RECEIVED \$747,809 IN CONTRIBUTED SERVICES; (THIS AMOUNT IS NOT REFLECTED IN THE FORM 990 INCOME STATEMENT OR FUNCTIONAL EXPENSE SCHEDULE).

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

AMERICARES OPENED A FAMILY HEALTH CLINIC, CLÍNICA INTEGRAL DE

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ATTACHMENT 3 (CONT'D)

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. IN FY11, THE CLINIC
TREATED MORE THAN 30,000 PATIENTS.

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

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

EL SALVADOR

SRI LANKA

HAITI

INDIA

ATTACHMENT 5FORM 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,

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ATTACHMENT 6PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
		(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29 KATHERINE SEARS SENIOR V.P. FINANCE & TECH/CFO	40.00			X				195,117.	0.	19,241.
30 CAROL SHATTUCK SENIOR V.P. - COMMUNICATIONS	40.00			X				165,070.	0.	14,640.
31 LEE WEINER V.P. - DIRECT RESPONSE	40.00			X				113,161.	0.	20,891.
32 ELLA GUDWIN V.P. - EMERGENCY RESPONSE	40.00			X				95,570.	0.	23,920.
33 DIANA MAGUIRE V.P. - INSTITUTIONAL RELATIONS	40.00			X				94,713.	0.	3,564.
34 ADAM ZAYAN V.P. - GLOBAL PARTNERSHIPS	40.00			X				44,330.	0.	8,189.
35 FRANK BIA MEDICAL DIRECTOR	40.00				X			158,086.	0.	25,765.

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>
DONOR SERVICES GROUP 6715 SUNSET BOULEVARD LOS ANGELES, CA 90028	FUNDRAISING	297,599.
BRICKMILL MARKETING INC 24 MILL BROOK ROAD WILTON, NH 03086	FUNDRAISING	293,054.
DONOR DIGITAL INC 2550 NINTH STREET, STE 103 BERKELY, CA 94710	FUNDRAISING	221,238.
GRANT THORNTON LLP 666 THIRD AVENUE NEW YORK, NY 10017-4011	ACCOUNTING	149,510.
NATHANIEL KRAMER 660 WHITE PLAINS ROAD #4E TARRYTOWN, NY 10591-5139	LEGAL	102,424.
TOTAL COMPENSATION		<u>1,063,825.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **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.**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

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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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) AMERICARES FREE CLINICS, INC 06-1422741 88 HAMILTON AVENUE STAMFORD, CT 06902	HEALTH CARE	CT	501 (C) (3)	7	N/A	X	
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

	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	(d) Method of determining amount involved
(1) AMERICARES FREE CLINICS, INC	B	471,551.	FMV
(2) AMERICARES FREE CLINICS, INC	Q	100,000.	CASH
(3) AMERICARES FREE CLINICS, INC	P	62,222.	FMV
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) -----										
(2) -----										
(3) -----										
(4) -----										
(5) -----										
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										
(15) -----										
(16) -----										

Part VII **Supplemental Information**

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