

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2015

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016

B Check if applicable:	<input type="checkbox"/>	Address change	C Name of organization <u>AMERICARES FOUNDATION, INC.</u>			D Employer identification number <u>06-1008595</u>	
	<input type="checkbox"/>	Name change					
	<input type="checkbox"/>	Initial return					
	<input type="checkbox"/>	Terminated					
<input type="checkbox"/>	Amended return		E Telephone number <u>(203) 658-9500</u>			G Gross receipts \$ <u>939,270,935.</u>	
<input type="checkbox"/>	Application pending						
			F Name and address of principal officer: <u>MICHAEL J. NYENHUIS</u> <u>88 HAMILTON AVENUE STAMFORD, CT 06902</u>			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: ▶ <u>WWW.AMERICARES.ORG</u>		H(c) Group exemption number ▶		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: <u>1979</u>		M State of legal domicile: <u>CT</u>		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>AMERICARES IS A HEALTH-FOCUSED RELIEF & DEVELOPMENT ORGANIZATION THAT RESPONDS TO PEOPLE AFFECTED BY POVERTY OR DISASTER WITH LIFE-CHANGING HEALTH PROGRAMS, MEDICINE & SUPPLIES.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	21.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20.
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	141.
	6	Total number of volunteers (estimate if necessary)	6	29.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	740,300,393.	914,486,587.
	9	Program service revenue (Part VIII, line 2g)	749,806.	776,992.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	948,347.	562,583.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,972.	-92,516.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	741,996,574.	915,733,646.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	577,705,085.	796,944,297.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,440,189.	13,181,279.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,012,029.	1,381,661.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>10,121,662.</u>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	49,373,232.	170,579,617.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	640,530,535.	982,086,854.
19	Revenue less expenses. Subtract line 18 from line 12	101,466,039.	-66,353,208.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	220,882,959.	153,730,999.
	21	Total liabilities (Part X, line 26)	8,928,562.	8,848,399.
22	Net assets or fund balances. Subtract line 21 from line 20	211,954,397.	144,882,600.	

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Part II Signature Block

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

Sign Here	Signature of officer ▶ <u>RICK TROWBRIDGE</u>	Date	<u>11/08/2016</u>		
	Type or print name and title ▶ <u>SENIOR VP, CFO & TRES</u>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>SCOTT THOMPSETT</u>				<u>P00741490</u>
	Firm's name ▶ <u>GRANT THORNTON LLP</u>	Firm's EIN ▶ <u>36-6055558</u>			
Firm's address ▶ <u>757 THIRD AVE 2ND FLOOR NEW YORK, NY 10017-2013</u>		Phone no. <u>212-599-0100</u>			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

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

4a (Code:) (Expenses \$ 18,519,894. including grants of \$ 14,853,288.) (Revenue \$)

ATTACHMENT 2

4b (Code:) (Expenses \$ 949,017,478. including grants of \$ 782,091,009.) (Revenue \$ 776,992.)

ATTACHMENT 3

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

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

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

4e Total program service expenses ▶ 967,537,372.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (21), 1b (20), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

RICHARD K. TROWBRIDGE, 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 or note to any line in this Part VII.

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH P. ALLEN DIRECTOR	1.00 0.	X						0.	0.	0.
(2) CAROL B. BAUER VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(3) ELIZABETH F. FRANK DIRECTOR	1.00 0.	X						0.	0.	0.
(4) C. ROBERT HENRIKSON DIRECTOR	1.00 0.	X						0.	0.	0.
(5) PAUL J. KUEHNER DIRECTOR	1.00 0.	X						0.	0.	0.
(6) JERRY P. LEAMON CHAIRMAN (FROM 02/5/16)	1.00 0.	X		X				0.	0.	0.
(7) ROBERT G. LEARY DIRECTOR	1.00 0.	X						0.	0.	0.
(8) ALMA JANE MACAULEY VICE CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(9) C. DEAN MAGLARIS CHAIRMAN (THRU 02/5/16)/DIR.	1.00 0.	X						0.	0.	0.
(10) ROBERT BAYLIS DIRECTOR	1.00 0.	X						0.	0.	0.
(11) JOSEPH J. RUCCI, JR. DIRECTOR AND SECRETARY	1.00 0.	X		X				0.	0.	0.
(12) MICHAEL J. NYENHUIS PRESIDENT & CEO	40.00 0.	X		X				363,186.	0.	34,362.
(13) SAMHITA JAYANTI DIRECTOR	1.00 0.	X						0.	0.	0.
(14) KEITH MCALLISTER DIRECTOR	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) ALAN RWAMBUYA DIRECTOR	1.00 0.	X					0.	0.	0.	
16) STEPHEN SADOVE DIRECTOR	1.00 0.	X					0.	0.	0.	
17) STEPHEN GALLUCCI DIRECTOR	1.00 0.	X					0.	0.	0.	
18) BRYAN C. HANSON DIRECTOR	1.00 0.	X					0.	0.	0.	
19) JEFFREY T. BECKER DIRECTOR	1.00 0.	X					0.	0.	0.	
20) KATHERINE CLOSE DIRECTOR	1.00 0.	X					0.	0.	0.	
21) SARAH SAINT-AMAND DIRECTOR	1.00 0.	X					0.	0.	0.	
22) KEVIN ALLAN THRU 12/15 SENIOR V.P., DEVELOPMENT	40.00 0.			X			196,449.	0.	26,247.	
23) KEVIN GILRAIN SENIOR V.P., HUMAN RESOURCES	40.00 0.			X			188,871.	0.	30,346.	
24) ANNE PETERSON, MD, MPH SENIOR V.P., PROGRAMS	40.00 0.			X			192,289.	0.	19,905.	
25) RICHARD K. TROWBRIDGE, JR. CFO & SENIOR V.P., OPERATIONS	40.00 0.			X			251,420.	0.	39,070.	
1b Sub-total							363,186.	0.	34,362.	
c Total from continuation sheets to Part VII, Section A							2,153,148.	0.	309,354.	
d Total (add lines 1b and 1c)							2,516,334.	0.	343,716.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **24**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MEGIN WOLFMAN ----- DIRECTOR, EXECUTIVE OFFICE	40.00 0.			X				86,629.	0.	6,807.
(27) CHRISTINE SQUIRES ----- CHIEF DEVELOPMENT OFFICER&SVP	40.00 0.			X				0.	0.	0.
(28) RACHEL GRANGER ----- V.P. INT'L PARTNRSHPS&PROGRAMS	40.00 0.					X		154,170.	0.	17,032.
(29) GARRETT INGOGLIA ----- V.P., EMERGENCY RESPONSE	40.00 0.					X		137,498.	0.	17,418.
(30) GARY LEEDS ----- V.P., FINANCE	40.00 0.					X		160,590.	0.	30,404.
(31) LEE WEINER ----- V.P., DIRECT RESPONSE	40.00 0.					X		142,237.	0.	24,402.
(32) JED SELKOWITZ ----- CMO & SVP, COMMUNICATIONS	40.00 0.					X		139,808.	0.	12,928.
(33) GEOFF KNEISEL ----- V.P., CORP RELATIONS	40.00 0.						X	117,205.	0.	33,414.
(34) DIANA MAGUIRE ----- V.P., INSTITUTIONAL RELATIONS	40.00 0.						X	123,522.	0.	34,608.
(35) MELISSA WOOLFORD ----- V.P., LEADERSHIP GIFTS	40.00 0.						X	132,900.	0.	8,476.
(36) MARTHA KENNARD ----- V.P., OPERATIONS	40.00 0.						X	129,560.	0.	8,297.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 24

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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 **▶**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	161,170.				
	b Membership dues	1b					
	c Fundraising events	1c	2,349,904.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	100,060.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	911,875,453.				
	g Noncash contributions included in lines 1a-1f: \$		880,439,457.				
	h Total. Add lines 1a-1f		914,486,587.				
	Program Service Revenue	Business Code					
2a PATIENT SERVICE REVENUE			621400	776,992.	776,992.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				776,992.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			784,529.			784,529.
	4 Income from investment of tax-exempt bond proceeds			0.			
	5 Royalties			0.			
	6a Gross rents	(i) Real	175,961.				
		(ii) Personal					
		b Less: rental expenses	189,439.				
		c Rental income or (loss)	-13,478.				
	d Net rental income or (loss)			-13,478.			-13,478.
	7a Gross amount from sales of assets other than inventory	(i) Securities	21,905,495.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	22,127,441.				
		c Gain or (loss)	-221,946.				
	d Net gain or (loss)			-221,946.			-221,946.
	8a Gross income from fundraising events (not including \$ 2,349,904. of contributions reported on line 1c). See Part IV, line 18	a	125,700.				
		b Less: direct expenses	591,592.				
c Net income or (loss) from fundraising events.			-465,892.				
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities.						0.
10a Gross sales of inventory, less returns and allowances	a	923,890.					
	b Less: cost of goods sold	628,817.					
	c Net income or (loss) from sales of inventory.						295,073.
Miscellaneous Revenue			Business Code				
11a	EL SALVADOR CAFETERIA INCOME		900099	74,931.			74,931.
	b MISCELLANEOUS INCOME		900099	10,734.			10,734.
	c EL SALVADOR MISCELLANEOUS INCOME		900099	6,116.			6,116.
	d All other revenue						
e Total. Add lines 11a-11d				91,781.			
12 Total revenue. See instructions.				915,733,646.	776,992.		470,067.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	207,973,283.	207,973,283.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	177,413,115.	177,413,115.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	411,557,899.	411,557,899.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,390,400.	527,859.	599,133.	263,408.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	630,468.	295,620.		334,848.
7 Other salaries and wages	8,737,395.	4,963,329.	1,609,126.	2,164,940.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	426,816.	231,230.	102,519.	93,067.
9 Other employee benefits	1,616,521.	933,425.	260,985.	422,111.
10 Payroll taxes	714,527.	380,487.	145,134.	188,906.
11 Fees for services (non-employees):				
a Management	1,327,710.	1,066,482.	234,632.	26,596.
b Legal	51,958.	36,088.	15,870.	
c Accounting	186,468.	26,468.	160,000.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	1,046,813.			1,046,813.
f Investment management fees	33,255.		33,255.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,712,976.	685,168.	119,730.	908,078.
12 Advertising and promotion	1,138,405.	74,511.	1,620.	1,062,274.
13 Office expenses	318,872.	289,529.	12,199.	17,144.
14 Information technology	1,018,794.	83,195.	266,262.	669,337.
15 Royalties	0.			
16 Occupancy	2,169,574.	1,585,563.	249,944.	334,067.
17 Travel	1,351,646.	1,126,053.	50,233.	175,360.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	101,757.	98,113.	695.	2,949.
20 Interest	2,620.		2,620.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	559,815.	333,838.	94,910.	131,067.
23 Insurance	279,450.	103,867.	124,759.	50,824.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>INVENTORY WRITE-OFF</u>	153,356,959.	153,356,959.		
b <u>POSTAGE AND FREIGHT</u>	5,376,865.	3,901,583.	3,198.	1,472,084.
c <u>MISCELLANEOUS</u>	1,592,493.	493,708.	340,996.	757,789.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	982,086,854.	967,537,372.	4,427,820.	10,121,662.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,609.	1	2,814.
	2 Savings and temporary cash investments	10,325,697.	2	7,191,568.
	3 Pledges and grants receivable, net	1,834,129.	3	6,471,687.
	4 Accounts receivable, net	1,025,113.	4	258,970.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	181,573,457.	8	112,167,846.
	9 Prepaid expenses and deferred charges	680,529.	9	775,449.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,215,806.		
	b Less: accumulated depreciation	10b 3,910,073.		
	11 Investments - publicly traded securities	2,997,087.	10c	3,305,733.
	12 Investments - other securities. See Part IV, line 11	18,682,525.	11	16,761,633.
	13 Investments - program-related. See Part IV, line 11	7,046.	12	5,390.
	14 Intangible assets	0.	13	0.
	15 Other assets. See Part IV, line 11	0.	14	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,750,767.	15	6,789,909.	
	220,882,959.	16	153,730,999.	
Liabilities	17 Accounts payable and accrued expenses	4,614,568.	17	4,570,662.
	18 Grants payable	1,670,703.	18	1,117,497.
	19 Deferred revenue	377,983.	19	365,430.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,265,308.	25	2,794,810.
	26 Total liabilities. Add lines 17 through 25	8,928,562.	26	8,848,399.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	123,564,619.	27	72,314,494.
	28 Temporarily restricted net assets	83,950,950.	28	68,393,545.
	29 Permanently restricted net assets	4,438,828.	29	4,174,561.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	211,954,397.	33	144,882,600.
34 Total liabilities and net assets/fund balances	220,882,959.	34	153,730,999.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	915,733,646.
2	Total expenses (must equal Part IX, column (A), line 25)	2	982,086,854.
3	Revenue less expenses. Subtract line 2 from line 1	3	-66,353,208.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	211,954,397.
5	Net unrealized gains (losses) on investments	5	-252,638.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-465,951.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	144,882,600.

Part XII Financial Statements and Reporting

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

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

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

Form **990** (2015)

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.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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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 (Form 990 or 990-EZ).)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2015

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

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (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; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (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; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2015 (63.98%); 15 Public support percentage from 2014 Schedule A, Part II, line 14 (63.25%); 16a 33 1/3% support test - 2015 (checked); 16b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; 17b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

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

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2015, 2014. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2014 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2015, 2014. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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

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

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

Schedule A (Form 990 or 990-EZ) 2015

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
SPECIAL EVENTS	539,897.	91,080.	104,390.	123,250.	125,700.	984,317.
SALES OF INVENTORY	466,262.	789,468.	885,085.	913,379.	923,890.	3,978,084.
MISCELLANEOUS	9,042.	84,801.	80,798.	119,383.	91,781.	385,805.
TOTALS	<u>1,015,201.</u>	<u>965,349.</u>	<u>1,070,273.</u>	<u>1,156,012.</u>	<u>1,141,371.</u>	<u>5,348,206.</u>

Schedule of Contributors

2015

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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 its Form 990-PF, Part I, line 2, 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 I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 60,361,813.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 79,693,864.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 74,885,521.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 21,244,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 87,920,032.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 51,752,008.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
06-1008595

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 69,393,294.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 47,043,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 24,495,518.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 19,560,619.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 81,632,889.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	MEDICINE, MEDICAL SUPPLIES & RELATED HEALTHCARE GOODS	\$ 60,361,813.	VAR
2	MEDICINE, MEDICAL SUPPLIES & RELATED HEALTHCARE GOODS	\$ 79,693,864.	VAR
3	MEDICINE, MEDICAL SUPPLIES & RELATED HEALTHCARE GOODS	\$ 74,885,521.	VAR
4	MEDICINE, MEDICAL SUPPLIES & RELATED HEALTHCARE GOODS	\$ 21,244,150.	VAR
5	MEDICINE, MEDICAL SUPPLIES & RELATED HEALTHCARE GOODS	\$ 87,920,032.	VAR
6	MEDICINE, MEDICAL SUPPLIES & RELATED HEALTHCARE GOODS	\$ 51,752,008.	VAR

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

Employer identification number

06-1008595

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	MEDICINE, MEDICAL SUPPLIES & RELATED HEALTHCARE GOODS	\$ 69,393,294.	VAR
8	MEDICINE, MEDICAL SUPPLIES & RELATED HEALTHCARE GOODS	\$ 47,043,025.	VAR
9	MEDICINE, MEDICAL SUPPLIES & RELATED HEALTHCARE GOODS	\$ 24,495,518.	VAR
10	MEDICINE, MEDICAL SUPPLIES & RELATED HEALTHCARE GOODS	\$ 19,560,619.	VAR
11	MEDICINE, MEDICAL SUPPLIES & RELATED HEALTHCARE GOODS	\$ 81,632,889.	VAR
		\$	

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

Employer identification number
06-1008595

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

AMERICARES FOUNDATION, INC.

06-1008595

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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" on Form 990, Part IV, line 7.

Table with 2 columns: Description, 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. (Sub-rows: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register), 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, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. 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 XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included 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 Revenue 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) 2015

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,751,764.	1,701,949.	1,463,525.	1,293,534.	1,340,176.
b Contributions					
c Net investment earnings, gains, and losses	-31,283.	49,815.	238,424.	169,991.	-46,642.
d Grants or scholarships					
e Other expenditures for facilities and programs	300,000.				
f Administrative expenses					
g End of year balance	1,420,481.	1,751,764.	1,701,949.	1,463,525.	1,293,534.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment 86.0000 %
 - c** Temporarily restricted endowment 14.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		178,156.		178,156.
b Buildings		900,971.	438,263.	462,708.
c Leasehold improvements		2,470,046.	1,217,944.	1,252,102.
d Equipment		3,666,633.	2,253,866.	1,412,767.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,305,733.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) SPLIT INTEREST AGREEMENTS	2,688,434.	
(3) CAPITALIZED LEASE	106,376.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	917,328,602.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		-252,638.
b	Donated services and use of facilities	2b		903,697.
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		-465,951.
e	Add lines 2a through 2d	2e		185,108.
3	Subtract line 2e from line 1	3		917,143,494.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		-1,409,848.
c	Add lines 4a and 4b	4c		-1,409,848.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		915,733,646.

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

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

1	Total expenses and losses per audited financial statements		1	984,400,399.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		903,697.
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		1,409,848.
e	Add lines 2a through 2d	2e		2,313,545.
3	Subtract line 2e from line 1	3		982,086,854.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		982,086,854.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII 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. DURING TAX YEAR ENDING 2015, THE FOUNDATION APPROPRIATED \$400,000 (OF WHICH \$300,000 WAS WITHDRAWN) FROM ITS ENDOWMENT FOR EXPENDITURES TO SUPPORT THE RECONFIGURATION OF ITS DISTRIBUTION CENTER IN STAMFORD, CT.

INCOME TAXES

FORM 990, SCHEDULE D, PART X

AMERICARES FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS MORE-LIKELY-THAN-NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

AMERICARES IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH THEY ARE SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. AMERICARES HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING

Part XIII Supplemental Information (continued)

AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT WAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS.

THE TAX YEARS ENDING JUNE 30, 2013, 2014, 2015 AND 2016 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. AMERICARES HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

REVENUE ON BOOKS NOT ON RETURN
FORM 990, SCHEDULE D, PART XI, LINE 2D

CHANGES IN SPLIT-INTEREST AGREEMENTS	\$465,951
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FORM 990, SCHEDULE D, PART XI, LINE 4B

RENTAL EXPENSES RECLASSIFIED TO OFFSET	\$189,439
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REVENUE (AS REPORTED IN PART VIII)

SPECIAL EVENTS RECLASSIFIED TO OFFSET	\$591,592
---------------------------------------	-----------

REVENUE (AS REPORTED IN PART VIII)

COST OF GOODS SOLD RECLASSIFIED TO OFFSET	\$628,817
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REVENUE (AS REPORTED IN PART VIII)

TOTAL REVENUE ADJUSTMENTS \$1,409,848

Part XIII Supplemental Information (continued)

EXPENSES ON BOOKS NOT ON RETURN

FORM 990, SCHEDULE D, PART XI, LINE 4B

RENTAL EXPENSES RECLASSIFIED TO OFFSET	\$189,439
REVENUE (AS REPORTED IN PART VIII)	
SPECIAL EVENTS RECLASSIFIED TO OFFSET	\$591,592
REVENUE (AS REPORTED IN PART VIII)	
COST OF GOODS SOLD RECLASSIFIED TO OFFSET	\$628,817
REVENUE (AS REPORTED IN PART VIII)	

TOTAL REVENUE ADJUSTMENTS	\$1,409,848

RECONCILIATION

THE AMERICARES FOUNDATION, INC. FILES A CONSOLIDATED AUDITED FINANCIAL STATEMENT WITH ITS SUBSIDIARY, AMERICARES FREE CLINICS, INC. THE RECONCILIATION IN PARTS XI & XII 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).

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

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" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN	2.	93.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	1,133,861.
(2) EAST ASIA AND THE PACIFIC	1.	5.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	1,640,404.
(3) EUROPE			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	53,795.
(4) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	151,396.
(5) NORTH AMERICA			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	2,722,025.
(6) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	76,931.
(7) SOUTH AMERICA	1.	1.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	237,749.
(8) SOUTH ASIA	1.	11.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	49,215.
(9) SUB-SAHARAN AFRICA	4.	15.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	1,876,127.
(10) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		205,217,393.
(11) EAST ASIA AND THE PACIFIC			GRANTMAKING		29,539,598.
(12) EUROPE			GRANTMAKING		9,233,724.
(13) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		30,871,382.
(14) NORTH AMERICA			GRANTMAKING		1,619,968.
(15) RUSSIA/INDEPENDENT STATES			GRANTMAKING		51,949,277.
(16) SOUTH AMERICA			GRANTMAKING		28,263,801.
(17) SOUTH ASIA			GRANTMAKING		12,744,285.
3a Sub-total	9.	125.			377,380,931.
b Total from continuation sheets to Part I					42,118,472.
c Totals (add lines 3a and 3b)	9.	125.			419,499,403.

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

Schedule F (Form 990) 2015

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

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" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) SUB-SAHARAN AFRICA			GRANTMAKING		42,118,472.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2015

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	BORDER	17,700.	WIRE			
(2)			CENT. AMERICA/CARIBBEAN	CHOLERA	55,874.	WIRE			
(3)			CENT. AMERICA/CARIBBEAN	DROUGHT	30,000.	WIRE			
(4)			CENT. AMERICA/CARIBBEAN	FY16	25,000.	WIRE			
(5)			CENT. AMERICA/CARIBBEAN	FY16	10,000.	WIRE			
(6)			CENT. AMERICA/CARIBBEAN	TOM'S SHOES	5,715.	WIRE			
(7)			EAST ASIA/PACIFIC	HAIYAN HEALT	8,250.	WIRE			
(8)			EAST ASIA/PACIFIC	FLOODS	24,955.	WIRE			
(9)			EAST ASIA/PACIFIC	PED. NUTRITI	135,000.	WIRE			
(10)			EAST ASIA/PACIFIC	TOMS	14,412.	WIRE			
(11)			EAST ASIA/PACIFIC	SPECIAL PROJ	13,575.	WIRE			
(12)			EAST ASIA/PACIFIC	SPECIAL PROJ	10,720.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	MED. CARE	31,765.	WIRE			
(14)			NORTH AMERICA	HURRICANE	13,086.	WIRE			
(15)			RUSSIA/NEWLY IND. STATES	TOM'S	9,329.	WIRE			
(16)			RUSSIA/NEWLY IND. STATES	TOM'S	6,975.	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" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	EARTHQUAKE	18,888.	WIRE			
(2)			SOUTH AMERICA	ZIKA	32,796.	WIRE			
(3)			SOUTH AMERICA	DEPORTED	16,458.	WIRE			
(4)			SOUTH ASIA	EARTHQUAKE	325,261.	WIRE			
(5)			SOUTH ASIA	EARTHQUAKE	689,814.	WIRE			
(6)			SOUTH ASIA	BUDGET	18,758.	WIRE			
(7)			SOUTH ASIA	FLOODING	215,000.	WIRE			
(8)			SOUTH ASIA	FLOODING	115,000.	WIRE			
(9)			SOUTH ASIA	FLOODING	250,000.	WIRE			
(10)			SOUTH ASIA	COMMUNITY	466,045.	WIRE			
(11)			SOUTH ASIA	FLOODS	10,000.	WIRE			
(12)			SOUTH ASIA	FLOODS	54,322.	WIRE			
(13)			SOUTH ASIA	FLOODS	7,038.	WIRE			
(14)			SOUTH ASIA	FLOODS	10,000.	WIRE			
(15)			SOUTH ASIA	IOM SDCF	27,794.	WIRE			
(16)			SOUTH ASIA	IOM SDCF	329,828.	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" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	SUPPORT	37,076.	WIRE			
(2)			SOUTH ASIA	SUPPORT	51,105.	WIRE			
(3)			SOUTH ASIA	SUPPORT	27,529.	WIRE			
(4)			SOUTH ASIA	SUPPORT	38,915.	WIRE			
(5)			SOUTH ASIA	SUPPORT	12,581.	WIRE			
(6)			SOUTH ASIA	SUPPORT	21,108.	WIRE			
(7)			SOUTH ASIA	SUPPORT	27,778.	WIRE			
(8)			SOUTH ASIA	SUPPORT	28,869.	WIRE			
(9)			SOUTH ASIA	SUPPORT	54,046.	WIRE			
(10)			SOUTH ASIA	SUPPORT	28,638.	WIRE			
(11)			SOUTH ASIA	PARTNER SUPP	27,976.	WIRE			
(12)			SOUTH ASIA	MOBILE CLINI	13,259.	WIRE			
(13)			SOUTH ASIA	MOBILE CLINI	11,642.	WIRE			
(14)			SOUTH ASIA	MOBILE CLINI	12,672.	WIRE			
(15)			SOUTH ASIA	MOBILE CLINI	16,161.	WIRE			
(16)			SOUTH ASIA	MOBILE CLINI	13,892.	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" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	MOBILE CLINI	11,234.	WIRE			
(2)			SOUTH ASIA	MOBILE CLINI	9,585.	WIRE			
(3)			SOUTH ASIA	MOBILE CLINI	12,988.	WIRE			
(4)			SOUTH ASIA	MOBILE CLINI	19,543.	WIRE			
(5)			SOUTH ASIA	MOBILE CLINI	8,509.	WIRE			
(6)			SOUTH ASIA	MOBILE CLINI	12,097.	WIRE			
(7)			SOUTH ASIA	HUMANITIES	20,000.	WIRE			
(8)			SOUTH ASIA	HUMANITIES	20,000.	WIRE			
(9)			SUB-SAHARAN AFRICA	MED. CENTER	13,587.	WIRE			
(10)			SUB-SAHARAN AFRICA	EBOLA	5,500.	WIRE			
(11)			SUB-SAHARAN AFRICA	EBOLA	5,500.	WIRE			
(12)			SUB-SAHARAN AFRICA	EBOLA	8,678.	WIRE			
(13)			SUB-SAHARAN AFRICA	EBOLA	12,000.	WIRE			
(14)			SUB-SAHARAN AFRICA	EBOLA	12,649.	WIRE			
(15)			CENT. AMERICA/CARIBBEAN	EMERGENCY			68,351.	MED. SUPPL.	FAIR MKT VAL
(16)			CENT. AMERICA/CARIBBEAN	EMERGENCY			585,167.	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" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	EMERGENCY			74,668.	MED. SUPPL.	FAIR MKT VAL
(2)			EAST ASIA/PACIFIC	EMERGENCY			1,624,362.	MED. SUPPL.	FAIR MKT VAL
(3)			EAST ASIA/PACIFIC	EMERGENCY			17,799.	MED. SUPPL.	FAIR MKT VAL
(4)			EAST ASIA/PACIFIC	EMERGENCY			15,940.	MED. SUPPL.	FAIR MKT VAL
(5)			EAST ASIA/PACIFIC	EMERGENCY			39,732.	MED. SUPPL.	FAIR MKT VAL
(6)			EAST ASIA/PACIFIC	EMERGENCY			10,400.	MED. SUPPL.	FAIR MKT VAL
(7)			EUROPE/ICELAND/GREENLAND	EMERGENCY			3,265,644.	MED. SUPPL.	FAIR MKT VAL
(8)			EUROPE/ICELAND/GREENLAND	EMERGENCY			114,181.	MED. SUPPL.	FAIR MKT VAL
(9)			MIDDLE EAST/NORTH AFRICA	EMERGENCY			1,773,032.	MED. SUPPL.	FAIR MKT VAL
(10)			SOUTH AMERICA	EMERGENCY			2,105,548.	MED. SUPPL.	FAIR MKT VAL
(11)			SOUTH ASIA	EMERGENCY			19,189.	MED. SUPPL.	FAIR MKT VAL
(12)			SOUTH ASIA	EMERGENCY			24,000.	MED. SUPPL.	FAIR MKT VAL
(13)			SOUTH ASIA	EMERGENCY			97,311.	MED. SUPPL.	FAIR MKT VAL
(14)			SOUTH ASIA	EMERGENCY			1,229,592.	MED. SUPPL.	FAIR MKT VAL
(15)			SOUTH ASIA	EMERGENCY			20,285.	MED. SUPPL.	FAIR MKT VAL
(16)			SUB-SAHARAN AFRICA	EMERGENCY			136,343.	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" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	EMERGENCY			251,278.	MED. SUPPL.	FAIR MKT VAL
(2)			CENT. AMERICA/CARIBBEAN	EMERGENCY			107,555.	MED. SUPPL.	FAIR MKT VAL
(3)			CENT. AMERICA/CARIBBEAN	ON-GOING			31,840.	MED. SUPPL.	FAIR MKT VAL
(4)			CENT. AMERICA/CARIBBEAN	ON-GOING			11,019,685.	MED. SUPPL.	FAIR MKT VAL
(5)			CENT. AMERICA/CARIBBEAN	ON-GOING			14,401,484.	MED. SUPPL.	FAIR MKT VAL
(6)			CENT. AMERICA/CARIBBEAN	ON-GOING			1,252,595.	MED. SUPPL.	FAIR MKT VAL
(7)			CENT. AMERICA/CARIBBEAN	ON-GOING			7,001,269.	MED. SUPPL.	FAIR MKT VAL
(8)			CENT. AMERICA/CARIBBEAN	ON-GOING			11,656,816.	MED. SUPPL.	FAIR MKT VAL
(9)			CENT. AMERICA/CARIBBEAN	ON-GOING			55,846,635.	MED. SUPPL.	FAIR MKT VAL
(10)			CENT. AMERICA/CARIBBEAN	ON-GOING			15,189.	MED. SUPPL.	FAIR MKT VAL
(11)			CENT. AMERICA/CARIBBEAN	ON-GOING			31,601.	MED. SUPPL.	FAIR MKT VAL
(12)			CENT. AMERICA/CARIBBEAN	ON-GOING			60,480.	MED. SUPPL.	FAIR MKT VAL
(13)			CENT. AMERICA/CARIBBEAN	ON-GOING			16,689,442.	MED. SUPPL.	FAIR MKT VAL
(14)			CENT. AMERICA/CARIBBEAN	ON-GOING			2,974,659.	MED. SUPPL.	FAIR MKT VAL
(15)			CENT. AMERICA/CARIBBEAN	ON-GOING			33,131,070.	MED. SUPPL.	FAIR MKT VAL
(16)			CENT. AMERICA/CARIBBEAN	ON-GOING			2,040,933.	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" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	ON-GOING			837,651.	MED. SUPPL.	FAIR MKT VAL
(2)			EAST ASIA/PACIFIC	ON-GOING			2,071,849.	MED. SUPPL.	FAIR MKT VAL
(3)			EAST ASIA/PACIFIC	ON-GOING			7,279,260.	MED. SUPPL.	FAIR MKT VAL
(4)			EAST ASIA/PACIFIC	ON-GOING			182,952.	MED. SUPPL.	FAIR MKT VAL
(5)			EUROPE/ICELAND/GREENLAND	ON-GOING			203,364.	MED. SUPPL.	FAIR MKT VAL
(6)			EUROPE/ICELAND/GREENLAND	ON-GOING			8,044,576.	MED. SUPPL.	FAIR MKT VAL
(7)			MIDDLE EAST/NORTH AFRICA	ON-GOING			115,630.	MED. SUPPL.	FAIR MKT VAL
(8)			MIDDLE EAST/NORTH AFRICA	ON-GOING			1,082,177.	MED. SUPPL.	FAIR MKT VAL
(9)			MIDDLE EAST/NORTH AFRICA	ON-GOING			9,207,582.	MED. SUPPL.	FAIR MKT VAL
(10)			MIDDLE EAST/NORTH AFRICA	ON-GOING			15,603,818.	MED. SUPPL.	FAIR MKT VAL
(11)			RUSSIA/NEWLY IND. STATES	ON-GOING			5,987,095.	MED. SUPPL.	FAIR MKT VAL
(12)			RUSSIA/NEWLY IND. STATES	ON-GOING			6,769,890.	MED. SUPPL.	FAIR MKT VAL
(13)			RUSSIA/NEWLY IND. STATES	ON-GOING			39,176,800.	MED. SUPPL.	FAIR MKT VAL
(14)			SOUTH AMERICA	ON-GOING			9,299,588.	MED. SUPPL.	FAIR MKT VAL
(15)			SOUTH AMERICA	ON-GOING			1,652,950.	MED. SUPPL.	FAIR MKT VAL
(16)			SOUTH AMERICA	ON-GOING			7,208,033.	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" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	ON-GOING			6,358,945.	MED. SUPPL.	FAIR MKT VAL
(2)			SOUTH ASIA	ON-GOING			2,411,520.	MED. SUPPL.	FAIR MKT VAL
(3)			SOUTH ASIA	ON-GOING			15,739.	MED. SUPPL.	FAIR MKT VAL
(4)			SUB-SAHARAN AFRICA	ON-GOING			202,471.	MED. SUPPL.	FAIR MKT VAL
(5)			SUB-SAHARAN AFRICA	ON-GOING			1,169,412.	MED. SUPPL.	FAIR MKT VAL
(6)			SUB-SAHARAN AFRICA	ON-GOING			694,072.	MED. SUPPL.	FAIR MKT VAL
(7)			SUB-SAHARAN AFRICA	ON-GOING			707,921.	MED. SUPPL.	FAIR MKT VAL
(8)			SUB-SAHARAN AFRICA	ON-GOING			871,511.	MED. SUPPL.	FAIR MKT VAL
(9)			SUB-SAHARAN AFRICA	ON-GOING			4,705,126.	MED. SUPPL.	FAIR MKT VAL
(10)			SUB-SAHARAN AFRICA	ON-GOING			29,691.	MED. SUPPL.	FAIR MKT VAL
(11)			SUB-SAHARAN AFRICA	ON-GOING			4,104,823.	MED. SUPPL.	FAIR MKT VAL
(12)			SUB-SAHARAN AFRICA	ON-GOING			1,187,828.	MED. SUPPL.	FAIR MKT VAL
(13)			SUB-SAHARAN AFRICA	ON-GOING			22,925.	MED. SUPPL.	FAIR MKT VAL
(14)			SUB-SAHARAN AFRICA	ON-GOING			438,082.	MED. SUPPL.	FAIR MKT VAL
(15)			SUB-SAHARAN AFRICA	ON-GOING			463,555.	MED. SUPPL.	FAIR MKT VAL
(16)			SUB-SAHARAN AFRICA	ON-GOING			5,703,267.	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 III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(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)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(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 separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

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

FORM 990, SCHEDULE F, PART I, LINE 2

TO ENSURE THAT DONATED GOODS AND FUNDS ARE USED TO FULFILL OUR MISSION, AMERICARES TRACKS EVERY DONATION AS IT ENTERS AND LEAVES OUR WAREHOUSES AND REQUIRES REPORTING OF EACH RECEIVING PARTNER ORGANIZATION, WHICH INCLUDE DETAILED CONFIRMATION OF RECEIPT AND QUARTERLY UPDATES ON DISTRIBUTION. INDIVIDUAL LICENSED HEALTH CARE PROVIDERS RECEIVING DONATIONS THROUGH OUR MEDICAL OUTREACH PROGRAM MUST PROVIDE A REPORT DETAILING HOW THE DONATION WAS USED, NUMBER OF PATIENTS TREATED AND OTHER INFORMATION. HEALTH PARTNERS THAT RECEIVE FUNDING FROM AMERICARES ARE REQUIRED TO COMPLETE A GRANT APPLICATION AND A GRANT REPORT, INCLUDING DATA ON HOW FUNDS WERE USED AND, IF APPLICABLE, THE HEALTH OUTCOME OF THE FUNDED PROJECT OR ACTIVITY. AMERICARES STAFF ALSO PERFORM SITE VISITS TO MONITOR PARTNERS' USE OF PRODUCT DONATIONS AND FUNDING. TARGETED HEALTH INITIATIVES SUCH AS THOSE DESCRIBED IN THE "ONGOING" SECTION ABOVE, MAY INCLUDE BASELINE AND FINAL PROJECT ASSESSMENTS.

**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" on 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.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I

Fundraising Activities. Complete if the organization answered "Yes" on 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 Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

- 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 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				7,275,953.	1,046,813.	6,229,140.

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" on 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)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	2,475,604.		2,475,604.
	2	Less: Contributions	2,349,904.		2,349,904.
	3	Gross income (line 1 minus line 2)	125,700.		125,700.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	30,158.		30,158.
	7	Food and beverages	332,490.		332,490.
	8	Entertainment	220,762.		220,762.
	9	Other direct expenses	8,182.		8,182.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-465,892.

Part III Gaming. Complete if the organization answered "Yes" on 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. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct 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 conducted 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 ▶ _____

- 15 a 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. 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 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, THEREFORE THEY MAY DIFFER FROM AMOUNTS REPORTED ON SCHEDULE G. PER ALL CONTRACTS, EXPENSES ARE BUDGETED

- 11 Does the organization conduct 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 conducted 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 ▶ _____

- 15 a 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. 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 provide any additional information (see instructions).

AND APPROVED SEPARATELY FROM CONSULTING FEES.

IN FISCAL YEAR 2016, IN ADDITION TO THE CONSULTING FEES LISTED IN SCHEDULE G, PART I, AMERICARES PAID OTHER NON-CONSULTING FUNDRAISING EXPENSES TO DONOR SERVICES GROUP OF \$12,075 AND MAL WARWICK & ASSOCIATES, INC. OF \$428,345.

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
DONOR SERVICES GROUP 6715 SUNSET BOULEVARD HOLLYWOOD CA 90028	PROFESS. SOLICITOR		X	1,821,379.	444,615.	1,376,764.
MAL WARWICK & ASSOCIATES, INC. 2550 NINTH STREET, STE 103 BERKELEY CA 94710	FUNDRAISING COUNSEL		X	5,454,574.	602,198.	4,852,376.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) A COMMUNITY CLINIC, INC 344 MARKET STREET SUNBURY, PA 17801	20-4051982	501(C)(3)		162,392.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) A PROMISE TO HELP 1332 WINOLA LANE BIRMINGHAM, AL 35235	26-4401185	501(C)(3)		227,372.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) ABILENE-TAYLOR COUNTY PUBLIC HEALTH DISTRIC 850 N. 6TH STREET ABILENE, TX 79601	75-6000440	OTHER		946,469.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) ACS COMMUNITY LIFT MEDICAL SERVICES 5045 WEST 1ST AVE DENVER, CO 80219	52-0643036	501(C)(3)		35,420.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) ADVANTAGE BEHAVIORAL HEALTH SYSTEMS 250 NORTH AVENUE ATHENS, GA 30601	58-2112427	OTHER		780,356.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) AFRICAN SERVICES COMMITTEE 429 WEST 127TH ST. NEW YORK, NY 10027	13-3749744	501(C)(3)		8,859.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) AGAPE CLINIC 4105 JUNIUS STREET DALLAS, TX 75246	14-1847977	501(C)(3)		4,174,922.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) ALABAMA FREE CLINIC 212 COURTHOUSE SQUARE BAY MINETTE, AL 36507	63-1247879	501(C)(3)		125,554.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) AMERICARES FREE CLINIC OF BRIDGEPORT 115 HIGHLAND AVENUE BRIDGEPORT, CT 06604	06-1422741	501(C)(3)		152,327.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) AMERICARES FREE CLINIC OF DANBURY 76 WEST STREET DANBURY, CT 06810	06-1008595	501(C)(3)		19,555.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) AMERICARES FREE CLINIC OF NORWALK 98 SOUTH MAIN STREET NORWALK, CT 06854	06-1008595	501(C)(3)		259,312.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) AMERICARES FREE CLINIC OF STAMFORD 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1422741	501(C)(3)		12,749.	FMV	MEDICAL SUPPLIES	ON-GOING

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
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Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMISTAD COMMUNITY HEALTH CENTER 1533 S. BROWNLEE CORPUS CHRISTI, TX 78404	20-3008507	501(C)(3)		10,144.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) ANDERSON FREE CLINIC 414 N FANT ST ANDERSON, SC 29621	57-0787584	501(C)(3)		139,408.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) ANGELS COMMUNITY CLINIC 1005 POPLAR STREET MURRAY, KY 42071	62-1777249	501(C)(3)		602,888.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) ARLINGTON COUNTY DHS/BHD 2120 WASHINGTON BLVD ARLINGTON, VA 22204	54-6001123	501(C)(3)		59,740.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) ARLINGTON FREE CLINIC 2921 SOUTH 11TH STREET ARLINGTON, VA 22204	54-1671883	501(C)(3)		248,237.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) ARTHUR NAGEL COMMUNITY CLINIC 1116 12TH STREET, UNIT #3 BANDERA, TX 78003	77-0697361	501(C)(3)		184,941.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) ASPIRE INDIANA HEALTH 9615 EAST 148TH STREET	47-4391083	501(C)(3)		594,626.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) ATHENS NURSES CLINIC 496 REESE STREET ATHENS, GA 30601	58-2490925	501(C)(3)		165,923.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) AVENAL COMMUNITY HEALTH CENTER 405 WEST D ST LEMOORE, CA 93245	77-0425496	501(C)(3)		15,939.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) AVICENNA COMMUNITY HEALTH CENTER 819 BLOOMINGTON ROAD CHAMPAIGN, IL 61820	27-0267757	501(C)(3)		59,410.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) AVITA COMMUNITY PARTNERS 4331 THURMON TANNER PKWY	58-2109706	OTHER		446,983.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) AZZARELLI OUTREACH CLINIC 341 N ST JOSEPH AVE KANKAKEE, IL 60901	36-2312493	501(C)(3)		91,359.	FMV	MEDICAL SUPPLIES	ON-GOING

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

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

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

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Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BAPTIST MISSION CENTER 2125 EXCHANGE AVE OKLAHOMA CITY, OK 73108	73-0644143	501(C)(3)		1,552,658.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) BARTZ-ALTADONNA COMMUNITY HEALTH CENTER 43322 GINGHAM AVE. LANCASTER, CA 93535	27-3261289	501(C)(3)		293,714.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) BATON ROUGE PRIMARY CARE COLLABORATIVE, INC 2013 CENTRAL ROAD BATON ROUGE, LA 70807	41-2114148	501(C)(3)		388,453.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) BAYOUCLINIC, INC. 13833 TAPIA LANE	63-1270951	501(C)(3)		558,659.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) BEAR LAKE COMMUNITY HEALTH CENTER 325 W LOGAN HWY GARDEN CITY, UT 84028	81-0587644	501(C)(3)		120,583.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) BECKLEY HEALTH RIGHT INC 111 RANDOLPH STREET BECKLEY, WV 25801	55-0774466	501(C)(3)		84,492.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) BEHAVIORAL HEALTH SERVICES OF SOUTH GEORGIA 3120 B N. OAK ST. EXT SUITE C	58-2107483	OTHER		922,530.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) BETHESDA COMMUNITY CLINIC, INC 107 MOUNTAIN BROOK DR STE 100	27-4923001	501(C)(3)		444,337.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) BETHESDA HEALTH CLINIC 409 WEST FERGUSON TYLER, TX 75702	26-0036674	501(C)(3)		1,161,346.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) BETTER WAY OF MIAMI, INC 800 NW 28 STREET MIAMI, FL 33127	59-2462933	501(C)(3)		27,461.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) BLACK HAWK GRUNDY MENTAL HEALTH CENTER 3251 WEST 9TH STREET WATERLOO, IA 50702	42-0733463	501(C)(3)		365,415.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) BLUEGRASS COMMUNITY HEALTH CENTER 1306 VERSAILLES ROAD LEXINGTON, KY 40504	61-1131682	501(C)(3)		16,247.	FMV	MEDICAL SUPPLIES	ON-GOING

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

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Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BREAD OF HEALING CLINIC 1821 N 16TH ST MILWAUKEE, WI 53205	81-0669867	501(C)(3)		1,079,015.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) BRIDGES TO HEALTH 1251 W. KEM ROAD MARION, IN 46952	20-5405181	501(C)(3)		165,587.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) BROAD STREET CLINIC 534 N. 35TH STREET, SUITE K	56-1853604	501(C)(3)		43,693.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) BROCK HUGHES FREE CLINIC, INC. 450 W MONROE ST WYTHEVILLE, VA 24382	20-2353144	501(C)(3)		560,488.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) BROWARD COMMUNITY & FAMILY HEALTH CENTERS 168 N. POWERLINE RD POMPANO BEACH, FL 33069	59-3489664	501(C)(3)		872,177.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) BROWARD HEALTH NORTH HOSPITAL 201 E SAMPLE ROAD DEERFIELD BEACH, FL 33064	59-6012065	501(C)(3)		19,308.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) BROWNSVILLE COMMUNITY HEALTH CENTER 191 EAST PRICE ROAD BROWNSVILLE, TX 78521	74-2176836	501(C)(3)		134,329.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) BUDDIST TZU CHI MEDICAL CENTER 1000 S. GARFIELD ALHAMBRA, CA 91801	95-4457939	501(C)(3)		83,836.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) C.H.A.N.G.E. 37 KNOLLWOOD DRIVE SHREWSBURY, MA 01545	22-2905321	501(C)(3)		1,287,689.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) CABRINI CLINIC 1234 PORTER STREET DETROIT, MI 48226	38-3129349	501(C)(3)		700,362.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) CACHE VALLEY COMMUNITY HEALTH CENTER 1515 N 400 E SUITE 104 N.LOGAN, UT 84341	81-0587644	OTHER		55,035.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) CACHE VALLEY COMMUNITY HEALTH CENTER - LOGA 944 S STATE HWY 91 LOGAN, UT 84321	81-0587644	501(C)(3)		127,593.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) CAMILLUS HEALTH CONCERN 336 NW 5TH ST MIAMI, FL 33128	65-0063921	501(C)(3)		20,352.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) CAMILLUS HEALTH CONCERN 336 NW 5TH ST MIAMI, FL 33128	65-0063921	501(C)(3)		28,221.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) CAMPBELL UNIVERSITY COMMUNITY CARE CLINIC CAMPBELL SCHOOL OF MEDICINE	68-0620773	501(C)(3)		28,510.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) CANYON COUNTY COMMUNITY CLINIC 524 CLEVELAND BLVD. CALDWELL, ID 83605	26-4195171	501(C)(3)		201,654.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) CAPE FEAR CLINIC, INC. 1605 DOCTORS CIRCLE WILMINGTON, NC 28401	56-1984630	501(C)(3)		109,655.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER PO BOX 1839 CAPE GIRARDEAU, MO 63702	43-1426014	OTHER		83,443.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) CAPE VOLUNTEERS IN MEDICINE, INC 423 NORTH ROUTE 9	52-2257585	501(C)(3)		177,777.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) CAPITAL AREA HEALTHNETWORK 719 N. 25TH STREET RICHMOND, VA 23223	54-1884190	501(C)(3)		32,659.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) CAPITAL CITY RESCUE MISSION FREE CLINIC 259 SOUTH PEARL ST ALBANY, NY 12202	56-2663290	501(C)(3)		403,275.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) CARIDAD CENTER 8645 W BOYNTON BEACH BOULEVARD	65-0149423	501(C)(3)		1,101,620.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) CARIN CLINIC 5150 ALLISON ST ARVADA, CO 80002	84-1331444	501(C)(3)		23,308.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) CARING PLACE CLINIC 901 W BROAD ST MANSFIELD, TX 76063	27-0537258	501(C)(3)		54,724.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) CARROLL COUNTY HEALTH DEPARTMENT 101 WEST MAIN ST DELPHI, IN 46923	35-6000130	501(C)(3)		887,022.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) CARRROLL COUNTY HEALTH DEPARTMENT 101 WEST MAIN ST DELPHI, IN 46923	35-6000130	501(C)(3)		14,096.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) CASA EL BUEN SAMARITANO PO BOX 20487 HOUSTON, TX 77225	37-1546805	501(C)(3)		35,056.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) CATHERINE MCAULEY CLINIC 5530 HOHMAN AVENUE HAMMOND, IN 46320	35-1835133	501(C)(3)		323,935.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) CEDAR COUNTY PUBLIC HEALTH 400 CEDAR STREET TIPTON, IA 52772	42-6005281	OTHER		10,270.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) CENTER FOR FAMILY HEALTH AND EDUCATION 8727 VAN NUYS BLVD.,	27-0224623	501(C)(3)		51,744.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) CENTER FOR PHARMACY CARE 1000 FIFTH AVENUE PITTSBURGH, PA 15282	25-1035663	501(C)(3)		35,768.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) CENTRE VOLUNTEERS IN MEDICINE 2520 GREEN TECH DR. STE D	25-1897969	501(C)(3)		82,517.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) CENTRO SAN VICENTE 8061 ALAMEDA AVE. EL PASO, TX 79915	74-2505561	501(C)(3)		236,806.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) CHARITABLE PHARMACY OF CENTRAL OHIO 200 EAST LIVINGSTON AVE COLUMBUS, OH 43215	27-0147099	501(C)(3)		53,892.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) CHARLES TOWN HEALTH RIGHT, INC 1212 N. MILDRED ST. RANSON, WV 25438	55-0778553	501(C)(3)		12,197.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) CHCGD EAST DAYTON HEALTH CENTER 2132 E. THIRD ST DAYTON, OH 45403	26-1253235	501(C)(3)		37,789.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) CHILDREN AND COMMUNITY HEALTH CENTER 120 S. CENTRAL EXPRESSWAY	20-0637782	501(C)(3)		57,655.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) CHIPPEWA VALLEY FREE CLINIC 816 PORTER AVE, SUITE 200	39-1840231	501(C)(3)		75,470.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) CHI-ST. VINCENT INTERFAITH CLINIC 830 NORTH CREEK CONWAY, AR 72032	71-0830696	501(C)(3)		720,950.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) CHRIST CLINIC 25722 KINGSLAND BLVD.SUITE 101	90-0789318	501(C)(3)		635,573.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) CHRISTIAN COMMUNITY ACTION 200 SOUTH MILL STREET LEWISVILLE, TX 75057	23-7319371	501(C)(3)		302,572.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) CHRISTIAN FREE CLINIC IN BOTETOURT PO BOX 890 DALEVILLE, VA 24083	20-4342697	501(C)(3)		55,045.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) CHRISTIAN HEALTH CENTER 1115 FAIRVIEW CAMDEN, AR 71701	71-0804142	501(C)(3)		739,584.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) CHURCH HILL FREE CLINIC PO BOX 166 CHURCH HILL, TN 37642	62-1391365	501(C)(3)		404,193.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) CITY ON A HILL MINISTRIES HEALTH CLINIC 100 S. PINE ST SUITE 140 ZEELAND, MI 49464	20-3901260	501(C)(3)		30,763.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) CITY SQUARE 2835 GRAND AVE DALLAS, TX 75215	79-2332948	501(C)(3)		261,196.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) CLAY BEHAVIORAL HEALTH CENTER 1726 KINGSLEY AVENUE, SUITE 1	59-2219317	501(C)(3)		162,665.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) CLEARWATER FREE CLINIC 707 N. FT. HARRISON AVE.	59-1852871	501(C)(3)		169,123.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) CLEVELAND COUNTY HEALTH DEPARTMENT 200 S POST RD SHELBY, NC 28152	56-6000288	OTHER		323,646.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) CLINIC BY THE BAY 4877 MISSION STREET SAN FRANCISCO, CA 94112	26-2593712	501(C)(3)		6,456.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) CMAP EXPRESS 1101 4TH STREET, SUITE 101-A	02-0751416	501(C)(3)		26,484.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) COACHELLA VALLEY VOLUNTEERS IN MEDICINE 82915 AVENUE 48 INDIO, CA 92201	26-3312826	501(C)(3)		128,873.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) COASTAL FAMILY HEALTH CENTER 1046 DIVISION STREET BILOXI, MS 39530	64-0592416	501(C)(3)		5,896.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) COMMUNITY CARE CENTER FOR FORSYTH CO. INC. 2135 NEW WALKERTOWN RD	58-1403699	501(C)(3)		638,699.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) COMMUNITY CARE CLINIC 608 E GARFIELD AVE GETTYSBURG, SD 57442	46-0396683	501(C)(3)		135,368.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) COMMUNITY CARE CLINIC OF HIGHLAND-CASHIERS 52 AUNT DORA DRIVE HIGHLANDS, NC 28741	65-1251915	501(C)(3)		246,405.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) COMMUNITY CLINIC OF SHELBYVILLE BEDFORD CO 200 DOVER ST SUITE 203	34-1974609	501(C)(3)		8,479.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) COMMUNITY FREE CLINIC, INC. 249 MILL STREET HAGERSTOWN, MD 21740	52-1772594	501(C)(3)		1,134,545.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) COMMUNITY HEALTH AND SOCIAL SERVICES CENTER 5635 W FORT ST DETROIT, MI 48209-3154	38-3094394	501(C)(3)		58,438.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) COMMUNITY HEALTH CARE 3 BROADWAY CAPE MAY COURTHOUSE, NJ 08210	22-2763588	501(C)(3)		430,028.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) COMMUNITY HEALTH CARE CLINIC 902 N. FRANKLIN NORMAL, IL 61761	37-1316328	501(C)(3)		152,700.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS 3011 N. MICHIGAN ST.	75-3003364	501(C)(3)		455,491.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) COMMUNITY HEALTH CENTER OF THE BLACK HILLS 350 PINE ST RAPID CITY, SD 57701	46-0418932	501(C)(3)		263,644.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) COMMUNITY HEALTH CENTERS, INC. 12716 N.E. 36TH STREET SPENCER, OK 73084	73-0930123	501(C)(3)		539,328.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) COMMUNITY HEALTH CLINIC OF HARDIN & LARUE C 114 E. MEMORIAL DR ELIZABETHTOWN, KY 42701	30-0042070	501(C)(3)		676,443.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) COMMUNITY HEALTH SERVICE INC 701 W 6TH STREET GRAFTON, ND 58237	41-1000060	501(C)(3)		89,786.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) COMMUNITY HEALTH SERVICES OF UNION COUNTY I 1338-C EAST SUNSET DRIVE MONROE, NC 28112	46-0495947	501(C)(3)		145,630.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) COMMUNITY HEALTHWORX 1543 MCGINNIS STREET ALEXANDRIA, LA 71301	72-1444312	501(C)(3)		92,979.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) COMMUNITY HELPING HANDS HEALTH CLINIC 34-C COURTHOUSE SQUARE CLEVELAND, GA 30528	64-0950194	501(C)(3)		739,235.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) COMMUNITY MEDICAL CLINIC OF AIKEN COUNTY 244 GREENVILLE ST NW AIKEN, SC 29801	57-1063263	501(C)(3)		77,641.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) COMMUNITY MEDICAL CLINIC OF KERSHAW COUNTY 110 C EAST DEKALB STREET CAMDEN, SC 29020	57-1074191	OTHER		147,658.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) COMMUNITY MEDICINE FOUNDATION 1131 SALUDA STREET ROCK HILL, SC 29730-5776	57-0891008	501(C)(3)		1,111,559.	FMV	MEDICAL SUPPLIES	ON-GOING

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

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Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY VOLUNTEERS IN MEDICINE 300B LAWRENCE DRIVE WEST CHESTER, PA 19380	23-2944553	501(C)(3)		1,522,829.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) COMMUNITYHEALTH 2611 W. CHICAGO AVE. CHICAGO, IL 60622	36-3931793	501(C)(3)		17,168.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) COMMUNTIY HEALTH FREE CLINIC 947 14TH AVE SE CEDAR RAPIDS, IA 52401	13-4228071	501(C)(3)		22,403.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) COMPASSION CONNECT INC. 18040 SW ALEXANDER ST BEAVERTON, OR 97006	26-2304524	501(C)(3)		88,852.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) COMPASSIONATE CARE OF SHELBY COUNTY, INC. 124 N. OHIO AVE SIDNEY, OH 45365	20-8479583	501(C)(3)		2,939,647.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) CONWAY INTERFAITH CLINIC 830 NORTH CREEK CONWAY, AR 72032	71-0830696	501(C)(3)		538,075.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) COORDINATED HEALTH SERVICES, INC. 2110 BROAD STREET AUGUSTA, GA 30904	58-2060572	501(C)(3)		231,857.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) COOS COUNTY FAMILY HEALTH SERVICES CCFHS BERLIN, NH 03570	02-0350051	OTHER		28,331.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) COVENANT COMMUNITY CARE 559 WEST GRAND BLVD. DETROIT, MI 48216	38-3533998	501(C)(3)		72,398.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) COVENANT COMMUNITY CARE 559 WEST GRAND BLVD. DETROIT, MI 48216	38-3533998	501(C)(3)		423,436.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) COVENANT COMMUNITY CARE 559 WEST GRAND BLVD. DETROIT, MI 48216	38-3533998	501(C)(3)		760,310.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) COVENANT HOUSE TEXAS 1111 LOVETT BLVD HOUSTON, TX 77006	76-0050882	501(C)(3)		55,556.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) CREEKS BEHAVIORAL HEALTH SERVICES 323 W. 6TH OKMULGEE, OK 74447	73-1108774	501(C)(3)		33,481.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) CRISIS CONTROL MINISTRY 200 EAST 10TH STREET	23-7348168	501(C)(3)		7,633.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) CROSS AND CROWN CLINIC 1008 N. MCKINLEY STREET	73-1608071	501(C)(3)		528,817.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) CROSSINGS COMMUNITY CLINIC 10255 N PENN AVE OKLAHOMA CITY, OK 73120	86-1115863	501(C)(3)		608,078.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) CROSSOVER MINISTRY 108 COWARDIN AVE RICHMOND, VA 23224	54-1371067	501(C)(3)		1,540,620.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) CROSSROADS MEDICAL MISSION, INC. 300 WEST VALLEY DRIVE BRISTOL, VA 24201	54-2038877	501(C)(3)		63,725.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) DADE COUNTY HEALTH DEPARTMENT 413 W WATER STREET GREENFIELD, MO 65661	43-1266535	OTHER		205,695.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) DAMIAN FAMILY CARE CENTERS, INC. 138-02 QUEENS BLVD., BRIARWOOD, NY 11435	22-3433831	501(C)(3)		67,409.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) DAVID LAWRENCE CENTER 6075 BATHEY LANE BUILDING B-3	59-2206025	501(C)(3)		432,828.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) DAVIDSON MEDICAL MINISTRIES 420 N SALISBURY ST LEXINGTON, NC 27292	56-1746266	501(C)(3)		444,766.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) DELTA HEALTH ALLIANCE/LELAND MEDICAL CLINIC P.O. BOX 277 STONEVILLE, MS 38776	64-0892954	501(C)(3)		153,037.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) DIVINE GRACE MEDICAL MISSIONARIES 10600 FONDREN RD HOUSTON, TX 77096	27-4000666	501(C)(3)		1,401,448.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) DOCTORS WITHOUT WALLS - SBSM 19 E MICHELTORENA ST	33-1210731	501(C)(3)		13,126.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) DOWNTOWN CLINIC 611 SOUTH SECOND STREET LARAMIE, WY 82070	83-0326354	501(C)(3)		31,162.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) DR GARY BURNSTEIN COMMUNITY HEALTH CLINIC 45580 WOODWARD AVE PONTIAC, MI 48341	32-0015321	501(C)(3)		200,414.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) DR.JOEL & CAROL BOWER SCHOOL BASED HEALTH C 400 PALO VERDE DR HENDERSON, NV 89015	88-0464591	501(C)(3)		77,788.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) DUFFY HEALTH CENTER, INC. 94 MAIN STREET HYANNIS, MA 02601	04-3373741	501(C)(3)		793,545.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) EAST BAY COMMUNITY ACTION PROGRAM 6 JOHN H CHAFEE BLVD NEWPORT, RI 02840	05-0310024	501(C)(3)		123,127.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) EDWARD R. LEAHY JR. CTR CLINIC FOR THE UNIN 800 LINDEN STREET SCRANTON, PA 18510	24-0795495	501(C)(3)		117,872.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) ELLENTON HEALTH CLINIC, PUBLIC HEALTH DST. 185 NORTH BAKER STREET ELLENTON, GA 31747	23-7379607	501(C)(3)		76,331.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) ERIE COUNTY HEALTH DEPARTMENT 608 WILLIAM ST. BUFFALO, NY 14206	16-6002558	OTHER		8,575.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) ETOWAH BAPTIST CHARITY PHARMACY P.O.BOX 571 NOBLE, OK 73068	73-1637087	501(C)(3)		77,154.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) ETOWAH FREE COMMUNITY CLINIC 423 S. 3RD. STREET GADSDEN, AL 35901	82-0562064	501(C)(3)		624,429.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) EUNICE COMMUNITY HEALTH CENTER 450 MOOSA BLVD. STE. E EUNICE, LA 70535	27-0213992	501(C)(3)		470,975.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) EXCELTH INC. FQHC 4422 GENERAL MEYER NEW ORLEANS, LA 70131	72-1193464	OTHER		2,626,804.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) FAIR HAVEN COMMUNITY HEALTH CLINIC INC. 374 GRAND AVENUE NEW HAVEN, CT 06513	06-0883545	501(C)(3)		270,368.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) FAITH COMMUNITY PHARMACY (ST. VINCENT DE PA 7033 BURLINGTON PIKE FLORENCE, KY 41042	61-1378914	501(C)(3)		362,588.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) FAMILY CARE HEALTH CENTERS 401 HOLLY HILLS AVE SAINT LOUIS, MO 63111	23-7076112	501(C)(3)		20,415.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) FAMILY HEALTH SERVICES 794 EASTLAND TWIN FALLS, ID 83301	82-0371093	501(C)(3)		77,428.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) FAN FREE CLINIC 1010 NORTH THOMPSON STREET	54-0927792	501(C)(3)		16,394.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) FEED MY SHEEP 116 W. AVENUE G TEMPLE, TX 76504	74-2724033	501(C)(3)		14,858.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) FERNCARE FREE CLINIC, INC. 459 E. NINE MILE ROAD FERNDALE, MI 48220	32-0246843	501(C)(3)		75,815.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) FIRST BAPTIST CHURCH MEDICAL/DENTAL CLINIC 1607 CHERRY STREET VICKSBURG, MS 39180	64-0356253	501(C)(3)		417,323.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) FIRST REFUGE MINISTRIES MEDICAL CLINIC 1701 BROADWAY STREET DENTON, TX 76201	45-5606427	501(C)(3)		1,550,462.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) FIRSTMED HEALTH AND WELLNESS CENTER 3343 S. EASTERN AVENUE LAS VEGAS, NV 89169	27-0759056	501(C)(3)		615,896.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) FISH RIVER RURAL HEALTH 10 CARTER STREET EAGLE LAKE, ME 04739	01-0452749	501(C)(3)		526,727.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) FLAGLER COUNTY FREE CLINIC 703 EAST MOODY BLVD. BUNNELL, FL 32137	20-5036975	501(C)(3)		1,454,383.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) FA HOSPITAL WATERMAN COMMUNITY HEALTH CLINI 2300 KURT STREET EUSTIS, FL 32726	59-3140669	501(C)(3)		200,593.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) FOUNDATION FOR HIV AND KIDNEY DIALYSIS INC. 14 ZIRKEL. AVENUE. PISCATAWAY, NJ 08854	43-2024266	501(C)(3)		560,081.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) FOUR HOLES INDIAN ORGANIZATION DBA EIFC 1125 RIDGE RD RIDGEVILLE, SC 29472	57-0570165	501(C)(3)		553,398.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) FREE CLINIC OF CENTRAL VIRGINIA 1016 MAIN STREET LYNCHBURG, VA 24504	54-1420756	501(C)(3)		52,347.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) FREE CLINIC OF CULPEPER 610 LAUREL STREET CULPEPER, VA 22701	52-1366700	501(C)(3)		440,015.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) FREE CLINIC OF OUR TOWNS/ ADA JENKINS CENTE P.O. BOX 1842 DAVIDSON, NC 28036	56-1927067	501(C)(3)		20,854.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) FREE CLINIC OF PULASKI COUNTY, INC. 25 FOURTH ST NW PULASKI, VA 24301	52-1318621	501(C)(3)		721,973.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) FREE CLINIC SUSSEX COUNTY 67 HIGH STREET NEWTON, NJ 07860	45-4224214	501(C)(3)		462,201.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) FREE MEDICAL CLINIC 47 W LONG AVENUE DUBOIS, PA 15801	25-1804763	501(C)(3)		235,760.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) FREE MEDICAL CLINIC OF DARLINGTON COUNTY 203 GROVE STREET DARLINGTON, SC 29532	58-2445265	501(C)(3)		9,850.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) FREE MEDICAL CLINIC OF OAK RIDGE 116 E. DIVISION RD. OAK RIDGE, TN 37830	90-0715369	501(C)(3)		7,026.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) FUNDACION MANOS JUNTAS 1330 NORTH CLASSEN BLVD. SUITE	73-1523135	501(C)(3)		947,619.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) GAIN, INC. (GREATER ASSISTANCE TO THOSE IN 712 W. 3RD STREET LITTLE ROCK, AR 72201	71-0763418	501(C)(3)		142,176.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) GATEWAY FOUNDATION - CASEYVILLE 600W LINCOLN AVENUE CASEYVILLE, IL 62232	36-2670036	501(C)(3)		1,170,034.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) GATEWAY FOUNDATION - CHICAGO WEST 55 E. JACKSON CHICAGO, IL 60604	36-2670036	501(C)(3)		741,225.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) GATEWAY FOUNDATION - SPRINGFIELD AND PEKIN 55 E. JACKSON CHICAGO, IL 60604	37-1394445	501(C)(3)		134,141.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) GATEWAY FOUNDATION LAKE VILLA 55 E JACKSON CHICAGO, IL 60604	36-2670036	501(C)(3)		77,492.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) GEORGIA FARMWORKER HEALTH PROGRAM 920 SOUTH WEST ST BAINBRIDGE, GA 39819	58-6000359	501(C)(3)		144,643.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) GEORGIA HIGHLANDS MEDICAL SERVICES INC 260 ELM ST CUMMING, GA 30040	58-1338038	501(C)(3)		1,135,353.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) GEORGIA REHABILITATION OUTREACH, INC. 1777 WASHINGTON ROAD EAST POINT, GA 30344	58-2379911	501(C)(3)		376,770.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) GET UP PROJECT 12221 RENFERT WAY AUSTIN, TX 78758	45-4931906	501(C)(3)		57,237.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) GLENDALE COMMUNITY FREE HEALTH CLINIC 134 N. KENWOOD ST. GLENDALE, CA 91206	87-0732681	501(C)(3)		7,506.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) GLOUCESTER MATHEWS FREE CLINIC 6031 INDUSTRIAL DR. GLOUCESTER, VA 23061	54-1875619	501(C)(3)		29,905.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) GOOCHLAND FREE CLINIC AND FAMILY SERVICES 1800 SANDY HOOK RD. GOOCHLAND, VA 23063	54-1967650	501(C)(3)		315,545.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) GOOD HEALTH CLINIC, INC 91555 OVERSEAS HWY TAVERNIER, FL 33070	04-3745805	501(C)(3)		6,092.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) GOOD NEWS MINISTRIES/GOOD SAMARITAN 11 EASTERN AVE. INDIANAPOLIS, IN 46201	35-0999233	501(C)(3)		40,968.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) GOOD SAMARITAN CLINIC 4704 AUGUSTA RD. GARDEN CITY, GA 31408	58-2288758	OTHER		224,498.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) GOOD SAMARITAN HEALTH & WELLNESS 175 SAMARITAN DRIVE JASPER, GA 30143	58-2576315	501(C)(3)		5,768.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) GOOD SAMARITAN HEALTH AND WELLNESS CENTER 209 WEST STATE LINE ROAD	45-3745315	501(C)(3)		1,987,581.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) GOOD SAMARITAN HEALTH CLINIC 401 ARNOLD STREET, NE CULLMAN, AL 35055	20-0149215	501(C)(3)		310,548.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) GOOD SAMARITAN HEALTH CLINIC OF PASCO, INC 5334 ASPEN ST. NEW PORT RICHEY, FL 34652	59-3072334	501(C)(3)		672,664.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) GOOD SAMARITAN HOSPITAL DBA SAMARITAN HOMEL 2261 PHILADELPHIA DRIVE DAYTON, OH 45406	45-0914398	501(C)(3)		17,203.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) GOOD SAMARITAN HOUSE FREE COMMUNITY HEALTH 213 N. MAIN ST DEARING, GA 30808	32-0126528	OTHER		574,163.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) GOOD SAMARITAN MEDICAL CLINIC 139 CHURCH ST. CHESTER, SC 29706-2904	82-0549226	501(C)(3)		422,152.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) GOOD SAMARITAN PHARMACY & HEALTH SERVICES, 2502 TAMiami TRAIL NORTH NOKOMIS, FL 34275	26-2295558	501(C)(3)		402,617.	FMV	MEDICAL SUPPLIES	ON-GOING

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

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Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GOOD SHEPHERD CLINIC P.O. BOX 6 MORROW, GA 30260	58-2578581	501(C)(3)		1,730,352.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) GOOD SHEPHERD HEALTHCARE CLINIC OF MUSKOGEE, GOOD SHEPHERD HEALTH CARE CLIN	73-1581613	501(C)(3)		1,651,400.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) GOOD SHEPHERD MINISTRIES OF OKLAHOMA, INC. 222 NW 12TH STREET OKLAHOMA CITY, OK 73103	20-0526892	501(C)(3)		515,880.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) GOODWIN COMMUNITY HEALTH CENTER, INC. DBA C 2605 PARKWOOD DR BRUNSWICK, GA 31520	01-0576945	501(C)(3)		934,019.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) GRACE CLINIC 800 WEST CANAL DRIVE KENNEWICK, WA 99336	77-0592408	OTHER		25,653.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) GRACE MEDICAL CLINIC 211 S. 8TH ST. MAYFIELD, KY 42066	61-1351519	501(C)(3)		112,578.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) GRACE MEDICAL HOME 51 PENNSYLVANIA ST ORLANDO, FL 32806	26-1817966	OTHER		736,724.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) GRAPEVINE RELIEF AND COMMUNITY EXCHANGE (GR 837 E. WALNUT STREET GRAPEVINE, TX 76051	75-2195702	501(C)(3)		59,167.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) GTR GREENWOOD UNITED MINISTRY FREE MEDICAL 1404 EDGEFIELD STREET GREENWOOD, SC 29646	57-1012393	501(C)(3)		19,726.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) GREATER HICKORY COOPERATIVE CHRISTIAN MINIS 31 1ST AVE SE HICKORY, NC 28602	56-0934855	501(C)(3)		749,373.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) GREATER KILLEEN FREE CLINIC 718 N 2ND STREET, STE A KILLEEN, TX 76541	74-2724725	501(C)(3)		3,769,207.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) GREATER TEXOMA HEALTH CLINIC 900 N. ARMSTRONG AVE. DENISON, TX 75020	81-0584983	501(C)(3)		1,489,880.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) GREENVILLE FREE MEDICAL CLINIC PO BOX 8993 GREENVILLE, SC 29604	57-0855205	501(C)(3)		74,361.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) GUADALUPE CLINIC 940 S SAINT FRANCIS WICHITA, KS 67211	20-1285208	OTHER		218,007.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) GUIDANCE/CARE CENTER, INC. 3000 41ST STREET OCEAN MARATHON, FL 33050	59-1458324	501(C)(3)		484,498.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) GULF COAST HEALTH CENTER, INC. 2548 MEMORIAL BLVD. PORT ARTHUR, TX 77640	76-0289927	501(C)(3)		296,358.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) HALEY CENTER 122 WEST CENTRAL AVE WINTER HAVEN, FL 33880	59-0766974	501(C)(3)		161,662.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) HANDS CLINIC OF ST. LUCIE COUNTY 3855 S US HWY 1 FORT PIERCE, FL 34982	26-3945016	501(C)(3)		15,225.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) HANDS OF HOPE CLINIC, INC. 1010 HOSPITAL DRIVE BLDG B	42-1591970	501(C)(3)		38,513.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) HARMONY HEALTH CLINIC 201 E. ROOSEVELT LITTLE ROCK, AR 72206	20-5691313	501(C)(3)		73,151.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) HARRISONBURG ROCKINGHAM FREE CLINIC 25 WEST WATER STREET HARRISONBURG, VA 22801	54-1568909	501(C)(3)		7,121.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) HAVEN FREE CLINIC FAIR HAVEN COMMUNITY HEALTH	06-0646973	501(C)(3)		305,502.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) HEALING BRIDGE CLINIC 215 WILLOWBEND RD. PEACHTREE CITY, GA 30269	26-3555799	501(C)(3)		124,276.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) HEALING HANDS HEALTH CENTER 245 MIDWAY MEDICAL PARK. BRISTOL, TN 37620	62-1677000	501(C)(3)		245,816.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) HEALING HANDS MINISTRIES INC 8515 GREENVILLE AVENUE, N-112	65-1259379	501(C)(3)		226,704.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) HEALTH ACCESS, INC. 489 WASHINGTON AVENUE CLARKSBURG, WV 26301	55-0715066	501(C)(3)		33,859.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) HEALTH AND HOPE CLINIC, INC. 1718 E OLIVE RD PENSACOLA, FL 32514	26-4336638	501(C)(3)		279,072.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) HEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1596731	501(C)(3)		162,435.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) HEALTH PARTNERS OF WESTERN OHIO 441 E. 8TH ST. LIMA, OH 45804	56-2330309	501(C)(3)		24,504.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) HEALTH PARTNERS, INC 3070 CRAIN HIGHWAY WALDORF, MD 20601	52-1767044	501(C)(3)		40,626.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) HEALTH UNIT ON DAVISON AVENUE CLNIC 13240 WOODROW WILSON ST DETROIT, MI 48238	37-1490937	501(C)(3)		298,725.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) HEALTHNET OF ROCK COUNTY, INC. 23 W. MILWAUKEE STREET JANESVILLE, WI 53548	39-1778804	501(C)(3)		252,302.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) HEALTHQUEST OF UNION COUNTY 415 E. FRANKLIN STREET MONROE, NC 28112	56-2117596	501(C)(3)		223,108.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) HEALTHREACH COMMUNITY CLINIC 400 EAST STATESVILLE AVE	20-1020941	501(C)(3)		341,732.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) HEART MINISTRY CENTER 2222 BINNEY STREET OMAHA, NE 68110	81-0614816	501(C)(3)		76,491.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) HEARTBRIGHT FOUNDATION INC 2923 SOUTH TRYON, SUITE 200	45-0496759	501(C)(3)		290,317.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) HEARTLAND HEALTH CENTERS 3048 N WILTON CHICAGO, IL 60657	36-3843377	501(C)(3)		8,575.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) HEARTS AND HANDS CLINIC 127 NORTH COLLEGE STREET	26-4597700	501(C)(3)		100,366.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) HELPING HAND CLINIC 507 NORTH STEELE ST SANFORD, NC 27330	56-1752295	501(C)(3)		79,908.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) HELPING HANDS CLINIC, INC. 810 HARPER AVE LENOIR, NC 28645	56-2076541	501(C)(3)		301,850.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) HELPING KIDS: HEALTH ACCESS WITHOUT WALLS 968 E SAHARA LAS VEGAS, NV 89104	20-5552699	501(C)(3)		10,458.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) HEMOPHILIA TREATMENT CENTER OF NEVADA 3121 S. MARYLAND PARKWAY	26-0286469	501(C)(3)		139,418.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) HENRY J. AUSTIN HEALTH CENTER, INC. 321 NORTH WARREN STREET TRENTON, NJ 08618	22-2682708	501(C)(3)		5,458.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) HIS HANDS FREE MEDICAL CLINIC 400 12TH ST. SE CEDAR RAPIDS, IA 52403	39-1878606	501(C)(3)		995,418.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) HOLLAND FREE HEALTH CLINIC 99 WEST 26TH ST HOLLAND, MI 49423	30-0072620	501(C)(3)		16,081.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) HOPE CLINIC P.O. BOX 4025 BARTLESVILLE, OK 74006	46-4417141	501(C)(3)		53,931.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) HOPE CLINIC 203 NORTH STREET BAYBORO, NC 28515	56-2114681	501(C)(3)		723,387.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) HOPE CLINIC OF GARLAND 800 S. 6TH STREET SUITE 100	75-2960314	501(C)(3)		192,750.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) HOPE HEALTH CLINIC 1025 SANIBEL WAY LAGRANGE, KY 40031	46-5509958	501(C)(3)		89,048.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) HOPE MEDICAL CLINIC HOPE MEDICAL CLINIC YPSILANTI, MI 48197	38-2469007	501(C)(3)		182,561.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) HOPE MEDICAL CLINIC 10101 60TH STREET LEXINGTON, OK 73051	73-1338039	OTHER		757,171.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) HOPE MEDICAL/DENTAL CLINIC 111 MEADOWVIEW DRIVE CLEBURNE, TX 76033	75-2953856	501(C)(3)		355,666.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) HOPEHEALTH MANNING FAMILY PRACTICE 12 WEST SOUTH STREET MANNING, SC 29102	57-0984427	501(C)(3)		468,676.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) HOPELIGHT MEDICAL CLINIC 1351 COLLYER ST LONGMONT, CO 80501	46-4657471	501(C)(3)		655,398.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) HOUSTON COUNTY VOLUNTEER MEDICAL CLINIC 125 RUSSELL PARKWAY	20-1859450	501(C)(3)		444,176.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) HOWARD BROWN HEALTH CENTER 4025 N SHERIDAN RD CHICAGO, IL 60613	36-2894128	501(C)(3)		10,021.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) I CARE SAN ANTONIO 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	74-2690192	501(C)(3)		76,180.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) IBN SINA FOUNDATION 11226 S. WILCREST DR HOUSTON, TX 77099	76-0698464	501(C)(3)		111,680.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) IBN SINA FOUNDATION 11226 S. WILCREST DR HOUSTON, TX 77099	76-0698464	501(C)(3)		1,860,489.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) ILIULIUK FAMILY AND HEALTH SERVICES 34 LAVELLE COURT UNALASKA, AK 99685	92-0041961	501(C)(3)		245,142.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) INTERFAITH COMMUNITY CLINIC 101 PINE MANOR DRIVE	75-2634623	501(C)(3)		323,703.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) ISLAMIC ASSOCIATION OF NORTH TEXAS 840 ABRAMS ROAD RICHARDSON, TX 75081	23-7181345	501(C)(3)		24,648.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) JEFFERSON CENTER FOR MENTAL HEALTH 4851 INDEPENDENCE ST. WHEAT RIDGE, CO 80033	84-0474717	501(C)(3)		537,486.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) JEFFERSON COUNTY FOURTH STREET HEALTH CENTE ONE ROSS PARK, STE 202	20-3924355	501(C)(3)		96,321.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) JOHNSTOWN FREE MEDICAL CLINIC 340 MAIN STREET JOHNSTOWN, PA 15901	23-2922409	501(C)(3)		1,047,491.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) JUST KIDS DENTAL 1313 FAIRGROUNDS ROAD TWO HARBORS, MN 55616	27-2311353	501(C)(3)		10,290.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) KATAHDIN VALLEY HEALTH CENTER 30 HOULTON ST PATTEN, ME 04747	23-7411014	OTHER		555,275.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) KATALASSO FAMILY HEALTH CENTER 38 SOUTH BELVIDERE AVENUE YORK, PA 17401	45-3170905	501(C)(3)		9,258.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) KEVINS COMMUNITY CENTER 153 S MAIN STREET NEWTOWN, CT 06470	61-1436909	501(C)(3)		1,441,762.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) KIDS COME FIRST COMMUNITY HEALTH CENTER 1556 S. SULTANA AVE. ONTARIO, CA 91761	33-0969025	501(C)(3)		55,996.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) KIDS FIRST HEALTH CARE 4675 E. 69TH AVENUE COMMERCE CITY, CO 80022	84-0799374	501(C)(3)		39,297.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) KITSAP PUBLIC HEALTH DISTRICT 345 6TH ST STE 300 BREMERTON, WA 98337	42-1689063	OTHER		13,055.	FMV	MEDICAL SUPPLIES	ON-GOING

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

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

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Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LA CLINICA CRISTIANA 1915 AVALON AVENUE MUSCLE SHOALS, AL 35661	20-1624284	501(C)(3)		65,407.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) LA CLINICA DE LA ESPERANZA 3200 GRAND AVENUE DES MOINES, IA 50312	42-0680452	501(C)(3)		199,451.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) LA CROSSE CTY MENTAL HLTH OUTPATIENT CLINIC 300 FOURTH ST. NORTH LA CROSSE, WI 54601	39-6005709	OTHER		32,717.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) LABIOMED, WOMEN`S HEALTH CARE CLINIC OEP 130 E. COMPTON BLVD. COMPTON, CA 90220	95-2138184	501(C)(3)		42,147.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) LAFAYETTE COMMUNITY HEALTH CARE CLINIC 1317 JEFFERSON STREET	72-1221982	501(C)(3)		492,073.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) LAKE AREA FREE CLINIC 856B ARMOUR RD OCONOMOWOC, WI 53066	39-2006388	501(C)(3)		15,030.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) LAKE COUNTY FREE CLINIC 54 SOUTH STATE ST SUITE 302	34-1081191	501(C)(3)		100,588.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) LAKE NORMAN COMMUNITY HEALTH CLINIC 14230 HUNTERS RD HUNTERSVILLE, NC 28078	04-3723062	501(C)(3)		9,703.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) LAKEVIEW CENTER INC. 1221 W. LAKEVIEW AVE PENSACOLA, FL 32501	59-0737872	501(C)(3)		206,838.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) LEBANON VALLEY VOLUNTEERS IN MEDICINE 711 S 8TH ST LEBANON, PA 17042	26-3915958	501(C)(3)		13,429.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) LEFLORE COUNTY HEALTH CENTER 706 HWY 82 WEST GREENWOOD, MS 38930	20-0069223	501(C)(3)		523,085.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) LEWIS & CLARK BEHAVIORIAL HEALTH SERVICES, I 1028 WALNUT STREET YANKTON, SD 57078	16-1900308	501(C)(3)		397,062.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) LIFESPRING HEALTH SYSTEMS 460 SPRING STREET JEFFERSONVILLE, IN 47130	35-1097350	501(C)(3)		336,173.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) LIFESTREAM BEHAVIORAL CENTER 515 MAIN STREET LEESBURG, FL 34748	59-1561501	501(C)(3)		430,129.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) LIGHT OF THE WORLD CLINIC, INC. 5333 N. DIXIE HWY OAKLAND PARK, FL 33334	65-0266070	501(C)(3)		1,323,806.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) LIVINGSTON COUNTY PUBLIC HEALTH DPT 310 E. TORRANCE AVE. PONTIAC, IL 61764	37-6001248	501(C)(3)		18,042.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) LLOYD F. MOSS FREE CLINIC 1301 SAM PERRY BOULEVARD	54-1677934	501(C)(3)		54,919.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) LORAIN COUNTY FREE CLINIC 3323 PEARL AVE. LORAIN, OH 44055	34-1506180	501(C)(3)		153,927.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) LUKE SOCIETY P.O. BOX 16194 GALVESTON, TX 77552	74-2211973	501(C)(3)		95,075.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) MACON VOLUNTEER CLINIC 376 ROGERS AVE MACON, GA 31204	74-3055376	501(C)(3)		1,161,643.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) MALIHEH FREE CLINIC 415 EAST 3900 SOUTH	20-2313461	501(C)(3)		121,767.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) MAMOU HEALTH RESOURCES, INC. 300 SOUTH STREET MAMOU, LA 70554	72-0949444	501(C)(3)		119,456.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) MARICOPA CTY HEALTH CARE FOR THE HOMELESS 220 S. 12TH AVE. PHOENIX, AZ 85007	14-5454000	OTHER		6,374.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) MARION COUNTY PUBLIC HEALTH 2003 N. LINCOLN KNOXVILLE, IA 50138	42-6004844	OTHER		211,856.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) MARTIN LUTHER KING HEALTH CENTER 865 OLIVE STREET SHREVEPORT, LA 71104	72-1079721	501(C)(3)		212,444.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) MATAGORDA EPISCOPAL HEALTH OUTREACH PRGM MEHOP BAY CITY, TX 77414	20-0537948	501(C)(3)		293,866.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) MATTHEW 25 HEALTH AND DENTAL CLINIC 413 E. JEFFERSON BLVD FORT WAYNE, IN 46802	35-1484951	501(C)(3)		260,039.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) MATTHEW WALKER COMPREHENSIVE HEALTH CENTER 1035 14TH AVENUE NORTH NASHVILLE, TN 37208	62-1035426	501(C)(3)		268,116.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) MCHENRY COUNTY DEPARTMENT OF HEALTH 2200 N. SEMINARY AVE WOODSTOCK, IL 60098	36-6006623	OTHER		17,695.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) MCINTOSH TRAIL, CSB 1435 NORTH EXPRESSWAY GRIFFIN, GA 30223	58-2098758	OTHER		2,492,037.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) MCKINNEY MEDICAL CENTER 218 QUARTERMAN STREET WAYCROSS, GA 31501	58-2101260	501(C)(3)		8,708.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) MEDICAL MISSION ADVENTURE 11540 BONHAM AVE. SYLMAR, CA 91342	04-3661520	501(C)(3)		138,429.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) MEDICAL OUTREACH MINISTRIES 1401 E SOUTH BOULEVARD MONTGOMERY, AL 36116	63-1204645	501(C)(3)		286,602.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) MEDICAL SERVICE BUREAU, INC. 1530 S. OLIVER WICHITA, KS 67218	48-0891620	501(C)(3)		17,252.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) MEDLINK GEORGIA, INC. 11 CHARLIE MORRIS ROAD COLBERT, GA 30628	58-1394645	501(C)(3)		151,803.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) MEL LEAMAN FREE CLINIC 601 RADIO HILL RD MARION, VA 24354	54-1993876	501(C)(3)		149,401.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) MERCY CLINIC 1315 TATUM DRIVE NEW BERN, NC 28560	56-2034052	501(C)(3)		925,723.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) MERCY HEALTH CENTER, INC. 700 OGLETHORPE AVE. ATHENS, GA 30606	58-2603523	501(C)(3)		16,413.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) MERCY MEDICAL CLINIC 615 WASHINGTON STREET SHELBYVILLE, KY 40065	61-1211189	501(C)(3)		640,044.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) MERCY MISSION SVC DBA ST. JOHN BOSCO CLINIC 3661 S. MIAMI AVENUE MIAMI, FL 33133	65-0435764	501(C)(3)		80,651.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) MERIDIAN BEHAVIORAL HEALTHCARE, INC. 4300 SW 13TH STREET GAINESVILLE, FL 32608	59-1906214	501(C)(3)		651,594.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) METROCREST COMMUNITY CLINIC ONE MEDICAL PARKWAY	75-2616002	501(C)(3)		189,856.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) MHRF FACT TEAM 10550 DEERWOOD PARK BLVD. #600	59-1905344	501(C)(3)		173,991.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) MIAMI RESCUE MISSION CLINIC INC 2015 NW 1ST AVE MIAMI, FL 33127	45-1481860	501(C)(3)		353,665.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) MIDDLE PENINSULA NORTHERN NECK CSB PO BOX 2468 GLOUCESTER, VA 23061	54-0958505	501(C)(3)		559,898.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) MILAN PUSKAR HEALTH RIGHT 341 SPRUCE STREET MORGANTOWN, WV 26507	31-1118673	501(C)(3)		56,830.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) MINISTRIES OF JESUS 1100 E. I-35 FRONTAGE ROAD EDMOND, OK 73034	73-1622804	501(C)(3)		850,673.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) MISSION ARLINGTON MEDICAL CLINIC 210 W. SOUTH ARLINGTON, TX 76010	75-2724385	501(C)(3)		1,078,124.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) MISSION MEDICAL CLINIC 2125 E. LASALLE STREET	68-0506812	501(C)(3)		113,888.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) MISSION OF MERCY 22 SOUTH MARKET ST., SUITE 6D	86-0704883	501(C)(3)		1,385,378.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) MISSION OF MERCY-ARIZONA 821 W WARNER ROAD CHANDLER, AZ 85225	86-0704883	501(C)(3)		210,799.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) MISSION WACO HEALTH CLINIC 1315 N. 15TH ST WACO, TX 76707	74-2605621	501(C)(3)		182,539.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) MODESTO GOSPEL MISSION 1400 YOSEMITE BLVD MODESTO, CA 95354	94-6102833	501(C)(3)		81,461.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) MOORE FREE CARE CLINIC, INC. 211 TRIMBLE PLANT RD. SUITE C	01-0781234	501(C)(3)		9,034.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) MORTON COMPREHENSIVE SERVICES 1334 N LANSING AVE TULSA, OK 74106	73-1177858	501(C)(3)		7,750.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) M-POWER MINISTRIES HEALTH CENTER 4022 4TH AVE SOUTH BIRMINGHAM, AL 35222	31-1639601	501(C)(3)		82,122.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) MUSLIM COMMUNITY CTR FOR HUMAN SERVICES 7600 GLENVIEW DRIVE	75-2580088	501(C)(3)		437,625.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) NTL CENTER FOR BEHAVIORAL HEALTH SOLUTIONS 3031 IH 10 W SAN ANTONIO, TX 78201	47-0857847	501(C)(3)		108,695.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) NTL CENTER FOR BEHAVIORAL HEALTH SOLUTIONS 3031 IH 10 W SAN ANTONIO, TX 78201	47-0857847	501(C)(3)		123,829.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) NTL CENTER FOR BEHAVIORAL HEALTH SOLUTIONS 3031 IH 10 WEST SAN ANTONIO, TX 78201	47-0857847	501(C)(3)		244,719.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) NTL CENTER FOR BEHAVIORAL HEALTH SOLUTIONS 3031 IH 10 WEST SAN ANTONIO, TX 78201	47-0857847	501(C)(3)		398,476.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) NTL CENTER FOR BEHAVIORAL HEALTH SOLUTIONS 3031 IH 10 WEST SAN ANTONIO, TX 78201	47-0857847	501(C)(3)		662,835.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) NTL CENTER FOR BEHAVIORAL HEALTH SOLUTIONS 3031 IH 10 SAN ANTONIO, TX 78201	47-0857847	501(C)(3)		1,639,528.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) NAVAJO COUNTY PUBLIC HEALTH 600 N. 9TH PLACE SHOW LOW, AZ 85901	86-6000541	OTHER		21,170.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) NEIGHBOR FOR NEIGHBOR 505 E 36TH ST N TULSA, OK 74106	73-0776404	501(C)(3)		1,281,992.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE RD N NAPLES, FL 34102	59-3546884	501(C)(3)		417,600.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) NEIGHBORHOOD SERVICE ORGANIZATION NSO TUMAINI CENTER DETROIT, MI 48201	38-1561624	501(C)(3)		57,331.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) NEVADA OBSTETRICAL CHARITY CLINIC 1950 PINTO LANE LAS VEGAS, NV 89106	26-4834603	501(C)(3)		227,299.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) NEW ORLEANS DREAM CENTER 1137 SAINT CHARLES AVENUE	46-1935367	501(C)(3)		368,968.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) NEWHOPE CLINIC 41 S. COURT STREET OWINGSVILLE, KY 40360	61-1363437	501(C)(3)		29,731.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) NHAN HOA COMPREHENSIVE HEALTH CARE CLINIC 7761 GARDEN GROVE BLVD.	33-0477323	501(C)(3)		47,136.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) NORTH BROWARD HOSPITAL DISTRICT 200 NORTHWEST 7TH AVENUE	59-6012065	501(C)(3)		1,142,399.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) N BROWARD HOSPITAL DISTRICT D/B/A BROWARD H 303 SE 17TH STREET, SUITE 309	59-6012065	501(C)(3)		235,037.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) NORTH COUNTRY HEALTHCARE 2920 N 4TH STREET FLAGSTAFF, AZ 86004	86-0663432	501(C)(3)		24,395.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) NORTH HUDSON COMMUNITY ACTION CORPORATION 714-31ST STREET UNION CITY, NJ 07087	22-1818699	501(C)(3)		3,377,093.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) NORTHLAND COMMUNITY HEALTH CENTER 104 N MAIN TURTLE LAKE, ND 58575	33-1029318	501(C)(3)		107,394.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS 715 PYLE DR. KINGSFORD, MI 49802	38-3210490	501(C)(3)		294,688.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) NORTHSHORE SCOTTSDALE PHARMACY 3564 SCOTTSDALE ST PORTAGE, IN 46368	35-2028588	501(C)(3)		3,956,971.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) NORTHWEST HUMAN SERVICES, INC. 681 CENTER STREET NE SALEM, OR 97301	93-0605570	501(C)(3)		117,506.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) NORTHWEST MICHIGAN HEALTH SERVICES 10767 TRAVERSE HIGHWAY	38-1958790	501(C)(3)		174,704.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) OKLAHOMA MENTAL HEALTH COUNCIL 4400 N. LINCOLN BLVD.	73-6111618	501(C)(3)		16,133.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) ONE STOP CLINIC 701 17TH AVE W BRADENTON, FL 34205	59-3340921	501(C)(3)		310,026.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) OPEN ARMS CLINIC 109 BIG A ROAD TOCCOA, GA 30577	20-3296577	501(C)(3)		334,624.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) OPEN ARMS HEALTH CLINIC 3921 W GREEN OAKS BLVD. ARLINGTON, TX 76017	45-0621201	501(C)(3)		419,699.	FMV	MEDICAL SUPPLIES	ON-GOING

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

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

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Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) OPEN CITIES HEALTH CENTER 409 N. DUNLAP STREET ST. PAUL, MN 55104	36-3381598	501(C)(3)		30,140.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) OPEN DOOR HEALTH CENTER 151 NW 11TH STREET, SUITE W201	83-0375996	501(C)(3)		214,139.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) OPERATION SAFETY NET 903 WATSON PITTSBURGH, PA 15219	25-1604115	501(C)(3)		18,395.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) ORANGE COUNTY FREE CLINIC P.O. BOX 441 ORANGE, VA 22960	25-1922019	501(C)(3)		7,878.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) ORANGEBURG-CALHOUN FREE MEDICAL CLINIC 141 CENTRE STREET ORANGEBURG, SC 29115	26-3762573	501(C)(3)		200,849.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) PALMETTO HEALTH COUNCIL, INC. 643 MAIN STREET PALMETTO, GA 30268	58-1307597	501(C)(3)		5,643,085.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) PARKVIEW MEDICAL CLINIC 1205 DR. MARTIN L KING JR. WAY	01-0790991	501(C)(3)		224,520.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) PAUITE INDIAN TRIBE OF UTAH 440 NORTH PAUITE DRIVE CEDAR CITY, UT 84721	87-0365095	OTHER		1,074,100.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) PEOPLES CLINIC 3111 ELECTRIC AVE PORT HURON, MI 48060	38-3274342	OTHER		265,233.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) PITT COUNTY CARE INC. BRODY BLDG 2N-45 GREENVILLE, NC 27834	56-2097183	501(C)(3)		185,221.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) PLANO CHILDRENS MEDICAL CLINIC 1407 14TH STREET PLANO, TX 75074	75-2252866	OTHER		57,122.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) POCATELLO FREE CLINIC 429 WASHINGTON POCATELLO, ID 83201	82-0351133	501(C)(3)		2,645,143.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) POLK COUNTY HEALTH CENTER 1317 W. BROADWAY BOLIVAR, MO 65613	43-1268665	OTHER		31,490.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) PORTSMOUTH COMMUNITY HEALTH CENTER 664 LINCOLN STREET PORTSMOUTH, VA 23704	54-1626757	501(C)(3)		6,281.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) PRAIRIE COMMUNITY HEALTH 208 MAIN MCINTOSH, SD 57641	46-0348705	501(C)(3)		30,014.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) PRESBYTERIAN MEDICAL CARE MISSION 1857 PINE ST STE 100 ABILENE, TX 79601	75-1910600	501(C)(3)		2,733,746.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) PRIMARY CARE & HOPE CLINIC 1453 HOPE WAY MURFREESBORO, TN 37129	62-1482091	501(C)(3)		302,905.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) RAPHA CLINIC OF WEST GEORGIA INC RAPHA CLINIC OF WEST GEORGIA	27-1188932	501(C)(3)		740,963.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) RAPHAEL COMMUNITY FREE CLINIC, INC. 1807 WATER STREET KERRVILLE, TX 78028	74-2819628	501(C)(3)		341,146.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) REACH OUT OF MONTGOMERY COUNTY 25 E. FORAKER DAYTON, OH 45409	31-1434282	501(C)(3)		84,497.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) REFUGE CLINIC 2349 RICHMOND RD LEXINGTON, KY 40502	37-1547506	501(C)(3)		42,316.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) REMOTE AREA MEDICAL 2200 STOCK CREEK BLVD ROCKFORD, TN 37853	62-1650446	501(C)(3)		1,089,181.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) RENEWED HOPE HEALTH CLINIC 894 MARSHALL ALLEGAN, MI 49010	16-1760734	501(C)(3)		80,613.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) RICHMOND AREA HIGH BLOOD PRESSURE CENTER 1200 WEST CARY STREET RICHMOND, VA 23220	52-1303481	501(C)(3)		620,843.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) RILEY MEDICAL CLINIC/FIRST BAPTIST CHURCH J 147 CHURCH STREET JONESBORO, GA 30236	58-0685903	501(C)(3)		61,736.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) RIVER HILLS COMMUNITY HEALTH CENTER 201 SOUTH MARKET STREET OTTUMWA, IA 52501	42-1489471	501(C)(3)		312,403.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) RIVER VALLEY CHRISTIAN CLINIC 1714 STATE HWY. 22 DARDANELLE, AR 72834	20-5193973	501(C)(3)		13,890.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) RIVER VALLEY FAMILY HEALTH CENTER 308 MAIN STREET OLATHE, CO 81425	27-3757444	OTHER		234,099.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) ROANOKE CHOWAN COMMUNITY HEALTH CENTER (RCC) 120 HEALTH CENTER DRIVE AHOSKIE, NC 27910	42-1638714	501(C)(3)		27,429.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) ROCK SPRINGS CLINIC 211 ROCK SPRINGS ROAD MILNER, GA 30257	26-4485460	501(C)(3)		564,425.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) ROSA CLARK MEDICAL CLINIC 210 SOUTH OAK ST. SENECA, SC 29678	58-6076010	501(C)(3)		36,183.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) ROSE GARDEN CENTER FOR HOPE AND HEALING 2020 MADISON AVE COVINGTON, KY 41014	27-2425177	501(C)(3)		7,095.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) ROTACARE INC 875 JERUSALEM AVE UNIONDALE, NY 11530	11-3135331	501(C)(3)		342,878.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) RURAL HEALTH CLINIC OF THE CUMBERLANDS 9400 SPARTA HIGHWAY CROSSVILLE, TN 38572	20-5562191	501(C)(3)		7,993.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) RURAL HEALTH NETWORK OF MONROE COUNTY 3706 N ROOSEVELT BLVD SUITED	65-0474953	501(C)(3)		20,793.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) RUTHS PLACE 1411 CRAWFORD AVENUE GRANBURY, TX 76048	20-4594680	501(C)(3)		431,822.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) RUTLAND FREE CLINIC 145 STATE STREET RUTLAND, VT 05701	83-0427544	501(C)(3)		235,084.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) SACRED HEART COMMUNITY CLINIC 620 ROUND ROCK WEST DR ROUND ROCK, TX 78681	27-2901548	501(C)(3)		182,751.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) SAFE HARBOR FREE CLINIC 7209 265TH ST. NW #203/204	26-3825107	501(C)(3)		177,857.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) SALINA FAMILY HEALTHCARE CENTER 651 EAST PRESCOTT ROAD SALINA, KS 67401	48-0858197	501(C)(3)		20,926.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) SAMARITAN HEALTH CLINIC OF PICKENS COUNTY 303 DACUSVILLE HIGHWAY EASLEY, SC 29640	57-0947115	501(C)(3)		169,295.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) SAMARITAN HOUSE 114 5TH AVE REDWOOD CITY, CA 94063	23-7416272	501(C)(3)		324,239.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) SAMARITAN REGIONAL HEALTH CLINIC 937 BROADWAY CAPE GIRARDEAU, MO 63701	27-5427837	501(C)(3)		1,384,361.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) SAMARITANS TOUCH CARE CENTER 3015 HERING AVE. SEBRING, FL 33870	02-0773338	501(C)(3)		239,373.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) SAMUEL DIXON FAMILY HEALTH CENTERS, INC 25115 AVENUE STANFORD, A104	95-4278726	501(C)(3)		442,179.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) SAN FRANCISCO FREE CLINIC 4900 CALIFORNIA ST. SAN FRANCISCO, CA 94118	94-3186248	501(C)(3)		137,341.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) SAN JOSE CLINIC 2615 FANNIN ST., SUITE 2703	76-0373703	501(C)(3)		39,804.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) SAN JOSE CLINIC 2615 FANNIN ST., SUITE 2703	76-0373703	501(C)(3)		319,123.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) SANTA MARIA'S CHILDREN AND FAMILY CENTER 9209 COLIMA RD., SUITE 4400	27-1879748	501(C)(3)		163,611.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) SANTA ROSA COMMUNITY HEALTH CENTERS 3569 ROUND BARN CR SANTA ROSA, CA 95403	68-0365296	501(C)(3)		25,998.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) SCHUYLER COUNSELING AND HEALTH SERVICES 127 S. LIBERTY RUSHVILLE, IL 62681	37-0923523	501(C)(3)		126,617.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) SCOTLAND COMMUNITY HEALTH CLINIC 1405-B WEST BLVD LAURINBURG, NC 28353	20-2841940	501(C)(3)		81,114.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) SCOTT COUNTY HEALTH DEPARTMENT 1471 N. GARDNER ST SCOTTSBURG, IN 47170	00-3118924	OTHER		234,869.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) SEAGER MEMORIAL CLINIC PO BOX 150143 OGDEN, UT 84415-0143	46-0711300	501(C)(3)		373,568.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) SEATTLE/KING COUNTY CLINIC 305 HARRISON STREET SEATTLE, WA 98109	91-1003385	501(C)(3)		24,764.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) SEMO HEALTH NETWORK 421 SEMO DRIVE NEW MADRID, MO 63869	43-1253101	501(C)(3)		4,116,455.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) SET FAMILY MEDICAL CLINICS 2864 S. CIRCLE DRIVE SUITE 450	84-1183335	501(C)(3)		110,335.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) SETON CENTRAL OUTPATIENT PHARMACY 601 E 15TH STREET AUSTIN, TX 78701	74-1109643	501(C)(3)		150,100.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) SHELBY COMMUNITY HEALTH CENTER 1640 E. STATE RD. 44, STE. B	30-0174146	501(C)(3)		777,648.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) SHEPHERDS CLINIC 2800 KIRK AVE. BALTIMORE, MD 21218	52-1739001	501(C)(3)		37,075.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) SHIFA CLINIC 1092 JOHNNIE DODDS BLVD	04-3810161	501(C)(3)		812,233.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) SHREVEPORT BOSSIER RESCUE MISSION MEDICAL C 901 MCNEIL STREET SHREVEPORT, LA 71101	23-7050551	501(C)(3)		6,752.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)(3)		212,141.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) SMITH MEDICAL CLINIC, INC 116 BASKERVILL DRIVE	57-0786699	501(C)(3)		613,321.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) SMITHVILLE COMMUNITY CLINIC 800 BURLERSON ST SMITHVILLE, TX 78957	20-4515999	501(C)(3)		60,657.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) SNAKE RIVER COMMUNITY CLINIC 215 10TH STREET LEWISTON, ID 83501	31-1726460	501(C)(3)		437,155.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) SOCIAL WELFARE BOARD 904 S. 10TH, SUITE A ST. JOSEPH, MO 64503	44-6000455	OTHER		171,564.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) SOUTH CENTRAL MISSOURI COMMUNITY HEALTH CEN 1050 WEST 10TH STREET ROLLA, MO 65401	26-2522083	501(C)(3)		664,200.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) SOUTH ROUTH MEDICAL CENTER HEALTH SERVICE D PO BOX 8 OAK CREEK, CO 80467	84-6032810	OTHER		785,976.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) SOUTHEAST INC. 16 WEST LONG STREET COLUMBUS, OH 43215	31-0940189	501(C)(3)		1,713,574.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) SOUTHEAST MENTAL HEALTH SERVICES 711 BARNES AVENUE LA JUNTA, CO 81050	84-0519607	501(C)(3)		230,488.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) SOUTHSIDE COMMUNITY HEALTH SERVICES, INC. 324 EAST 35TH STREET MINNEAPOLIS, MN 55409	23-7113799	501(C)(3)		40,663.	FMV	MEDICAL SUPPLIES	ON-GOING

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SOUTHWEST BOULEVARD FAMILY HEALTH CLINIC 300 SW BOULEVARD KANSAS CITY, KS 66102	48-1067752	501(C)(3)		600,905.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) SOUTHWEST IOWA MENTAL HEALTH CENTER 1500 EAST 10TH STREET ATLANTIC, IA 50022	42-0928938	501(C)(3)		17,598.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) SOUTHWEST MISSOURI AREA COALITION 11 TERRACE LN BUFFALO, MO 65622	27-3253482	501(C)(3)		30,858.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) SPACE COAST VOLUNTEERS IN MEDICINE 2555 JUDGE FRAN JAMIESON WAY	27-2135914	501(C)(3)		99,829.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) SPRING BRANCH COMMUNITY HEALTH CENTER 800 W SAM HOUSTON PARKWAY S	30-0198705	501(C)(3)		865,157.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) ST LUKES FAMILY HEALTH CENTER 4251 RIVER CENTER COURT NE	54-0504780	501(C)(3)		18,815.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) ST VINCENT DE PAUL CHARITABLE PHARMACY 1125 BANK ST. CINCINNATI, OH 45214	30-0272954	501(C)(3)		922,766.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) ST. CLARE HEALTH CLINIC 1121 S. INDIANA AVE CROWN POINT, IN 46307	35-1330472	OTHER		213,468.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) ST. CLARE MEDICAL OUTREACH 1407 YORK ROAD LUTHERVILLE, MD 21093	52-1681044	501(C)(3)		1,438,971.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) ST. JOSEPH'S NEIGHBORHOOD CENTER ST. JOSEPH'S NEIGHBORHOOD CTR.	46-1176792	501(C)(3)		243,776.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) ST. JOHN BOSCO CLINIC, INC. 3661 S. MIAMI AVENUE MIAMI, FL 33133	65-0435764	501(C)(3)		70,474.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) ST. JOSEPH HEALTH CENTER 510 W. ADAMS ST PLYMOUTH, IN 46563	35-1142669	501(C)(3)		725,995.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) ST. LUKES FREE MEDICAL CLINIC PO BOX 3466 SPARTANBURG, SC 29304	57-0943232	501(C)(3)		177,805.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) ST. MARTINS HEALTHCARE INC 1359 SOUTH RANDOLPH STREET	20-8609620	501(C)(3)		88,067.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) ST. MARY'S HEALTH WAGON 5626 PATRIOT DRIVE WISE, VA 24293	04-3739083	501(C)(3)		1,504,424.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) ST. MARY'S LEGACY CLINIC 805 S. NORTHSORE DR. KNOXVILLE, TN 37919	46-2331706	501(C)(3)		55,248.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) ST. MARYS HEALTH CENTER 1302 DRAYTON ST SAVANNAH, GA 31401	58-2282758	501(C)(3)		106,002.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) ST. MICHAEL'S COMMUNITY SERVICES INC 1005 W. 18TH STREET ANNISTON, AL 36201	63-0974974	501(C)(3)		403,706.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) ST. THOMAS CLINIC 600 PAUL HAND BOULEVARD FRANKLIN, IN 46131	35-1449379	501(C)(3)		13,086.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) ST. VINCENT DE PAUL VILLAGE FAMILY HEALTH C 1501 IMPERIAL AVENUE SAN DIEGO, CA 92101	33-0492302	501(C)(3)		179,875.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) ST. VINCENT DEPAUL COMMUNITY PHARMACY 502 GRAMMONT ST MONROE, LA 71201	90-0014479	501(C)(3)		341,339.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) ST. VINCENT'S STUDENT FREE CLINIC 2817 POST OFFICE ST GALVESTON, TX 77550	74-1384864	501(C)(3)		403,720.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) ST.MARY'S DINING ROOM 545 W.SONORA ST. STOCKTON, CA 95203	94-2687280	501(C)(3)		2,373,812.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) STAYWELL HEALTH CENTER 80 PHOENIX AVENUE WATERBURY, CT 06702	22-3160873	501(C)(3)		65,987.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) STEHOUSER FREE CLINIC 201 N. MITCHELL CADILLAC, MI 49601	61-1401888	501(C)(3)		139,366.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) STEPS, INC. 1033 N. PINE HILLS ROAD ORLANDO, FL 32808	63-0839630	501(C)(3)		29,730.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) STILLWATER COMMUNITY HEALTH CENTER 1321 W. 7TH AVE. STE.29	73-1502192	501(C)(3)		15,891.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) SUMPTER FREE HEALTH CLINIC 1083 HWY 35 SAINT STEPHEN, SC 29479	27-1097304	501(C)(3)		58,424.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) SUMPTER FREE MDCL CLINIC DBA SUMPTER FREE H 1083 HWY 35 SAINT STEPHEN, SC 29479	27-1097304	501(C)(3)		171,231.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) SURRY MEDICAL MINISTRIES PO BOX 349 MOUNT AIRY, NC 27030	56-1829347	501(C)(3)		422,716.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) TACOMA-PIERCE COUNTY HEALTH DEPARTMENT 3629 SO D ST TACOMA, WA 98418	91-1488160	OTHER		14,970.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) TALBOT HOUSE MINISTRIES OF LAKELAND, INC. 814 NORTH KENTUCKY AVE. LAKELAND, FL 33801	85-8012641	501(C)(3)		1,633,696.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) TARZANA TREATMENT CENTERS, INC. 18646 OXNARD STREET TARZANA, CA 91356	94-2219349	501(C)(3)		461,675.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) TEMPLE COMMUNITY CLINIC 1905 CURTIS B ELLIOT DRIVE TEMPLE, TX 76501	74-2634500	501(C)(3)		60,270.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) THE CARE CLINIC 239 ROBESON STREET FAYETTEVILLE, NC 28301	56-1837010	501(C)(3)		123,824.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) THE CLINIC 143 CHURCH ST. PHOENIXVILLE, PA 19460	23-3072363	501(C)(3)		552,068.	FMV	MEDICAL SUPPLIES	ON-GOING

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**Grants and Other Assistance to Organizations,
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(1) THE COMMUNITY FREE CLINIC 528 A LAKE CONCORD RD CONCORD, NC 28025	58-2131301	501(C)(3)		111,697.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) THE COMMUNITY FREE CLINIC OF NEWPORT NEWS 727 25TH STREET NEWPORT NEWS, VA 23607	27-3510814	501(C)(3)		99,269.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) THE FLOATING HOSPITAL 4140 27TH ST LONG ISLAND CITY, NY 11101	13-1624169	501(C)(3)		530,469.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) THE FREE CLINIC 2707 34TH STREET LUBBOCK, TX 79410	75-2668014	OTHER		11,110.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) THE FREE CLINICS OF HENDERSON COUNTY 841 CASE STREET HENDERSONVILLE, NC 28792	56-2212024	501(C)(3)		19,139.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) THE FREE MEDICAL CLINIC 1875 HARDEN STREET COLUMBIA, SC 29204	57-0779279	501(C)(3)		47,767.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) THE FREE MEDICAL CLINIC OF GREATER CLEVELAN 12201 EUCLID AVE CLEVELAND, OH 44106	23-7078501	501(C)(3)		379,990.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) THE FRIENDSHIP CLINIC 704 LATAH BOISE, ID 83705	20-0184266	501(C)(3)		121,067.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) THE GOOD SAMARITAN CENTER 140 INDUSTRIAL LOOP, STE 100	91-2129853	501(C)(3)		518,052.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) THE GOOD SAMARITAN CLINIC OF JACKSON COUNTY 293 HOSPITAL ROAD, SUITE B SYLVA, NC 28779	56-2266536	501(C)(3)		14,944.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) THE GRTR HUDSON VALLEY FAMILY HEALTH CENTER 2570 ROUTE 9W CORNWALL, NY 12518	06-1036715	501(C)(3)		191,094.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) THE LA FREE CLINIC DBA SABAN COMMUNITY CLIN 8405 BEVERLY BLVD. LOS ANGELES, CA 90048	95-2539105	501(C)(3)		24,716.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) THE MEDINA HEALTH MINISTRY 970 E. WASHINGTON STREET MEDINA, OH 44256	30-0092944	501(C)(3)		382,599.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) THE NTL CENTER FOR BEHAVIORAL HEALTH SOLUTI 3031 IH 10 SAN ANTONIO, TX 78201	47-0857847	501(C)(3)		789,873.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) THE NTL CENTER FOR BEHAVIORAL HEALTH SOLUTI 3031 IH 10 W SAN ANTONIO, TX 78201	47-0857847	501(C)(3)		1,348,465.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) THE NEIGHBORHOOD CHRISTIAN CLINIC 1929 W. FILLMORE PHOENIX, AZ 85009	86-0839580	501(C)(3)		78,014.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) THE OLYMPIA FREE CLINIC 108 STATE AVE NW OLYMPIA, WA 98501	27-1606329	501(C)(3)		7,336.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) THE OPEN DOOR CLINIC 130 W CENTRAL CHIPPEWA FALLS, WI 54729	20-3673759	501(C)(3)		13,895.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) THE RESCUE MISSION FREE CLINIC 402 4TH STREET SE ROANOKE, VA 24013	54-0573900	501(C)(3)		125,048.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) THE ROAD HOME COMMUNITY WINTER SHELTER 315 N 900 EAST KAYSVILLE, UT 84037	87-0212465	501(C)(3)		8,729.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) THE SALVATION ARMY 10291 MCGREGOR BLVD FT MYERS, FL 33919	58-0660607	501(C)(3)		21,503.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) THE TEXAS INTL. INSTITUTE OF HEALTH PROFESS 2615 STRAWBERRY ROAD PASADENA, TX 77502	46-1267820	501(C)(3)		2,118,445.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) THE VILLAGE SOUTH / WESTCARE 169 E.FLAGER STREET MIAMI, FL 33131	59-1452736	501(C)(3)		1,175,830.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) THE WAY FREE MEDICAL CLINIC, INC. 479 HOUSTON ST.	76-0828154	501(C)(3)		447,177.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) THE WRIGHT CENTER/COMMUNITY HEALTH HUB 640 MADISON AVE SCRANTON, PA 18510	27-3582779	501(C)(3)		133,556.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) THRESHOLDS, INC 4101 N. RAVENSWOOD CHICAGO, IL 60613	36-2518901	501(C)(3)		10,860.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) TRI CITY HEALTH PARTNERSHIP 318 WALNUT STREET SAINT CHARLES, IL 60174	36-4475369	501(C)(3)		7,698.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) TRILOGY, INC 1400 WEST GREENLEAF AVE CHICAGO, IL 60626	36-2795409	501(C)(3)		22,966.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) TRINITY CLINIC 507 4TH STREET CALVIN, OK 74531	73-1325401	501(C)(3)		306,276.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) UNION COUNTY HEALTH DEPARTMENT 940 LONDON AVE STE 1100	31-6400087	OTHER		10,083.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) UNION GOSPEL MISSION CLINIC @ UNION GOSPEL MISSION	75-6003612	501(C)(3)		54,010.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) UNISON BEHAVIORAL HEALTH 1007 MARY STREET WAYCROSS, GA 31501	58-2107877	OTHER		886,480.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) UNIVERSITY OF LOUISVILLE WINGS CLINIC 550 S. JACKSON STREET LOUISVILLE, KY 40202	61-1029626	501(C)(3)		39,053.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) UNIVERSITY OF MIAMI 1601 NW 12 AVE. #4067 MIAMI, FL 33136	59-0624458	501(C)(3)		81,627.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) UW OSHKOSH LIVING HEALTHY CLI 845 ALGOMA BLVD OSHKOSH, WI 54901	39-6076856	501(C)(3)		103,638.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) URBAN CMTY ACTION PJCTS DBA HEALTH TO HOPE 2880 HULEN PLACE RIVERSIDE, CA 92507	04-3656147	501(C)(3)		26,496.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) URBAN HEALTH AND WELLNESS 645 GRANT ST, SE ATLANTA, GA 30312	27-0000606	501(C)(3)		74,232.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) URBAN MINISTRIES OF WAKE COUNTY, INC. 1390 CAPITAL BLVD. RALEIGH, NC 27603	58-1422700	501(C)(3)		201,671.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) UTH GULF STATES HEMOPHILIA AND THROMBOPHILI 6655 TRAVIS ST., SUITE 400	76-0459500	OTHER		44,837.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) VALLEY COMMUNITY CLINIC 6801 COLDWATER CYN #2A	23-7050082	501(C)(3)		67,355.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) VALLEY COMMUNITY HEALTH CENTERS 212 SOUTH 4TH STREET GRAND FORKS, ND 58201	27-0056777	501(C)(3)		294,957.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) VALLEY FAMILY HEALTH CARE 1441 NE 10TH AVE PAYETTE, ID 83661	82-0371383	501(C)(3)		1,049,212.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) VARIETY CARE 201 W 1ST ST GRANDFIELD, OK 73546	73-1088577	OTHER		1,437,291.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) VERA FRENCH COMMUNITY MENTAL HEALTH CENTER 1441 W. CENTRAL PARK DAVENPORT, IA 52804	42-0716337	501(C)(3)		218,870.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) VIRGINIA B. ANDES VOLUNTEER COMMUNITY CLINI 21297 OLEAN BLVD PORT CHARLOTTE, FL 33952	65-0958642	501(C)(3)		2,775,047.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) VNA/POTTAWATTAMIE COUNTY PUBLIC HEALTH DPT 822 S. MAIN ST., STE 102	42-6004433	501(C)(3)		267,473.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) VOLUNTEER HEALTH CORPS OF BATON ROUGE 4655 SHERWOOD COMMON BLVD.	20-4852337	501(C)(3)		29,894.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) VOLUNTEERS IN MEDICINE VOLUNTEERS IN MEDICINE	57-0959206	501(C)(3)		21,368.	FMV	MEDICAL SUPPLIES	ON-GOING

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

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VOLUNTEERS IN MEDICINE 190 N. PENNSYLVANIA AVE	20-3531527	501(C)(3)		91,486.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) VOLUNTEERS IN MEDICINE 640 MADISON AVE SCRANTON, PA 18510	27-3582779	501(C)(3)		258,839.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) VOLUNTEERS IN MEDICINE CLINIC 2260 MARCOLA ROAD SPRINGFIELD, OR 97477	93-1276816	501(C)(3)		444,654.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) VOLUNTEERS IN MEDICINE CLINIC 417 SE BALBOA AVENUE STUART, FL 34994	65-1115793	501(C)(3)		701,249.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) VOLUNTEERS IN MEDICINE OF THE OLYMPICS P.O. BOX 639 PORT ANGELES, WA 98362	01-0590704	501(C)(3)		10,355.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) VOLUNTEERS IN MEDICINE, INC. 1039 S. DUCHESNE ST CHARLES, MO 63301	43-1791543	501(C)(3)		444,247.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) VOLUSIA VOLUNTEERS IN MEDICINE 113 LOCKHART STREET DAYTONA BEACH, FL 32114	47-1005976	501(C)(3)		45,722.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) WAIMANLO HEALTH CENTER WAIMANALO HEALTH CENTER	99-0273205	OTHER		177,525.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) WALWORTH COUNTY DEPT. OF HEALTH & HUMAN SVC W4051 COUNTY ROAD NN ELKHORN, WI 53121	39-6005752	OTHER		5,675.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) WASATCH HOMELESS HEALTH CARE, INC. 409 WEST 400 SOUTH SALT LAKE CITY, UT 84101	87-0569356	501(C)(3)		6,370.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) WATER STREET HEALTH SERVICES 210 S. PRINCE STREET LANCASTER, PA 17603	23-2798318	501(C)(3)		5,149.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) WEBSTER CITY FREE CLINIC 820 JAMES STREET WEBSTER CITY, IA 50595	42-1428706	501(C)(3)		42,084.	FMV	MEDICAL SUPPLIES	ON-GOING

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

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WEBSTER COUNTY HEALTH UNIT 233 E WASHINGTON MARSHFIELD, MO 65706	43-1533477	OTHER		5,989.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) WESLEY CHURCH HEALTH CENTER, INC. 410 SOUTH PITTSBURGH STREET	25-1844565	501(C)(3)		72,553.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) WESLEY HEALTH CENTER 1300 S. 10TH ST PHOENIX, AZ 85034	86-0133770	501(C)(3)		11,229.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) WEST CENTRAL DISTRICT HEALTH DEPARTMENT 111 N DEWEY ST NORTH PLATTE, NE 69101	47-0879835	OTHER		30,101.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) WEST HAWAII COMMUNITY HEALTH CENTER 75-5751 KUAKINI HWY KAILUA-KONA, HI 96740	20-0495394	501(C)(3)		226,884.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) WEST PLAINS CHRISTIAN CLINIC 1117 ALASKA STREET WEST PLAINS, MO 65775	27-1307333	501(C)(3)		79,722.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) WESTCARE GULFCAOST FLORIDA INC 100 2ND AVE SOUTH SUITE 901 S	59-3714627	501(C)(3)		1,596,345.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) WESTMINSTER FREE CLINIC 5560 NAPOLEON DRIVE OAK PARK, CA 91377	77-0563241	501(C)(3)		233,659.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) WESTSIDE SAMARITANS CLINIC 10000 W. NEWBERRY RD GAINESVILLE, FL 32606	90-0786544	501(C)(3)		13,477.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) WHEELING HEALTH RIGHT INC 61-29TH ST WHEELING, WV 26003	31-1149085	501(C)(3)		38,686.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) WILL COUNTY COMMUNITY HEALTH CENTER (WCCHC) 1106 NEAL AVE. JOLIET, IL 60433-2548	36-3971168	OTHER		93,219.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) WILL-GRUNDY MEDICAL CLINIC 213 EAST CASS STREET JOLIET, IL 60432	36-3492306	501(C)(3)		5,126.	FMV	MEDICAL SUPPLIES	ON-GOING

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

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WOMENS HEALTH CONNECTIONS 205 E. BARAZOS ST. PALESTINE, TX 75801	20-0776090	501(C)(3)		60,067.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) WORLD REACH INC DBA BETHESDA HEALTH CENTER 133 STETSON DR. CHARLOTTE, NC 28262	56-2015959	501(C)(3)		224,096.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) WV HEALTH RIGHT INC 1520 WASHINGTON ST. CHARLESTON, WV 25311	31-1066881	501(C)(3)		184,733.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) WV HEALTH RIGHT INC 1520 WASHINGTON ST. CHARLESTON, WV 25311	31-1066881	501(C)(3)		337,776.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) ZUFALL HEALTH CENTER 18 W. BLACKWELL STREET DOVER, NJ 07801	22-3125397	OTHER		12,401.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) COMMUNITY HEALTH CARE CLINIC 902 N. FRANKLIN NORMAL, IL 61761	37-1316328	501(C)(3)	10,000.			MEDICAL SUPPLIES	HYPERTENSION PROJECT
(7) COMMUNITY HEALTH NFP 2611 W CHICAGO AVE CHICAGO, IL 60622	36-3831793	501(C)(3)	10,000.			MEDICAL SUPPLIES	HYPERTENSION PROJECT
(8) FAMILY HEALTH PARTNERSHIP 401 E CONGRESS PARKWAY	36-4277029	501(C)(3)	10,000.			MEDICAL SUPPLIES	HYPERTENSION PROJECT
(9) WILL-GRUNDY MEDICAL CLINIC 213 EAST CASS STREET JOLIET, IL 60432	36-3492306	501(C)(3)	10,000.			MEDICAL SUPPLIES	HYPERTENSION PROJECT
(10) TRI CITY HEALTH PARTNERSHIP 318 WALNUT STREET SAINT CHARLES, IL 60174	36-4475369	501(C)(3)	10,000.			MEDICAL SUPPLIES	HYPERTENSION PROJECT
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 566.

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

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

Schedule I (Form 990) (2015)

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					
2					
3					
4					
5					
6					
7					

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

FORM 990, SCHEDULE I, PART I

GRANTS AND ASSISTANCE

LINE 2 - AMERICARES MONITORING ACTIVITIES

TO ENSURE THAT DONATED GOODS AND FUNDS ARE USED TO FULFILL OUR MISSION,
AMERICARES TRACKS EVERY DONATION AS IT ENTERS AND LEAVES OUR WAREHOUSES
AND REQUIRES REPORTING OF EACH RECEIVING PARTNER ORGANIZATION, WHICH
INCLUDE DETAILED CONFIRMATION OF RECEIPT AND
QUARTERLY UPDATES ON DISTRIBUTION. INDIVIDUAL LICENSED HEALTH CARE

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					
2					
3					
4					
5					
6					
7					

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

PROVIDERS RECEIVING DONATIONS THROUGH OUR MEDICAL OUTREACH PROGRAM MUST PROVIDE A REPORT DETAILING HOW THE DONATION WAS USED, NUMBER OF PATIENTS TREATED AND OTHER INFORMATION. HEALTH PARTNERS THAT RECEIVE FUNDING FROM AMERICARES ARE REQUIRED TO COMPLETE A GRANT APPLICATION AND A GRANT REPORT, INCLUDING DATA ON HOW FUNDS WERE USED AND, IF APPLICABLE, THE HEALTH OUTCOME OF THE FUNDED PROJECT OR ACTIVITY. AMERICARES STAFF ALSO PERFORM SITE VISITS TO MONITOR PARTNERS' USE OF PRODUCT DONATIONS AND FUNDING. TARGETED HEALTH INITIATIVES SUCH AS THOSE DESCRIBED IN THE "ONGOING" SECTION ABOVE, MAY INCLUDE BASELINE AND FINAL PROJECT ASSESSMENTS.

**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" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a** **4b**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. **7** **8**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. **8** **9**

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

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL J. NYENHUIS PRESIDENT & CEO	(i)	363,186.	0.	0.	15,750.	18,612.	397,548.	
	(ii)	0.	0.	0.				
2 KEVIN ALLAN THRU 12/15 SENIOR V.P., DEVELOPMENT	(i)	196,449.	0.	0.	11,825.	14,422.	222,696.	
	(ii)	0.	0.	0.				
3 KEVIN GILRAIN SENIOR V.P., HUMAN RESOURCES	(i)	188,871.	0.	0.	11,458.	18,888.	219,217.	
	(ii)	0.	0.	0.				
4 RACHEL GRANGER V.P. INT'L PARTNRSHP&PROGRAMS	(i)	154,170.	0.	0.	9,270.	7,762.	171,202.	
	(ii)	0.	0.	0.				
5 GARRETT INGOGLIA V.P., EMERGENCY RESPONSE	(i)	137,498.	0.	0.	8,343.	9,075.	154,916.	
	(ii)	0.	0.	0.				
6 GEOFF KNEISEL V.P., CORP RELATIONS	(i)	117,205.	0.	0.	7,261.	26,153.	150,619.	
	(ii)	0.	0.	0.				
7 GARY LEEDS V.P., FINANCE	(i)	160,590.	0.	0.	9,866.	20,538.	190,994.	
	(ii)	0.	0.	0.				
8 DIANA MAGUIRE V.P., INSTITUTIONAL RELATIONS	(i)	123,522.	0.	0.	7,656.	26,952.	158,130.	
	(ii)	0.	0.	0.				
9 LEE WEINER V.P., DIRECT RESPONSE	(i)	142,237.	0.	0.		24,402.	166,639.	
	(ii)	0.	0.	0.				
10 MELISSA WOOLFORD V.P., LEADERSHIP GIFTS	(i)	132,900.	0.	0.	7,930.	546.	141,376.	
	(ii)	0.	0.	0.				
11 MARTHA KENNARD V.P., OPERATIONS	(i)	129,560.	0.	0.	7,751.	546.	137,857.	
	(ii)	0.	0.	0.				
12 ANNE PETERSON, MD, MPH SENIOR V.P., PROGRAMS	(i)	192,289.	0.	0.	11,613.	8,292.	212,194.	
	(ii)	0.	0.	0.				
13 RICHARD K. TROWBRIDGE, CFO & SENIOR V.P., OPERATIONS	(i)	251,420.	0.	0.	14,340.	24,730.	290,490.	
	(ii)	0.	0.	0.				
14 JED SELKOWITZ CMO & SVP, COMMUNICATIONS	(i)	139,808.	0.	0.	8,400.	4,528.	152,736.	
	(ii)	0.	0.	0.				
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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

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				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	92.	747,576.	FAIR MARKET VALUE
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	X	1.	3,300,000.	FAIR MARKET VALUE
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	14,655.	88,682.	COST/WHOLESALE PRICE
20 Drugs and medical supplies	X	29,932,232.	868,287,998.	COST/WHOLESALE PRICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (HYGIENE ITEMS)	X	1,852,292.	6,436,573.	COST/WHOLESALE PRICE
26 Other ▶ (APPAREL)	X	245,032.	1,578,628.	COST/WHOLESALE PRICE
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** 199.

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

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

Schedule M (Form 990) (2015)

JSA

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PAGE 104

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

FORM 990, SCHEDULE M, LINE 32(B)

TO THE EXTENT THAT AMERICARES RECEIVES NON-CASH 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

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

2015

**Open to Public
Inspection**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

990 REVIEW PROCESS

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 BOARD OF
DIRECTORS FOR REVIEW AND COMMENT.

CONFLICT OF INTEREST POLICY

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
QUORUM NOR SHALL HE OR SHE VOTE ON THE MATTER. THE MINUTES SHALL REPORT
THE QUORUM DETERMINATION AND THE VOTING.

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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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 OF THE BOARD SHALL KEEP A RECORD OF THE DECISION WHICH SHALL BE AVAILABLE TO BOARD MEMBERS UPON REQUEST.

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

PROCESS FOR DETERMINING COMPENSATION
FORM 990, PART VI, LINE 15

THE BOARD OF DIRECTORS DETERMINES COMPENSATION OF THE CEO. THE ORGANIZATION'S CHIEF EXECUTIVE DETERMINES THE COMPENSATION OF THE OTHER SENIOR STAFF AND MAY UTILIZE AVAILABLE MARKET DATA, SALARY SURVEY RESULTS AND OTHER AVAILABLE TOOLS TO SUBSTANTIATE DECISIONS.

AT LEAST BI-ANNUALLY, THE ORGANIZATION PARTICIPATE IN THE INSIDENGO SALARY AND BENEFITS SURVEY. THIS SURVEY PROVIDES COMPENSATION DATA FOR THE PRESIDENT/CEO/EXECUTIVE DIRECTOR LEVEL POSITION, AMONG OTHERS, BASED ON RESPONSES FROM OVER 140 PARTICIPATING ORGANIZATIONS. ALL PARTICIPANTS ARE ENGAGED IN INTERNATIONAL DEVELOPMENT OR RELIEF WORK. THIS INFORMATION IS SHARED AT AN ANNUAL MEETING OF THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS (JANUARY), AND IN COMBINATION WITH DATA

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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COLLECTED FROM PEER ORGANIZATION FORM 990'S, THE CEO'S SALARY IS EVALUATED AGAINST THE MARKETPLACE.

PUBLIC DISCLOSURE OF DOCUMENTS
FORM 990, PART VI, LINE 19

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

FORM 990, PART VII
CHIEF DEVELOPMENT OFFICER AND SVP, CHRISTINE SQUIRES, COMMENCED EMPLOYMENT WITH AMERICARES IN CALENDAR YEAR MAY OF 2016; ACCORDINGLY, NO COMPENSATION IS REPORTED ON PART VII SINCE COMPENSATION WAS NOT RECEIVED IN CALENDAR YEAR 2015.

DURING FISCAL 2016, THE BOARD LIMITED THE LIST OF CORPORATE OFFICERS TO INCLUDE ONLY THE HEADS OF THE LARGEST DEPARTMENTS, AND SELECT OTHERS AS REQUIRED.

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

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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SPLIT-INTEREST AGREEMENT \$465,951

ATTACHMENT 1

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

AS THE NUMBER ONE NONPROFIT PROVIDER OF DONATED MEDICINES AND SUPPLIES, AMERICARES REACHED 93 COUNTRIES IN FY16 WITH MEDICINE, MEDICAL SUPPLIES, SUPPORT AND TECHNICAL ASSISTANCE VALUED AT NEARLY \$825 MILLION THROUGH OUR EMERGENCY AND GLOBAL HEALTH PROGRAMS IN FY16.

THROUGH THESE PROGRAMS, WE WORKED TO SAVE LIVES AND IMPROVE HEALTH FOR PEOPLE AFFECTED BY POVERTY OR DISASTER SO THEY CAN REACH THEIR FULL POTENTIAL. THROUGH COLLABORATION WITH OUR EXTENSIVE WORLDWIDE PARTNER NETWORK, WE COMMITTED NEARLY \$8.1 MILLION OF NEW SUPPORT TO 46 HEALTH PROJECTS AND ACTIVITIES IN 27 COUNTRIES THAT WILL DIRECTLY BENEFIT AN ESTIMATED 770,000 INDIVIDUALS. IN ADDITION, WE LEVERAGED MORE THAN \$794 MILLION WORTH OF DONATED AND PROCURED COMMODITIES TO SUPPORT PROJECTS AND ACTIVITIES AND TO RELIEVE SHORTAGES OF MEDICINES AND SUPPLIES THROUGH OUR HEALTH PARTNERS, INCLUDING ENOUGH MEDICINES TO FILL NEARLY 25 MILLION PRESCRIPTIONS AND MORE THAN 30 MILLION UNITS OF SUPPLIES.

ATTACHMENT 2

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

EMERGENCY RESPONSE PROGRAMS

IN ALL, IN FY16 AMERICARES EMERGENCY PROGRAMS PROVIDED MEDICINE, SUPPLIES AND PROJECT SUPPORT TO PARTNERS IN 24 COUNTRIES AND 12

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ATTACHMENT 2 (CONT'D)

U.S. STATES ACROSS THE SPECTRUM OF PREPAREDNESS, RESPONSE AND RECOVERY. AMERICARES RESPONDED TO 30 EMERGENCIES IN 24 COUNTRIES, INCLUDING DROUGHT, FLOODS, EARTHQUAKES, TORNADOES, TROPICAL STORMS, CONFLICTS, AND DISEASE OUTBREAKS. OUR EMERGENCY PROGRAMS WORK ALSO INCLUDED PREPAREDNESS INITIATIVES IN THREE COUNTRIES AND RECOVERY WORK IN TWO COUNTRIES TO STRENGTHEN HEALTH SYSTEM COMPONENTS FOLLOWING DISASTER.

PREPAREDNESS:

IN FY16, AMERICARES CONDUCTED PREPAREDNESS INITIATIVES IN THREE COUNTRIES TO PREPARE PEOPLE IN THE EVENT OF A FUTURE DISASTER. MORE THAN 9,400 PEOPLE TOOK PART IN THESE ACTIVITIES. THESE PREPAREDNESS INITIATIVES FOCUSED ON BUILDING THE RESILIENCE OF COMMUNITIES AND HEALTH SYSTEMS TO WITHSTAND FUTURE DISASTERS.

AMERICARES COMPLETED TWO PILOT PROJECTS IN MYANMAR AND EL SALVADOR, WHICH FOCUSED ON BUILDING COMMUNITY RESILIENCE TO DISASTERS, WHILE IN THE UNITED STATES, AMERICARES DEVELOPED GUIDEBOOKS, CONDUCTED WEBINARS, AND PROVIDED COACHING PROGRAMS TO HELP FREE CLINICS AND COMMUNITY HEALTH CENTERS BETTER PREPARE FOR DISASTERS. AMERICARES WAS ABLE TO LEVERAGE TECHNOLOGY IN ITS PREPAREDNESS AND DISASTER RISK REDUCTION PROGRAMS: IN EL SALVADOR AND MYANMAR, ADVANCED MONITORING AND EVALUATION WAS SUPPORTED THROUGH UTILIZING ONLINE SURVEY TOOLS, AND PARTICIPATORY MAPPING

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ATTACHMENT 2 (CONT'D)

WAS EMPLOYED TO HELP COMMUNITIES UNDERSTAND, IDENTIFY AND ADDRESS DISASTER RISK SPATIALLY, COMBINING LOCAL KNOWLEDGE WITH SATELLITE IMAGERY, AND INFORMING DISASTER RISK REDUCTION ACTION PLANNING AND FUTURE DISASTER RESPONSE COORDINATION. IN THE UNITED STATES, AMERICARES UTILIZED E-LEARNING STRATEGIES TO REACH COMMUNITIES ACROSS THE COUNTRY.

RESPONSE:

IN FY16, AMERICARES RESPONSE IN THE IMMEDIATE AFTERMATH OF 30 EMERGENCIES IN 24 COUNTRIES INCLUDED PRODUCT DONATIONS OF ENOUGH MEDICINE TO FILL MORE THAN 223,000 PRESCRIPTIONS TO HELP HEALTH WORKERS ON THE FRONT LINES CARE FOR SURVIVORS. KEY ITEMS INCLUDED VACCINES, ANTIBIOTICS, WOUND CARE ITEMS, CHRONIC DISEASE MEDICINES AND CLEAN WATER SUPPLIES.

AMERICARES LARGEST EMERGENCY PROGRAMS RESPONSES TOOK PLACE IN ECUADOR AND FIJI.

IN RESPONSE TO A MAGNITUDE 7.8 EARTHQUAKE IN ECUADOR ON APRIL 16 THAT KILLED 660 PEOPLE AND DAMAGED OR DESTROYED 35 HEALTH FACILITIES, AMERICARES PROVIDED MEDICINE AND MEDICAL SUPPLIES VALUED AT \$3.8 MILLION. THE RESPONSE INCLUDED EMERGENCY RESPONSE STAFF THAT ASSESSED DAMAGE AND UNMET HEALTH NEEDS AND COLLABORATED WITH LOCAL HEALTH ORGANIZATIONS TO RESTORE HEALTH SERVICES FOR

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ATTACHMENT 2 (CONT'D)

SURVIVORS.

THE STRONGEST TROPICAL CYCLONE EVER RECORDED IN THE SOUTHERN HEMISPHERE, TROPICAL CYCLONE WINSTON BATTERED FIJI ON FEBRUARY 20 AND 21 AND CAUSED EXTENSIVE DAMAGE TO THE ARCHIPELAGO NATION, AFFECTING NEARLY 350,000 PEOPLE (40 PERCENT OF THE POPULATION). AMERICARES DEPLOYED AN EMERGENCY RESPONSE TEAM ON FEBRUARY 21 TO FIJI TO ASSESS DAMAGES AND UNMET HEALTH NEEDS. ULTIMATELY, AMERICARES DELIVERED OVER \$1.6 MILLION WORTH OF MEDICINES AND SUPPLIES TO MEET DISASTER NEEDS AND RESTOCK CLINICS IN THE ISLAND NATION. IN ADDITION, AMERICARES RESPONSE AND SUPPLY CHAIN STAFF WORKED HAND IN HAND WITH THE FIJI MINISTRY OF HEALTH TO ORGANIZE, DISTRIBUTE, AND TRACK DONATED MEDICINE AND MEDICAL SUPPLIES FROM A NUMBER OF DIFFERENT DONORS.

AMERICARES IS ALSO WORKING TO STOP THE SPREAD OF ZIKA, ESPECIALLY WITH RESPECT TO PREGNANT WOMEN AND THEIR NEWBORNS. IN FY16 IN EL SALVADOR, AMERICARES DESIGNED AND IS IMPLEMENTING A ZIKA PREVENTION PROGRAM THAT INCLUDES: STRENGTHENING LOCAL HEALTH SYSTEMS; RAISING COMMUNITY AWARENESS; PROVIDING PREVENTION KITS AND EDUCATION TO PREGNANT MOTHERS; AND ERADICATING MOSQUITOS USING LARVICIDE AND INSECTICIDE. AMERICARES IS ALSO SUPPORTING PARTNER-LED ZIKA PREVENTION EFFORTS IN COLOMBIA AND HAITI THROUGH FUNDING AND TECHNICAL SUPPORT. IN FY16, AMERICARES PROVIDED INSECT REPELLANT TO PARTNERS IN THE U.S. SOUTHEAST AND PUERTO RICO.

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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ATTACHMENT 2 (CONT'D)

AMERICARES CONTINUED TO SOLIDIFY ITS POSITION AS AN EMERGENCY RESPONSE INDUSTRY LEADER, WITH STAFF MEMBERS SERVING AS CHAIR OF DISASTER HEALTH COMMITTEE AND SERVING ON THE BOARD OF DIRECTORS OF THE NATIONAL VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER (VOAD), INCLUDING SERVING ON THE EXECUTIVE COMMITTEE AS ASSISTANT TREASURER, SERVING AS SUBJECT-MATTER EXPERT IN NATIONAL INITIATIVES INCLUDING NATIONAL HEALTH SECURITY PREPAREDNESS INDEX AND PUBLICATIONS ACCEPTED IN SCHOLARLY JOURNALS.

RECOVERY:

AMERICARES MOST ROBUST RECOVERY PROGRAMS IN FY16 WERE IN NEPAL AND THE PHILIPPINES; BOTH FOCUSED ON REBUILDING DAMAGED HEALTH FACILITIES AND ADDRESSING DISASTER-RELATED MENTAL HEALTH AND PSYCHOSOCIAL NEEDS. IN BOTH LOCATIONS, WE LEVERAGED THE EXPERIENCE OF OUR OWN ENGINEERS, AS WELL AS LOCAL PARTNERS AND AN INTERNATIONAL ENGINEERING FIRM, TO ENSURE THAT THE REBUILT HEALTH FACILITIES ARE MORE RESILIENT IN FUTURE DISASTERS.

IN NEPAL, AMERICARES MAINTAINS AN OFFICE IN KATHMANDU WITH 10 STAFF INCLUDING PROJECT-BASED STAFF, WHO MANAGED PROJECTS INCLUDING RECONSTRUCTION OF 13 HEALTH FACILITIES IN TWO DISTRICTS, WHICH WILL DIRECTLY BENEFIT AN ESTIMATED 26,000 PEOPLE. WE PARTNERED WITH ANOTHER NGO TO PROVIDE INTENSIVE PHYSICAL

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ATTACHMENT 2 (CONT'D)

REHABILITATION SERVICES THROUGH THE INJURY AND REHABILITATION UNIT IN CHAUTARA. WITH LOCAL PARTNERS, WE IMPLEMENTED AN INNOVATIVE DRAMA-BASED MENTAL HEALTH AND PSYCHOSOCIAL PROJECT IN SIX EARTHQUAKE-AFFECTED DISTRICTS. IN FY16, 665 COMMUNITY HEALTH WORKERS RECEIVED TRAINING AND AN ESTIMATED 121,700 PEOPLE WERE REACHED AT 378 PUBLIC DRAMA PERFORMANCES.

IN THE PHILIPPINES, WE ARE CONTINUING TO REBUILD AND EQUIP HEALTH FACILITIES AS PART OF THE FINAL PHASE OF OUR TYPHOON HAIYAN RECOVERY PROGRAM. IN FY16, 83 FACILITIES WERE COMPLETED AND HANDED OVER TO THE DEPARTMENT OF HEALTH. ADDITIONAL PROGRAMMING INCLUDED CONTINUATION OF A COMMUNITY FOCUSED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT PROGRAM IN NORTHERN CEBU: THREE MENTAL HEALTH CENTERS WERE ESTABLISHED; 74 HEALTH PROFESSIONALS COMPLETED A TRAIN-THE-TRAINERS WORKSHOP; AND 170 MIDWIVES AND HEALTH WORKERS WERE TRAINED TO RECOGNIZE SIGNS OF MENTAL ILLNESS. THE PROGRAM CONCLUDED MARCH 2016. AMERICARES MAINTAINS A COORDINATION OFFICE IN CENTRAL MANILA, WHICH IS A GOVERNMENT-REGISTERED BRANCH OFFICE WITH THREE ADMINISTRATIVE STAFF AND ONE EMERGENCY RESPONSE COORDINATOR AS WELL AS SIX FIELD-BASED PROJECT STAFF IN THE VISAYAS REGION.

ATTACHMENT 3

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

GLOBAL HEALTH PROGRAMS

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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ATTACHMENT 3 (CONT'D)

AMERICARES SUPPORTS FRONTLINE HEALTH WORKERS THROUGH PROJECTS AND ACTIVITIES THAT LEVERAGE CRITICALLY NEEDED MEDICINES AND SUPPLIES TO CATALYZE INNOVATIVE, SUSTAINABLE HEALTH IMPROVEMENTS IN THEIR COMMUNITIES. IN FY16, AMERICARES SUPPORTED PARTNERS IN 87 COUNTRIES WITH MEDICINE, MEDICAL SUPPLIES, AND PROJECT AND ACTIVITY SUPPORT THROUGH OUR GLOBAL HEALTH PROGRAMS.

AMERICARES ACHIEVED THIS THROUGH A VARIETY OF PROGRAMS AND PROJECTS. KEY THEMES OF THESE PROJECTS/ACTIVITIES INCLUDED MATERNAL AND CHILD HEALTH, NON-COMMUNICABLE DISEASES AND INFECTIOUS DISEASES.

OUR FY16 HEALTH PROJECTS AND ACTIVITIES INCLUDE THE FOLLOWING:

IN TANZANIA, AMERICARES PROGRAM EXPANSION TO THREE ADDITIONAL HOSPITALS IN THE LAKE ZONE CONTINUED. MILESTONES THIS YEAR INCLUDED TRAINING 893 HEALTH WORKERS AND MEDICAL STUDENTS ON THE HEALTH WORKER SAFETY CURRICULUM, INSTALLING IPC COMPLIANT SINK TAPS AT MUSOMA AND SENGEREMA HOSPITALS AND INSTALLING SINKS AND RUNNING WATER IN THE LABOR UNIT OF SENGEREMA HOSPITAL.

IN BONTHE, SIERRA LEONE, AMERICARES MADE MAJOR PROGRESS IN ITS INFECTION PREVENTION AND CONTROL PROGRAM. PROGRESS INCLUDED 240 HEALTH WORKERS AND 498 NURSING STUDENTS TRAINED IN IPC GUIDELINES; 212 HEALTH WORKERS TRAINED IN PATIENT SAFETY GUIDELINES; RUNNING

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ATTACHMENT 3 (CONT'D)

WATER RESTORED, SINKS INSTALLED IN ALL WARDS AND A PATIENT SCREENING/TRIAGE UNIT BUILT AT MATTRU HOSPITAL; WASTE INCINERATORS REPAIRED AT BONTHE GOVERNMENT HOSPITAL AND MATTRU HOSPITAL; THREE-YEAR SUPPLY OF PERSONAL PROTECTIVE EQUIPMENT PROCURED FOR BONTHE AND MATTRU HOSPITALS; AND IPC/PATIENT SAFETY COMMITTEES ESTABLISHED AT BOTH FACILITIES.

MATERNAL AND NEWBORN HEALTH WAS THE PRIMARY FOCUS OF OUR TEAM'S WORK IN LIBERIA. IN FY16, AMERICARES HIRED AN EXPERT NURSE MIDWIFE TO SUPPORT OUR GRAND BASSA MATERNAL HEALTH PROJECT AND PROVIDE SUPERVISORY SUPPORT AND MENTORING TO 18 LOCAL NURSE MIDWIVES. IN LIBERIA, AMERICARES MADE SIGNIFICANT PROGRESS WITH ITS MATERNAL AND CHILD HEALTH FOCUSED PROGRAMMING. IN OCT 2015, AMERICARES COMPLETED THE RENOVATION OF THE EXISTING MATERNITY UNIT ALONG WITH THE CONSTRUCTION OF A NEW MATERNITY WING AT THE LIBERIA GOVERNMENT HOSPITAL IN GRAND BASSA. THESE IMPROVEMENTS ADDED 23 BEDS TO THE FACILITY. SINCE THE COMPLETION OF THE RENOVATION WORK, THE HOSPITAL HAS SEEN 901 BIRTHS AND 3,165 ANTENATAL CARE VISIT.

EVERY YEAR, AMERICARES GLOBAL HEALTH PROGRAM ALSO SUPPORTS TEAMS OF MEDICAL VOLUNTEERS THAT, IN FY17, MADE 1,035 TRIPS TO 77 COUNTRIES WITH AMERICARES DONATED PRODUCTS, INCLUDING ENOUGH MEDICINE TO FILL MORE THAN 1.3 MILLION PRESCRIPTIONS AND MORE THAN 3 MILLION UNITS OF SUPPLIES. THESE VOLUNTEERS TREATED MORE THAN 776,000 PRIMARY CARE PATIENTS AND PERFORMED NEARLY 48,000 SURGERIES.

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ATTACHMENT 3 (CONT'D)

FY16 WAS YEAR TWO OF AMERICARES SAFE SURGERY INITIATIVE WHICH AIMS TO IMPROVE ACCESS TO SAFE SURGERY IN LOW-RESOURCE SETTINGS. IN FY16, AMERICARES FACILITATED THE PLACEMENT OF 646 PULSE OXIMETERS WITH VOLUNTEER MEDICAL TEAMS TRAVELING TO 42 COUNTRIES; THE VOLUNTEERS ALSO TRAINED 107 STAFF IN-COUNTRY STAFF. PULSE OXIMETERS ARE ON THE WORLD HEALTH ORGANIZATION SURGICAL SAFETY CHECKLIST; AMERICARES ALSO MAKES THE CHECKLIST AVAILABLE TO VOLUNTEER MEDICAL TEAMS AND 56 TEAMS REQUESTED THE CHECKLIST FOR THE MEDICAL VOLUNTEER TRIPS IN 30 COUNTRIES.

AMERICARES PEDIATRIC NUTRITION PROJECT IN VIETNAM CONTINUED. IN FY16, THE NUTRITION PROJECT (WHICH IS CONDUCTED IN PARTNERSHIP WITH ABBOTT AND THE ABBOTT FUND) SERVED NEARLY 3,000 STUDENTS IN 17 SCHOOLS AND SAW DROPS IN MALNUTRITION RATES IN ALL AREAS. WE REACHED OUR GOAL OF REDUCING BOTH THE MALNUTRITION AND ANEMIA RATES BY MORE THAN 15 PERCENT OF MALNOURISHED STUDENTS. WE ALSO MET OUR GOAL OF REDUCING THE STUNTING RATE BY MORE THAN 5 PERCENT IN ALL SCHOOLS. THIS YEAR WE BEGAN TO ADDRESS MALNUTRITION AND ANEMIA IN PARENTS: OF THE MALNOURISHED STUDENTS' MOTHERS WHO WERE DETERMINED AS ANEMIC AT THE BEGINNING OF THE SCHOOL YEAR, OVERALL, 24 PERCENT WERE NO LONGER ANEMIC AT THE END OF THE SCHOOL YEAR.

IN YEAR EIGHT OF AMERICARES BREAST CANCER PROJECT IN CAMBODIA, IN PARTNERSHIP WITH SIHANOUK HOSPITAL CENTER OF HOPE AND ASTRAZENECA, THE PROGRAM INCREASED AWARENESS BY DISTRIBUTING 11,900 BROCHURES

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ATTACHMENT 3 (CONT'D)

AND EDUCATING 2,000 ADDITIONAL WOMEN THROUGH THE PEER EDUCATION PROGRAM. AS A RESULT, 586 WOMEN WERE EVALUATED OR SCREENED, 345 EXISTING PATIENTS RECEIVED FOLLOW UP CARE AND 86 MASTECTOMIES WERE CONDUCTED AT THE HOSPITAL.

OUR GLOBAL HEALTH PROGRAM INCLUDES A PRIMARY CARE CLINIC IN SANTIAGO DE MARIA, EL SALVADOR, AND SUPPORT FOR MODEL PRIMARY CARE CLINICS IN MUMBAI, INDIA.

IN EL SALVADOR DURING FY16, THE AMERICARES FAMILY CLINIC IN SANTIAGO DE MARIA SAW MORE THAN 32,000 UNIQUE PATIENTS. THIS REPRESENTS AN INCREASE OF 29 PERCENT IN UNIQUE PATIENTS OVER FY15, WHICH DEMONSTRATES ONGOING PROGRESS IN TERMS OF PATIENTS' KNOWLEDGE OF OUR SERVICES AND SATISFACTION WITH THE CARE WE PROVIDE. AMERICARES FAMILY CLINIC ALSO PROVIDED PATIENT EDUCATION PROGRAMS OVER 112,000 PARTICIPANTS. OUR SKILLED, COMPASSIONATE STAFF OF 99 PAID HEALTH CARE PROFESSIONALS WERE ASSISTED BY 20 VOLUNTEERS WHO DEDICATE THEIR TIME AND EXPERTISE.

AMERICARES CLINIC, KNOWN AS CLÍNICA INTEGRAL DE ATENCIÓN FAMILIAR IN EL SALVADOR, CONTINUES IMPLEMENTING A COMPREHENSIVE MULTI-YEAR QUALITY PROGRAM TO IMPROVE THE EFFICACY OF ITS DIABETES AND HYPERTENSION PREVENTION AND MANAGEMENT. THE PROGRAM SPECIFICALLY FOCUSES ON HELPING PATIENTS MITIGATE THE RISK FACTORS THAT LEAD TO DIABETES AND HYPERTENSION, AND SUPPORTS ACTIVE DISEASE MANAGEMENT THROUGH REINFORCED PATIENT EDUCATION HELD AT THE CLINIC AND IN THE

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ATTACHMENT 3 (CONT'D)

COMMUNITIES WHERE PATIENTS LIVE AND WORK. WE ALSO BEGAN CONDUCTING HEALTH FAIRS FOR OUR ORGANIZED PARTNER COMMUNITIES FOCUSED ON RISK FACTOR AWARENESS BUILDING AND IDENTIFICATION, NEWLY AUGMENTED WITH A DEDICATED BODY MASS INDEX SCREENING COMPONENT. SCREENING BEGAN IN JUNE 2015 AND WE HAVE THUS FAR CONDUCTED BMI SCREENINGS AND PROVIDED EDUCATIONAL SERVICES FOR 1,572 PARTICIPANTS DURING THESE EVENTS.

THROUGH OUR PARTNER IN INDIA, AMERICARES INDIA, AMERICARES MANAGES HEALTH PROMOTION PROGRAMS AND A ROBUST MOBILE CLINIC PROGRAM THAT BRINGS PRIMARY CARE TO THE DOORSTEPS OF MARGINALIZED COMMUNITIES IN URBAN SLUMS IN MUMBAI. DURING FY16, MORE THAN 80,000 UNIQUE PATIENTS SOUGHT CARE THROUGH MORE THAN 100,000 CONSULTATIONS. THE MOBILE CLINICS ALSO PROVIDED DIABETIC AND ANTIHYPERTENSIVE TREATMENT TO OVER 6,900 PATIENTS DURING FY16. NEARLY 12,000 CHILDREN UNDER AGE 12 VISITED OUR MOBILE CLINICS IN FY16 (22 PERCENT OF TOTAL PATIENTS).

IN THE U.S.

AMERICARES U.S PROGRAM REMAINS THE LARGEST PROVIDER OF DONATED MEDICAL AID TO THE U.S. SAFETY NET, DELIVERING MORE THAN \$205 MILLION IN MEDICINES AND SUPPLIES LAST YEAR TO ITS NETWORK OF FREE AND CHARITABLE CLINICS IN ALL 50 STATES. TO ENHANCE SUPPLY CHAIN INTEGRITY, AMERICARES CONDUCTED SITE VISITS AND IN PERSON AUDITS WITH THE 10 PARTNERS THAT RECEIVED THE HIGHEST VALUE OF AMERICARES

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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ATTACHMENT 3 (CONT'D)

DONATIONS IN FY16 AND ONLINE AUDITS WITH AN ADDITIONAL 50 PARTNERS, AN INCREASE OVER THE 30 PARTNERS AUDITED ONLINE IN FY15.

THROUGH ITS PATIENCE ASSISTANCE PROGRAM, AMERICARES PROVIDED MORE THAN 136,000 LOW-INCOME UN- AND UNDERINSURED PATIENTS ACCESS TO BRANDED MEDICINES. WE DELIVERED ENOUGH MEDICINES TO FILL NEARLY 141,000 PRESCRIPTIONS, WORTH \$176 MILLION, TO PATIENTS IN THE U.S., PUERTO RICO, GUAM AND THE USVI.U.S.

FY16 PROJECTS AND ACTIVITIES INCLUDE FIVE HEALTH PROGRAMS, TWO OF WHICH ARE IN THE PILOT PHASE. THESE PROJECTS WILL EXPAND THE CAPACITY OF PARTNER CLINICS TO SERVE THEIR LOW-INCOME PATIENTS. OUR CONTINUED PARTNERSHIP WITH LOYOLA UNIVERSITY IN THE FIRST NATIONAL CENSUS OF FREE AND CHARITABLE CLINICS IN 10 YEARS ALSO ESTABLISHES AMERICARES AS A FOUNDATIONAL PARTNER TO THE HEALTH CARE SAFETY NET.

EVIDENCE-BASED PROGRAMS INCLUDED:

CAPACITY-BUILDING PROGRAMS FOR FREE AND CHARITABLE CLINICS FOCUSED ON PREVENTING PREDIABETES AND ON TREATING HYPERTENSION;

A UNIQUE MENTAL HEALTH INITIATIVE, WHICH, IN FY16, SAW SUBSTANTIAL GROWTH IN PARTNERS AND IN VALUE OF PHARMACEUTICAL AND OTHER PRODUCTS DISTRIBUTED (\$17.8 MILLION) TO 88 BEHAVIORAL HEALTH

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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ATTACHMENT 3 (CONT'D)

PARTNERS IN 20 STATES IN THIS NEW SUBSET OF THE HEALTH CARE SAFETY
NET.

DEVELOPMENT OF PHARMACY INVENTORY SOFTWARE DESIGNED SPECIFICALLY
FOR FREE AND CHARITABLE CLINICS TO STRENGTHEN SUPPLY CHAIN
INTEGRITY; AND

ASSESSMENT OF THE ROLE OF TEXTED REMINDERS AND A COMMITTED SUPPLY
OF MEDICINE ON PATIENTS' PRESCRIPTION ADHERENCE.

IN ADDITION TO THE NUMBERS REPORTED ABOVE, AMERICARES GLOBAL
HEALTH PROGRAMS UTILIZED \$903,697 IN CONTRIBUTED SERVICES.

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

EL SALVADOR
HAITI
INDIA
LIBERIA
SIERRA LEONE
NEPAL
PHILIPPINES
TANZANIA

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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ATTACHMENT 5FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 6990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MAL WARWICK & ASSOCIATES, INC. 2550 NINTH STREET, STE 103 BERKELEY, CA 94710	FUNDRAISING	839,830.
MAIL AMERICA COMMUNICATIONS 1174 ELKTON FARM ROAD, P.O. BOX 870 FOREST, VA 24551	PRINTING AND MAILING	687,266.
RAFANELLI EVENTS 5 WEST 19TH STREET NEW YORK, NY 10011	EVENT PLANNING	404,241.
DONOR SERVICES GROUP LLC 6715 SUNSET BOULEVARD HOLLYWOOD, CA 90028	FUNDRAISING	346,401.
RWT PRODUCTION LLC 8932 ORANGE HUNT LANE ANNANDALE, VA 22003	PRINTING AND MAILING	186,750.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

Table with 6 columns: (a) Name, address, and EIN (if applicable) of disregarded entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Rows 1-6 are empty.

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.

Table with 9 columns: (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). Row 1: AMERICARES FREE CLINICS, INC. 06-1422741, 88 HAMILTON AVENUE STAMFORD, CT 06902, HEALTH CARE, CT, 501(C)(3), 7, N/A, X.

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

Schedule R (Form 990) 2015

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.

Table with 11 main columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount; (j) General or managing partner? (Yes/No); (k) Percentage ownership. Rows 1-7 are empty.

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.

Table with 10 main columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity? (Yes/No). Rows 1-7 are empty.

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more 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 related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICARES FREE CLINICS, INC.	B	443,944.	FMV (GOODS)
(2) AMERICARES FREE CLINICS, INC.	Q	73,003.	COST
(3)			
(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) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		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).
