Cumulative e-File History 2018

Federal

<b>Tax Return</b> 08779Y	<b>Return Type</b> 990	
<b>Taxpayer</b> Americares Free Clinics, I	nc.	
Submitted Date	2020-03-12 13:29:04	
Acknowledgement Date		
Status	•	
Submission ID	26377520200725000005	

3/12/2020

Form	990

### **Return of Organization Exempt From Income Tax**

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

► Do not enter Social Security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

		of the Tre enue Serv		► Informatio	n about Form 990 and i	ts instructio	ns is at www.i	rs.gov/f	orm990.			Inspect	ion
AF	or th	e 2018	8 caler	ndar year, or tax year beg	<b>Jinning</b> 0	7/01, <b>201</b>	8, and endir	ng		06	/30,	<b>20</b> 19	
_			C Nam	e of organization					D Employer ide	entific	cation nu	mber	
Bc	heck if ap	oplicable:	AMI	ERICARES FREE CLIN	ICS, INC.								
	Addre		Doing	Business As					06-1422	2741	1		
	-	e change	Num	ber and street (or P.O. box if mail	is not delivered to street add	ess)	Room/suite		E Telephone n	umbe	r		
	Initial	return	88	HAMILTON AVENUE					(203) 65	8 – 9	500		
	Termi	inated	City of	or town, state or province, country	v, and ZIP or foreign postal co	ode							
	Amen returr		STA	AMFORD, CT 06902-1	333				G Gross receip	ts \$	4	1,180	,413
		cation	F Nam	e and address of principal officer:	MICHAEL J. 3	NYENHUIS	S,PRES &	CEO	H(a) Is this a grou subordinates		Irn for	Yes	XN
			88	HAMILTON AVENUE,	STAMFORD, CT 06	902-133	3		H(b) Are all subord		ncluded?	Yes	
I	Tax-ex	empt sta	atus:	X 501(c)(3) 501(c) (	) ┥ (insert no.)	4947(a)(1	1) or 52	7	If "No," attac	h a lis	t. (see inst	ructions)	
J	Websi	ite: 🕨	WWW.	AMERICARESFREECLIN			· ·		H(c) Group exemp	ption n	umber	•	
к	Form of	of organ	ization:	X Corporation Trust	Association Other	►	L Year o	f formati	on: 1995 <b>M</b>	State	of legal of	domicile:	СТ
P	art I	Sur	nmary	· · · ·			·						
	1	Briefly	descri	be the organization's mission	or most significant activit	ies: TO PI	ROVIDE FR	EE PH	RIMARY CA	RE	TO UN	IINSU	RED
e				S OF NORWALK, DAN									
Jan		IN A	A SEI	TING WHERE ALL INI	DIVIDUALS ARE T	REATED I	WITH DIGN	ITTY 8	RESPECT	•			
Governance	2	Check	this bo	x 🕨 📃 if the organization	discontinued its operati	ons or dispo	sed of more that	an 25%	of its net assets	5.			
ĝ	3	Numb	er of vo	ting members of the governir	ng body (Part VI, line 1a)					3			9.
کہ د				dependent voting members o						4			б.
itie	5	Total r	number	of individuals employed in ca	alendar year 2018 (Part V	, line 2a)				5			45.
Activities &	6	Total r	number	of volunteers (estimate if nece	essary)					6			219.
Ă	7a	Total u	unrelate	ed business revenue from Part	VIII, column (C), line 12					7a			C
	b	Net ur	related	l business taxable income fror	n Form 990-T, line 34			<u></u>		7b			0
									Prior Year			irrent Y	
e	8			and grants (Part VIII, line 1h)					3,804,17			4,17	7,573
ent	9	Progra	gram service revenue (Part VIII, line 2g) stment income (Part VIII, column (A), lines 3, 4, and 7d) COPY FOR PUBLIC INSPECTION							0.			C
Revenue										0.	2,840		
-	11			e (Part VIII, column (A), lines						10.			0
	12			e - add lines 8 through 11 (mu					3,804,21				),413
	13			imilar amounts paid (Part IX, c					3,165,89			2,179	9,706
	14			to or for members (Part IX, co					1 0 0 4 0 0	0.		0 1 1 /	0
es	15			er compensation, employee be					1,894,20			2,118	3,865
ens	16a	Profes	sional	fundraising fees (Part IX, colur sing expenses (Part IX, column	nn (A), line 11e)					0.			0
Expenses	b								200 01	-		257	7 (00
	17			es (Part IX, column (A), lines					398,21				7,680
				es. Add lines 13-17 (must equ					5,458,31 -1,654,09				5,251 5,838
- 0	19	Reven	ue less	expenses. Subtract line 18 fro	om line 12								
Net Assets or Fund Balances	00	<b>-</b>	. ,					Beginr	1,283,33		CI	nd of Yea	ar 5,848
Sse Bala	20			Part X, line 16)					755,84				4,201
und /	21 22			s (Part X, line 26) fund balances. Subtract line			• • • • • • •		527,48				1,201
	art II			e Block	21 from line 20		<u></u>		527,10	<u>.</u>		5.	1,01/
			,	, I declare that I have examined	this return including accord	nanving sche	dules and state	ments ar	nd to the hest of	mvl	knowledg	e and h	elief it is
true	e, corre	ect, and	complete	e. Declaration of preparer (other th	an officer) is based on all in	formation of w	hich preparer ha	as any kn	owledge.				
Sig	jn		Signatu	re of officer					Date				
Не	re												
			Type or	print name and title									
		Print/	Type pre	parer's name	Preparer's signature		Date		Check	if F	PTIN		
Paic	d	SCOTT	THOMPS	SETT	Sith Shompett		3/11	/202		, ,	P0074	41490	)
	parer	Firm's	name	▶ GRANT THORNTON	LLP						60555		
Use	e Only			▶ 757 THIRD AVENUE, 3RD		017-2013					-599-		
Мау	/ the I	1		is return with the preparer sho							X		No

For Paperwork Reduction Act Notice, see the separate instructions.

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

### Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

**Electronic filing** (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	AMERICARES FREE CLINICS, INC.	06-1422741
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
due date for filing your	88 HAMILTON AVENUE	
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	STAMFORD, CT 06902-1333	
	•	

Application	Return	Application	Return							
Is For	Code	Is For	Code							
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07							
Form 990-BL	08									
Form 4720 (individual)	rm 4720 (individual) 03 Form 4720 (other than individual)									
Form 990-PF	04	Form 5227	10							
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11							
Form 990-T (trust other than above)	06	Form 8870	12							
<ul> <li>The books are in the care of ► 88 HAMILTON AVE</li> <li>Telephone No. ► 203 658-9500</li> </ul>	NUE STAN		_							
<ul> <li>If the organization does not have an office or place of I</li> <li>If this is for a Group Return, enter the organization's for for the whole group, check this box</li> <li>If a list with the names and EINs of all members the extension of a statement of the extension of</li></ul>	usiness in ur digit Gro it is for pa	the United States, check this box	. If this is							
<ol> <li>I request an automatic 6-month extension of time ur for the organization named above. The extension is</li> <li> <ul> <li>calendar year 20 or</li> <li>X tax year beginning 07/0</li> </ul> </li> <li>If the tax year entered in line 1 is for less than 12 m Change in accounting period</li> </ol>	for the org	anization's return for:								
3a       If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.       3a \$         b       If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.       3b \$         c       Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.       3c \$										
<b>Caution:</b> If you are going to make an electronic funds withdrawal instructions.			+							

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

Form 990	(2018)	AMERICARES FF	REE CLINICS, ING	2.	06	5-1422741 Page <b>2</b>
Part II	Statement of Progra	am Service Accompli				
	fly describe the organizati		or note to any line in t			<u>x</u>
prior If "Ye 3 Did servi If "Ye 4 Des	the organization undertal r Form 990 or 990-EZ? es," describe these new s the organization cease ices? es," describe these chang cribe the organization's enses. Section 501(c)(3)	ervices on Schedule C conducting, or mak es on Schedule O. program service acco	). le significant change omplishments for eac	s in how it c ch of its three	onducts, any progr largest program se	. Yes X No am . Yes X No rvices, as measured by
<b>4a</b> (Coo	total expenses, and reven le:) (Expens TACHMENT 2		ogram service reported		_) (Revenue \$	0)
4b (Coc	de:) (Expens	es \$i	ncluding grants of \$ _		_) (Revenue \$	)
4c (Coo	de:) (Expens	es \$i	ncluding grants of \$ _		_) (Revenue \$	)
	er program services (Des benses \$	cribe in Schedule O.) including grants of \$	) (R	evenue \$	)	
4e Tota	al program service expens	es ► 4,39	8,110.		/	
JSA 8E1020 1.0 (	) 00 08779Y 700J		V 18-7.6F	01'	78001-00010	Form <b>990</b> (2018 PAGE

AMERICARES FREE CLINICS, INC.

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
5	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4		3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III .	5		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? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		x
		10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		37	
	complete Schedule D, Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate	446		х
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		- 21
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		v
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I (see instructions)	17		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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1	_	
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		Х

Form 990 (2018)

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-	90 (2018)		F	Page <b>4</b>
Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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		v	
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	240		х
h	through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
L L	to defease any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	204		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		х
33	<i>complete Schedule N, Part II</i> . Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
34	or IV, and Part V, line 1.	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V.			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	000	(0040)
JSA		⊦orm	330	(2018)

Form	990 (2018)		F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 45			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10				
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes." complete Form 4720. Schedule O.			

Form §	990 (2018) AME	RICARES FREE CLINICS,	INC.	06-1422	2741	F	->age <b>6</b>
Part	t VI Governance, Managemo	ent, and Disclosure For eac	h "Yes" response to lines 2 th	rough 7b below,	and	for a	"No"
			nstances, processes, or changes				tions.
	Check if Schedule O contai	ns a response or note to any line	e in this Part VI				X
Sect	tion A. Governing Body and Ma						
						Yes	No
10	Enter the number of voting memb	ors of the governing body at the	o ond of the tax year	<b>1a</b> 9			
Ta	If there are material differences						
	if the governing body delegate	d broad authority to an ex	ecutive committee or similar				
Ь	committee, explain in Schedule O. Enter the number of voting memb	ore included in line to show y	who are independent	1b 6			
b	-		-				
2	Did any officer, director, trustee,				2		х
•	any other officer, director, trustee,				-		
3	Did the organization delegate co				3		х
	supervision of officers, directors, c				4		X
4	Did the organization make any signific				5		X
5	Did the organization become awa		_		6		X
6	Did the organization have membe				0		
7a	Did the organization have memb	-			7a		x
	one or more members of the gove	<b>u</b>			1 a		
b		-			76		x
-	stockholders, or persons other tha				7b		
8	Did the organization contempora	neously document the meeting	gs held or written actions und	ertaken during			
	the year by the following:				80	Х	
а	The governing body?				8a 8b	X	
b					do	21	
9	Is there any officer, director, trust				9		x
Sact	the organization's mailing address ion B. Policies (This Section B r				-	)	
Seci	ION B. POIICIES (THIS SECTOR BI	equests information about po		ernal Revenue	Coue	.) Yes	No
					10a		X
-	Did the organization have local ch	-			TUa		
b	, 0				106		
	affiliates, and branches to ensure t	-		-	10b	х	
11a	Has the organization provided a compl			ling the form?	11a		
b	1				120	Х	
	Did the organization have a writte		-		12a	21	
b	Were officers, directors, or truster				126	Х	
	rise to conflicts?				12b	21	
С	0 0 ,	•		•	120	х	
	describe in Schedule O how this w				12c	X	
13	Did the organization have a writte				13	X	
14	Did the organization have a writte				14		
15	Did the process for determining	-					
	independent persons, comparabili				15a	Х	
a	The organization's CEO, Executiv				15a 15b	X	
b					150		
	If "Yes" to line 15a or 15b, descril						
16a	Did the organization invest in, co		•	•	16a		x
	with a taxable entity during the ye				10a		
b	If "Yes," did the organization foll						
	participation in joint venture arra organization's exempt status with				16b		
Soct	tion C. Disclosure	respect to such an angements:			100		
			CT.				
17	List the states with which a copy of			000			044
18	Section 6104 requires an organiz (3)s only) available for public inspe				(Sec	tion 5	01(C)
		er's website X Upon requ					
40				,		<sup>1</sup> '	
19	Describe in Schedule O whether		in made its governing document	is, conflict of int	erest	policy	, and
20	financial statements available to the State the name address and tele		the passages the argonization's	nocke and reast	c 🕨		
211	STATE THE DATE. ACCRESS AND THE	sonone number or me berson w		A DO NO RECORD	a 🖝 👘		

20	State the name.						anization's books and	records
	RICHARD K. TROWÉ	BRIDGE, CFO	88 HAMTLTON AV	ENUE STAMFORD,	СТ 06902-133	3 203-658-9	500	

Page 7

Part VII	Compensation of	Officers,	Directors,	Trustees,	Кеу	Employees,	Highest	Compensated	Employees,	and
	Independent Contra	actors								
	Check if Schedule O	contains a re	esponse or no	ote to any line	e in this	s 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.

					C)					
(A)	(B)	(do r			sition	o thop o		(D)	(E)	(F)
Name and Title	Average	``				e than c is both		Reportable compensation	Reportable	Estimated amount of
	hours per week (list any					or/trust		from	compensation from related	other
	hours for	2 5	5	0	2	фт	Ţ	the	organizations	compensation
	related	- dire	stitu	Officer	ey ei	nplo	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	Individual trustee or director	Institutional trustee	Ĩ	Key employee	Highest compensated employee	, ar	(W-2/1099-MISC)		organization and related
	line)	r	al tr		yee	mp				organizations
		tee	Jste			ense				
			œ			Ited				
(1)ALMA JANE MACAULEY	1.00									
PERMANENT DIRECTOR (THRU 6/19)	0.	x		x				0.	0.	0.
(2)CAROL B. BAUER	1.00	21		- 25				0.	0.	
DIRECTOR	0.	x						0.	0.	0.
(3) JERRY P. LEAMON	1.00									
CHAIRMAN	0.	x		х				0.	0.	0.
(4)C. DEAN MAGLARIS	1.00									
DIRECTOR (THRU 10/2018)	0.	x						0.	0.	0.
(5)STEPHEN WINTER, MD	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(6)KAREN GOTTLIEB	40.00									
EXECUTIVE DIRECTOR/DIRECTOR	0.	Х		Х				176,211.	0.	21,317.
(7)JOSEPH J. RUCCI, JR., ESQ	1.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(8)MICHAEL NYENHUIS	1.00									
PRESIDENT & CEO	40.00	Х		Х				0.	426,098.	69,488.
(9) ANNE PETERSON, MD, MPH	1.00									
DIRECTOR	40.00	Х						0.	243,173.	28,912.
(10) <sup>RONALD</sup> E. COURSEY	1.00	-								
DIRECTOR	0.	Х						0.	0.	0.
(11)JANE MUSKY	1.00	-								
DIRECTOR (AS OF 07/2018)	0.	Х						0.	0.	0.
(12) RICHARD K. TROWBRIDGE, JR.	1.00	-						_		
TREASURER	40.00			Х				0.	258,926.	52,055.
(13) MEGIN WOLFMAN	1.00	-								
ASSISTANT SECRETARY	40.00			Х				0.	132,111.	9,661.
(14) DINA VALENTI	40.00							100 100	_	
DIRECTOR, DANBURY CLINIC	0.					X		122,107.	0.	45,164.

JSA

#### AMERICARES FREE CLINICS, INC.

Form 990 (2018)												Page <b>8</b>
Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	bye	es,	and H	lig	hest Compensat	ed Employ	ees (c	ontinue	d)
(A)	(B)				C)			(D)	(E)			(F)
Name and title	Average	(dou	not c		sition	e than c	ne	Reportable compensation	Reporta			timated ount of
	hours per week (list any					is both		from	compensation from related			other
	hours for	office				or/trust	<u> </u>	- the	organizat	ions		pensation
	related organizations	or director	Institutional trustee	Officer	Key employee	light	Former	organization	(W-2/1099-	MISC)		om the anization
	below dotted	idua	utio	er	due	est c oyee	ler	(W-2/1099-MISC)			•	I related
	line)	or tru	halt		oye	1 mp					orga	nizations
		stee	ruste			bens						
			ĕ			Highest compensated employee						
15) MUGUETTE MAIGNAN	40.00											
DIRECTOR, STAMFORD CLINIC	0.	-				x		108,637.		ο.		5,514.
	-+											
		1										
	-+											
		_										
	-+	-										
	-+	-										
								298,318.	1,060,	308	2	26,597.
1b Sub-total			• •	• •	• •			108,637.	1,000,	0.	2	5,514.
c Total from continuation sheets to Part VII,	-		• •	• •	• •	• • •		406,955.	1,060,		2	32,111.
d Total (add lines 1b and 1c)											2	52,111.
2 Total number of individuals (including but no reportable compensation from the organization)			1151e 3	ua	DOV		Jie		φ100,000 (	Л		
												Yes No
3 Did the organization list any former off	oor dirocto	or or	. +ri	icto	~	kov c		lovoo or highos		atad		
employee on line 1a? If "Yes," complete Sche											3	Х
4 For any individual listed on line 1a, is the organization and related organizations g	sum of rep reater than	50nac \$15	50 0	007	iper > If	isatioi	n ai s"	complete Schedu	le l for s	une		
individual											4	X
5 Did any person listed on line 1a receive o												
for services rendered to the organization? If "											5	Х
Section B. Independent Contractors												
1 Complete this table for your five highest con												
compensation from the organization. Report	compensati	on foi	r the	e ca	lend	dar ye	ar e	ending with or with	nin the orga	nizatior	n's tax	
year.												
(A)		_	_	_	_	_		(B)	Т		(C)	
Name and business ad	dress							Description of se	rvices	С	ompens	ation
							_					
							1					

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 ► 0.

(

Par	t VII							
		Check if Schedule O contains	a respon	se or note to ar	ny line in this Part V (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 b c d e	Federated campaigns          Membership dues          Fundraising events          Related organizations          Government grants (contributions)	1b 1c 1d	2,246.				
Contributi and Other	f g h	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1 <b>Total.</b> Add lines 1a-1f		2,175,170. 1,700,157.	4,177,573.			
Program Service Revenue	2a b c d e f	All other program service revenue		Business Code				
_ <u> </u>	g 3 4 5	Total. Add lines 2a-2f         Investment       income         and other similar amounts)          Income from investment of tax-exe         Royalties	dividen mpt bond	ds, interest, ▶ proceeds	0. 2,840. 0. 0.			2,840.
	6a b c d 7a	Gross amount from sales of (i) S	ecurities	► (ii) Other	0.			
	b c d	assets other than inventory         Less: cost or other basis         and sales expenses         Gain or (loss)         Net gain or (loss)			0.			
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a					
ō	c	Less: direct expenses Net income or (loss) from fundraisin Gross income from gaming activiti See Part IV, line 19	g events es.		0.			
	b c	Less: direct expenses	b activities	0.	0.			
	10a b	returns and allowances	a b	0.	-			
	с 11а	Net income or (loss) from sales of in Miscellaneous Revenue		Business Code	0.			
	b c d	All other revenue						
	е 12	Total. Add lines 11a-11d           Total revenue. See instructions.			0.			2,840.

JSA 8E1051 1.000 08779Y 700J

#### AMERICARES FREE CLINICS, INC.

#### 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 (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 2,179,706. 2,179,706. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 Ο 4 Benefits paid to or for members 5 Compensation of current officers, directors, 66,799. 200,417. 66,819. 66,799 trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 1,488,053. 1,429,582. 25,423 33,048. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 1,146 67,087 64,451 1,490. section 401(k) and 403(b) employer contributions) 231,436 207,189. 11,415 12,832. 9 Other employee benefits . . . . . . . . . . . . 117,802. 7,337. 131,872. 6,733. Payroll taxes 10 11 Fees for services (non-employees): 0 a Management 0 **b** Legal 0 c Accounting 0 d Lobbying 0 e Professional fundraising services. See Part IV, line 17 0 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 10,858. 10,858. (A) amount, list line 11g expenses on Schedule O.) 13,261. 13,261 12 Advertising and promotion 19,634. 19,025. 327. 282. 13 Office expenses 12,511. 12,118. 182. 211. 14 Information technology 0 15 Royalties 170,175. 153,387. 7,780 9,008. Occupancy 16 7,936. 7,936. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 0 Conferences, conventions, and meetings 19 3,000. 3,000. 20 0 21 Payments to affiliates 32,072. 32,072. Depreciation, depletion, and amortization 22 54,945. 50,651. 1,990. 2,304. Insurance 23 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.) **MISCELLANEOUS** 33,288. 30,253. 1,407. 1,628. b С d e All other expenses 4,656,251. 4,398,110. 123,157 134,984. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

following SOP 98-2 (ASC 958-720)

0

	AMERICARES FREE CLINICS, INC.		00	1422/41 Dava <b>11</b>
rm 990				Page <b>11</b>
art X		art V		
	Check if Schedule O contains a response or note to any line in this Pa		••	
		(A) Beginning of year		<b>(B)</b> End of year
4	Cook non interest bearing	509,723.	4	0.
1	Cash - non-interest-bearing	0.	1	238,219.
2	Savings and temporary cash investments	26,500.	2	13,000
3	Pledges and grants receivable, net	20,300.	3	400
4	Accounts receivable, net	0.	4	400
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.	0.	-	0
6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0
U U	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	0	-	0
2	organizations (see instructions). Complete Part II of Schedule L	0.	6	0
61966 7 8	Notes and loans receivable, net		7	0
	Inventories for sale or use	530,773.	8	152,329
9	Prepaid expenses and deferred charges	26,565.	9	44,200
10a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D <b>10a</b> 1,063,104.	100 550		158 800
	Less: accumulated depreciation <b>10b</b> 905, 404.		10c	157,700
11	Investments - publicly traded securities	0.	11	0
12	Investments - other securities. See Part IV, line 11	0.	12	0
13	Investments - program-related. See Part IV, line 11	0.	13	0
14	Intangible assets	0.	14	0
15	Other assets. See Part IV, line 11	0.	15	0
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,283,333.	16	605,848
17	Accounts payable and accrued expenses		17	254,201
18	Grants payable	0.	18	0
19	Deferred revenue	0.	19	0
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,			
22	trustees, key employees, highest compensated employees, and	-		-
	disqualified persons. Complete Part II of Schedule L	-	22	0
23	Secured mortgages and notes payable to unrelated third parties		23	0
24	Unsecured notes and loans payable to unrelated third parties	300,000.	24	300,000
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		25	0
26	Total liabilities. Add lines 17 through 25	755,848.	26	554,201
	Organizations that follow SFAS 117 (ASC 958), check here <b></b>			
	complete lines 27 through 29, and lines 33 and 34.	420.000		41 220
27	Unrestricted net assets	432,900.	27	41,339
28	Temporarily restricted net assets	94,585.	28	10,308
29	Permanently restricted net assets	0.	29	0
27 28 29	Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.			
	Capital stock or trust principal, or current funds		30	
30 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
22	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	527,485.	33	51,647
34	Total liabilities and net assets/fund balances	1,283,333.	34	605,848

AMERICARES FREE CLINICS, INC.

Form 9	00 (2018)			Pa	ge <b>12</b>		
Part							
	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)			80,4			
2	Total expenses (must equal Part IX, column (A), line 25)			56,2 75,8			
3 Revenue less expenses. Subtract line 2 from line 1							
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Net unrealized gains (losses) on investments				0.		
6	Donated services and use of facilities				0.		
7	Investment expenses				0.		
8	Prior period adjustments				0.		
9	Other changes in net assets or fund balances (explain in Schedule O)				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))			51,6	\$47.		
Part							
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," expla-	in in					
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	ed or					
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a					
	separate basis, consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	sight					
	of the audit, review, or compilation of its financial statements and selection of an independent accourt	tant?	2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, expla	ain in					
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in					
	the Single Audit Act and OMB Circular A-133?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not underg						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 ഹ

		nt of the Treasury evenue Service		Go to www.irs.go	//Form990 for instruction	ons and t	he latest i	nformation.	Inspection
Nam	e of tl	he organization						Employer identifi	ication number
AMI	ERI	CARES FREE						06-14227	
Ра	rt I	Reason for	r Public Cha	rity Status (All c	organizations must c	omplet	e this pa	art.) See instructions	5.
The	orga				is: (For lines 1 throug			,	
1					tion of churches desc				
2					. (Attach Schedule E	-			
3		-	-		rganization described				
4			-	-	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
_		hospital's nam	-						
5		-	-		a college or universit	y owned	d or ope	rated by a governme	ental unit described in
	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
6	37								· · · · · · · · · · · · · · · · · · ·
7	Х	-		=	-	pport fro	om a go	vernmental unit or tro	om the general public
•				(1)(A)(vi). (Compl					
8					b)(1)(A)(vi). (Complete	-		Lin contunction with a	land grant callege
9		-		-	ed in section 170(b)(1		-	-	
		university:	a non-lanu-	grant conege of ag	griculture (see instruct	10115). EI		name, city, and state o	r the college of
10		· ·	n that norma	Ily receives: (1) m	ore than 331/3 % of its	support	from co	ntributions members	hin fees and gross
		receipts from	activities rela	ted to its exempt f	unctions - subject to	certain e	exception	s, and (2) no more tha	n 331/3 % of its
		support from acquired by the	gross investri ne organizatio	nent income and up in after June 30 1	nrelated business tax 975. See <b>section 509</b>	able inco ( <b>a)(2)</b> , ((	ome (les: Complete	s section 511 tax) from	businesses
11		• •	•		usively to test for publi		•		
12		An organizatio	on organized	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	carry out the purposes
		of one or mor	e publicly su	pported organizati	ons described in sect	ion 509	<b>(a)(1)</b> or	section 509(a)(2). S	See section 509(a)(3).
	_	Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete li	nes 12e, 12f, and 12g.
а		<b>Type I.</b> A su	pporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_		-		e Part IV, Sections A				
b					ed or controlled in co				
			-		rganization vested in	the sam	e persor	is that control or man	age the supported
		_ ~	( )	•	, Sections A and C.				
С					ng organization opera				lly integrated with,
d			-		is). <b>You must comple</b> porting organization c				tod organization(c)
u			-		nization generally mus	-			
			•	• •	omplete Part IV, Sect				
е					a written determinatio				II, Type III
			-		ionally integrated sup				
f	En	ter the number	of supported	l organizations					
g			<u> </u>	on about the suppo	orted organization(s).	1			
	(i) N	ame of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10)		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docu	ment?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								

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

Schedule A (Form 990 or 990-EZ) 2018

#### Schedule A (Form 990 or 990-EZ) 2018

06-1422741

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

Sec	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,383,672.	2,234,017.	3,026,341.	3,804,177.	4,177,573.	16,625,780.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	3,383,672.	2,234,017.	3,026,341.	3,804,177.	4,177,573.	16,625,780.			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount									
~	shown on line 11, column (f)						1,130,471.			
$\frac{6}{8}$	Public support. Subtract line 5 from line 4						15,495,309.			
	tion B. Total Support ndar year (or fiscal year beginning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	Amounts from line 4	3,383,672.	2,234,017.	3,026,341.	3,804,177.	4,177,573.	16,625,780.			
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,505,072.	2,234,017.	5,020,541.	5,004,177.	2,840.	2,840.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH. 1</u>	10,620.	80.		40.		10,740.			
11	Total support. Add lines 7 through 10						16,639,360.			
12	Gross receipts from related activities, etc. (s	see instructions) .				12				
13	First five years. If the Form 990 is for organization, check this box and stop here	<u></u>	<u></u>							
Sec	tion C. Computation of Public Sup		0							
14	Public support percentage for 2018 (li					14	93.12%			
15	Public support percentage from 2017					15	82.16%			
	<b>33</b> 1/3% <b>support test - 2018.</b> If the org box and <b>stop here.</b> The organization qu	ualifies as a pub	licly supported	organization.			▶ X			
		on qualifies as a	publicly suppor	ted organizatio	n		▶∟			
17a	this box and <b>stop here</b> . The organization qualifies as a publicly supported organization									
b 18	<b>10%-facts-and-circumstances test - 2</b> 15 is 10% or more, and if the orga Explain in Part VI how the organization supported organization	anization meets on meets the "	the "facts-and facts-and-circum	l-circumstances istances" test.	" test, check th The organizatio	nis box and <b>sto</b> n qualifies as a	publicly ▶			
	instructions	<u></u>					<u> ► 🗌</u>			

Schedule A (Form 990 or 990-EZ) 2018

#### Schedule A (Form 990 or 990-EZ) 2018

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

 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

 If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	<b>(e)</b> 20	018 (f) Total	
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities							
	furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons							
b	Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b.							
8	Public support. (Subtract line 7c from							
	line 6.)							
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 20	)18 (f) Total	
9	Amounts from line 6							
	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties, and income from similar							
	sources							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
с	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b,							
	whether or not the business is regularly							
12	Carried on							
12	loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First five years. If the Form 990 is for	or the organize	tion's first, seco	nd, third, fourth	, or fifth tax y	vear as a	section 501(c)(3)	
	organization, check this box and stop here .	-						
Sec	tion C. Computation of Public Supp							
15	Public support percentage for 2018 (line 8,			mn (f))		. 15		%
16	Public support percentage from 2017 Sche	dule A, Part III, lii	ne 15			16		%
Sec	tion D. Computation of Investment							
17	Investment income percentage for 2018 (lir			13, column (f))		17		%
18	Investment income percentage from 2017 S					18		%
	331/3% support tests - 2018. If the org					re than 33		
	17 is not more than 331/3%, check thi						. Г	
b	331/3% support tests - 2017. If the orga							
	line 18 is not more than 331/3%, check							
20	Private foundation. If the organization of		•	• •		••	• -	
JSA		-					(Form 990 or 990-EZ)	2018

#### Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2018

JSA

Schedu	le A (Form 990 or 990-EZ) 2018		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on 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 <b>Part VI</b> 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,</i>			
	supervised, or controlled the supporting organization.	2		
Secti	on 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed</i>			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
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		Yes	No
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? <i>If "Yes," describe in <b>Part VI</b> the role the organization's</i>			
	supported organizations played in this regard.	3		
Secti	on 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 in	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instruc	,	
2	Activities Test. Answer (a) and (b) below.		Yes	INO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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.	2a		
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? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these</i>			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		2-		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
		3a 3b		

Schedule A (Form 990 or 990-EZ) 2018			Page
Part V         Type III Non-Functionally Integrated 509(a)(3) Supporting Organ           1         Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organized	-		,
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	6		
maintenance of property held for production of income (see instructions)			
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Section B - Minimum Asset Amount	8	(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>b</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		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2018

	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	vempt purposes		Current real
2	Amounts paid to supported organizations to accomplish ex Amounts paid to perform activity that directly furthers exer		ad	
2	organizations, in excess of income from activity		eu	
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets	ses of supported organi	Lations	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
Ū	(provide details in <b>Part VI</b> ). See instructions.	the organization is roop		
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

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#### Schedule A (Form 990 or 990-EZ) 2018

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

SCHEDULE A, PART II - OTHER INCOME												
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL						
MISCELLANEOUS	120.	80.		40.		240.						
GROSS INCOME FROM FUNDRAISING	10,500.					10,500.						
TOTALS =	10,620.	80.		40.		10,740.						

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

AMERICARES FREE CLINICS, INC.

06-1422741

Employer identification number

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part I

Employer identification number 06-1422741

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$2,000,157.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Page						
Name of organization	AMERICARES	FREE	CLINICS,	INC.	Employer identification number	
					06-1422741	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1 ME1	DICINES AND MEDICAL SUPPLIES		
		\$1,700,157.	VAR
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

0178001-00010

	(Form 990, 990-EZ, or 990-PF) (2018) rganization AMERICARES FREE CLINICS,	INC.	Employer identification number
			06-1422741
rt III	Exclusively religious, charitable, etc., c (10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the y Use duplicate copies of Part III if addition	e year from any one contributors s completing Part III, enter the to ear. (Enter this information once	or. Complete columns (a) through (e) that of exclusively religious, charitable
) No. rom art 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 2	XIP + 4         Rel	ationship of transferor to transferee
) No. rom 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 2	2IP + 4 Rel	ationship of transferor to transferee
) No.			
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rom Part I			
rom		(e) Transfer of gift	
ŕom	Transferee's name, address, and Z		ationship of transferor to transferee
rom	Transferee's name, address, and Z		ationship of transferor to transferee
) No. rom	Transferee's name, address, and Z		ationship of transferor to transferee (d) Description of how gift is held
rom		XIP + 4         Rel	

0178001-00010

	IEDULE D rm 990)	Supplemental Final			;	OMB No. 1545-0047	
(. •			he organization answered "Yes" on Form 990, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				
	· · · · · · · · · · · · · · · · · · ·	$\blacktriangleright \text{ Attach to Fe}$		Open to Public			
	rtment of the Treasury nal Revenue Service	► Go to www.irs.gov/Form990 for instru		d the latest information	ation.		
Name	e of the organization				Em	ployer identification number	
AME	CRICARES FREE					06-1422741	
Ра		tions Maintaining Donor Advised Funds or 0			Acco	ounts.	
	Complete	if the organization answered "Yes" on Form					
		(a) Done	or advised	funds		(b) Funds and other accounts	
1	Total number at e	nd of year					
2	Aggregate value of	f contributions to (during year)					
3	Aggregate value o	f grants from (during year)					
4		t end of year					
5	-	on inform all donors and donor advisors in writ	-				
	-	nization's property, subject to the organization's e		-			
6	-	on inform all grantees, donors, and donor adviso					
	•	purposes and not for the benefit of the donor of					
		issible private benefit?				Yes No	
Ра		if the ergenization ensured "Vee" on Form	000 Do	rt IV line 7			
1		if the organization answered "Yes" on Form servation easements held by the organization (che					
1				- · · • /	fab	istorically important land area	
		n of land for public use (e.g., recreation or education	) (n	7		istorically important land area	
		f natural habitat		] Preservation o	пас	ertified historic structure	
2		n of open space through 2d if the organization held a qualified co	noorvotio	n contribution in t	ho f	arm of a concervation	
2	-	ast day of the tax year.	iservatio		ine io	Held at the End of the Tax Year	
-					2a		
a h		nservation easements			2a 2b		
b c		ricted by conservation easements vation easements on a certified historic structure			20 20		
d		vation easements included in (c) acquired after			20		
u		sted in the National Register			2d		
3		vation easements modified, transferred, released				by the organization during the	
5	tax year ►		, extingu		licu	by the organization during the	
4	•	where property subject to conservation easement	is located				
5		ation have a written policy regarding the period			on, k	andling of	
•	•	procement of the conservation easements it holds?				<u> </u>	
6		nours devoted to monitoring, inspecting, handling of v					
•	▶	······	, -			······································	
7	Amount of expens	es incurred in monitoring, inspecting, handling of v	iolations,	and enforcing co	nser	vation easements during the year	
	▶\$			0		<b>G F</b>	
8	Does each conserv	vation easement reported on line 2(d) above satisfy	the requi	rements of sectio	n 17	0(h)(4)(B)(i)	
	and section 170(h	(4)(B)(ii)?				Yes 📖 No	
9	In Part XIII, descri	be how the organization reports conservation eas	ements i	n its revenue and	expe	ense statement, and	
		d include, if applicable, the text of the footnote to	the orgai	nization's financia	al sta	tements that describes the	
		ounting for conservation easements.					
Pa		tions Maintaining Collections of Art, Historic			Sim	ilar Assets.	
		if the organization answered "Yes" on Form					
1a	If the organization works of art, hist public service, pro	elected, as permitted under SFAS 116 (ASC 9 prical treasures, or other similar assets held for vide, in Part XIII, the text of the footnote to its fina	58), not f or public ncial stat	to report in its re exhibition, educ ements that desc	even atior ribes	ue statement and balance sheet a, or research in furtherance of s these items.	
b	works of art, hist	n elected, as permitted under SFAS 116 (ASC prical treasures, or other similar assets held for vide the following amounts relating to these items	r public				
		ded on Form 990, Part VIII, line 1					
	(ii) Assets include	d in Form 990, Part X				▶\$	
2	If the organizatio	n received or held works of art, historical trea	sures, or	other similar a	ssets	for financial gain, provide the	
		required to be reported under SFAS 116 (ASC 98					
а	Revenue included	on Form 990, Part VIII, line 1			• •		
<u>b</u>	Assets included in	Form 990, Part X.		<u></u>			
For F	-aperwork Reductior	Act Notice, see the Instructions for Form 990.				Schedule D (Form 990) 2018	

AMERICARES FREE CLINICS, INC.

Schee	dule D (Form 990) 2018									Page <b>2</b>
Ра	rt III Organizations Maintain	ing Collections	of Art, Histo	orical Tre	asures	s, or	Other Simila	r Assets (	continue	d)
3	Using the organization's acquisition	on, accession, and	d other reco	rds, checł	k any o	f the	following that	t are a sigi	nificant us	se of its
	collection items (check all that app	ly):								
а	Public exhibition		d	Loan d	or excha	ange	programs			
b	Scholarly research		e	Other						
с	Preservation for future gene	rations								
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	on solicit or receiv	e donations o	of art, histo	orical tre	easu	res, or other sir	nilar		
	assets to be sold to raise funds rati							_	Yes	No
Ра	rt IV Escrow and Custodial A				-					
	Complete if the organiza	ation answered "	Yes" on For	m 990, F	Part IV,	line	9, or reported	l an amou	nt on For	m
	990, Part X, line 21.									
1a	Is the organization an agent, truste	ee, custodian or o	ther intermed	diary for c	ontribut	ions	or other assets	not		
	included on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and co	mplete the fo	llowing tak	ole:					
			•	U	[			Amount		
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an am						stodial account	liability?	Yes	No
	If "Yes," explain the arrangement i									
	rt V Endowment Funds.			1		p-			<u></u>	·
	Complete if the organiza	ation answered "	Yes" on Foi	m 990, F	Part IV.	line	10.			
	1 5	(a) Current year	(b) Prio		(c) Two			e years back	(e) Four y	ears back
1 2	Beginning of year balance			-				-		
1a ⊾	Contributions									
b										
С	Net investment earnings, gains, and losses									
ام										
a	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
t	Administrative expenses									
g	End of year balance			<i>(</i> ),		( ))				
2	Provide the estimated percentage		ar end baland	e (line 1g,	column	(a))	neid as:			
b	Board designated or quasi-endown Permanent endowment	%	/0							
	Temporarily restricted endowment		%							
C	The percentages on lines 2a, 2b, a									
30	Are there endowment funds not in			ation that	ara hala	d and	administered	for the		
Ja	organization by:		i the organiza				administered		Y	es No
	(i) unrelated organizations								3a(i)	
									3a(ii)	
h	(ii) related organizations If "Yes" on line 3a(ii), are the related								3b	
		-	-			: <b>.</b> .			50	
4 	Describe in Part XIII the intended rt VI Land, Buildings, and Equ									
Га	rt VI Land, Buildings, and Eq Complete if the organiz	ation answered '	'Yes" on Fo	rm 990, l	Part IV,	, line	11a. See For	rm 990, Pa	art X, line	10.
	Description of property		t or other basis	(b) Cost o		asis	(c) Accumulated	(0	l) Book valu	е
10	Land	, , , , , , , , , , , , , , , , , , ,	vestment)	(0	ther)		depreciation			
1a ⊾	Land									
b	Buildings				955,43	2	846,90	5	1 ∩	8,527.
C	Leasehold improvements				.07,67		58,49			9,173.
d	Equipment				,0/	4.	50,49	· ·	4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
e Tata	Other I. Add lines 1a through 1e. <i>(Columr</i>		orm 000	V colum	n (P) 1:	0.10	<u></u>		1 ୮	7,700.
iota	• Aud mies la miough le. (Column	i (u) musi eyudi Fi	энн ээ0, Fall	л, сошт	וווו , (ם) י				тJ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Schedule D (Form 990) 2018

AMERICARES FREE CLINICS, INC. 06-1422741 Schedule D (Form 990) 2018 Page 3 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 (b) Book value (c) Method of valuation: (including name of security) 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.) ▶ Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (a) Description of investment (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)(3) (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

2. Liability for uncertain fax 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

Х

Schedu	le D (Form 990) 2018		Page <b>4</b>
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.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	14,167,631.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	9,987,218.
3	Subtract line 2e from line 1	3	4,180,413.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,180,413.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	14,643,469.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	9,987,218.
3	Subtract line 2e from line 1	3	4,656,251.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,656,251.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part VI, lines 2d and 4b, Alap complete this part to provide any additional information of the second		
z, rai	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	

SEE PAGE 5

Schedule D (Form 990) 2018

JSA 8E1271 1.000

#### INCOME TAXES

Part XIII

#### FORM 990, SCHEDULE D, PART X, LINE 2

Supplemental Information (continued)

AMERICARES AND THE CLINICS FOLLOW 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.

BOTH AMERICARES AND THE CLINICS ARE EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE ("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 AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT WAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. AMERICARES HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

## FORM 990, SCHEDULE D, PART XI & XII THE OPERATIONS OF THE AMERICARES FREE CLINICS, INC. ARE CONSOLIDATED INTO THE AUDITED FINANCIAL STATEMENTS OF ITS PARENT, AMERICARES FOUNDATION, INC. THE RECONCILIATION IN PART XI & XII OF SCHEDULE D RECONCILES BACK TO

Schedule D (Form 990) 2018

Part XIII Supplemental Information (continued)
THE AMERICARES FREE CLINICS, INC. FINANCIAL INFORMATION AS PRESENTED IN
THE AUDITED FINANCIAL STATEMENTS AND NOT TO THE CONSOLIDATED NUMBERS.
AMERICARES FREE CLINICS, INC.'S CHANGE IN NET ASSETS FOR THE YEAR IS
(\$475,838).

SCHEDULE I				Assistance t			F	OMB No. 1545-0047
(Form 990)			-	ndividuals in				2018
	Comp	lete if the or	-	wered "Yes" on F ttach to Form 990		, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		► Go t		/Form990 for the I		L		Inspection
Name of the organization		,				-	Employer identifi	cation number
AMERICARES FRE	E CLINICS, INC.						06-1422	2741
Part I General	Information on Grants and	Assistance	)				•	
1 Does the organi	ization maintain records to su	bstantiate the	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance, a	
the selection cri	teria used to award the grants	or assistanc	e?					X Yes No
2 Describe in Part	t IV the organization's proced	ures for mon	itoring the use	of grant funds in the	e United States.			
Part II Grants a	nd Other Assistance to Do	omestic Org	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered	"Yes" on Form 990,
Part IV, li	ine 21, for any recipient th	at received	more than \$5	,000. Part II can b	be duplicated if a	additional space is i	needed.	
	nd address of organization government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistanc	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
	ber of section 501(c)(3) and g ber of other organizations liste							▶
	ion Act Notice, see the Instruction							Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
FREE PRESCRIPTION MEDICINE	2,800.		2,179,706.	FMV	PRESCRIPTION MEDS	
3						
4						
5						
6						
7						
art IV Supplemental Information. Provide information.	e the information re	quired in Part I,	line 2, Part III, c	column (b); and any o	ther additional	

SCHEDULE I

PART I, LINE 2

IN FISCAL YEAR 2019, 2,800 ACTIVE PATIENTS WERE ELIGIBLE TO RECEIVE FREE

MEDICATIONS. MEDICATION DISPENSED BY AMERICARES FREE CLINICS, INC. IS

LABELED, RECORDED AND HANDED DIRECTLY TO THE PATIENT FOR WHOM IT IS

PRESCRIBED. DISPENSED DOSAGES AND LOT NUMBERS ARE RECORDED IN EACH

PATIENT'S CHART. ADHERENCE IS MONITORED AT EACH PATIENT VISIT.

SCHEDULE J (Form 990)		Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.				OMB No. 1545-0047		
-	of the organization	,		Employer identificatio				
AMEF	RICARES FRI	EE CLINICS, INC.		06-1422741				
Part		s Regarding Compensation						
1a	990, Part VII, First-cla Travel fo Tax inde		by b	g these items. personal use nal residence on fees		Yes	No	
b 2	or reimburse explain	ment or provision of all of the ex	ne organization follow a written policy re penses described above? If "No," com to reimbursing or allowing expenses	plete Part III to	1b			
		-	D/Executive Director, regarding the items	checked on line				
3	Indicate which organization's related organ X Comper Indepen Form 99	s CEO/Executive Director. Check all that ization to establish compensation of the neation committee dent compensation consultant 00 of other organizations	hization used to establish the compensation at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P Written employment contract Compensation survey or study X Approval by the board or compensation	at used by a art III. ation committee	2			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect t	o the filing				
а	a Receive a severance payment or change-of-control payment?						X	
b							Х	
С	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						X	
5	compensation contingent on the revenues of:							
-	a       The organization?         b       Any related organization?						X	
b	-	rganization? e 5a or 5b, describe in Part III.	••••••		5b		X	
6	For persons li compensatior	isted on Form 990, Part VII, Section A, n contingent on the net earnings of:	, line 1a, did the organization pay or accrue	-	6a			
a							X	
b	•	rganization? e 6a or 6b, describe in Part III.			6b		X	
7	For persons	or persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed						
8		payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject						
v	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe							
	in Part III						Х	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?							

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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

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

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

		<b>(B)</b> Breakdown o	kdown of W-2 and/or 1099-MISC compensat		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KAREN GOTTLIEB	(i)	176,211.	0.	0.	10,582.	10,735.	197,528.	0.
1 EXECUTIVE DIRECTOR/DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
DINA VALENTI	(i)	122,107.	0.	0.	5,191.	39,973.	167,271.	0.
DIRECTOR, DANBURY CLINIC	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL NYENHUIS	(i)	0.	0.	0.	0.	0.	0.	0.
3 <sup>PRESIDENT &amp; CEO</sup>	(ii)	396,098.	30,000.	0.	43,500.	25,988.	495,586.	0.
RICHARD K. TROWBRIDGE,	(i)	0.	0.	0.	0.	0.	0.	0.
4 <sup>TREASURER</sup>	(ii)	258,926.	0.	0.	15,759.	36,296.	310,981.	0.
ANNE PETERSON, MD, MPH	(i)	0.	0.	0.	0.	0.	0.	0.
5 <sup>DIRECTOR</sup>	(ii)	243,173.	0.	0.	14,752.	14,160.	272,085.	0.
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

# Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2018

### SCHEDULE M (Form 990)

# **Noncash Contributions**

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

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Name of the organization

# AMERICARES FREE CLINICS, INC.

Employer identification number 06-1422741

Par	I Types of Property						
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determi noncash contribution a		
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						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
••	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
15	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19							
19 20	Food inventory Drugs and medical supplies		1.	1,700,157.	COST/WHOLESALE	PR	
			֥	1,,00,10,1			
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►()						
26	Other ►()						
27	Other ►()						
28	Other ▶()						
29	Number of Forms 8283 received				20		
	which the organization completed F	-orm 8283,	Part IV, Donee Acknowledg	ement	29		
			have a station of a state of a st	at a second state of the Device I. If we		es	No
30a	During the year, did the organizat				-		
	28, that it must hold for at least th	-			-		v
_	to be used for exempt purposes for		olding period?		30a		X
b	If "Yes," describe the arrangement i						
31	Does the organization have a			-			
	contributions?					Х	
32a	Does the organization hire or use		•				
	contributions?				32a	X	
b	If "Yes," describe in Part II.						
33	If the organization didn't report an describe in Part II.	amount in c	column (c) for a type of pro	perty for which column (a)	is checked,		

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

Schedule M (Form 990) 2018

Page 2

**Part II** Supplemental Information. 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 32B

TO THE EXTENT THAT AMERICARES FREE CLINICS, INC. RECEIVES NONCASH

CONTRIBUTIONS IN THE FORM OF DONATED SECURITIES, AMERICARES FREE CLINICS,

INC. WILL USE ITS OWN INVESTMENT BROKER TO SELL THOSE DONATED SECURITIES.

## SCHEDULE O (Form 990 or 990-EZ)

# 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.



06-1422741

Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization AMERICARES FREE CLINICS, INC.

FORM 990, PART VI, LINE 11

THE FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE FORM 990 IS REVIEWED BY MANAGEMENT AND WAS DISTRIBUTED TO THE BOARD OF DIRECTORS FOR REVIEW AND COMMENT IN MARCH OF 2020, AND APPROVED FOR FILING SHORTLY THEREAFTER.

#### FORM 990, PART VI, LINE 12

A DIRECTOR OR OFFICER SHALL DISCLOSE TO THE BOARD OF DIRECTORS ANY POTENTIAL CONFLICTS OF INTEREST IN CONNECTION WITH PROPOSED ACTIONS OF THE CORPORATION. WHEN ANY SUCH CONFLICT OF INTEREST IS RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD OF DIRECTORS, OR A COMMITTEE THEREOF, SUCH INTERESTED DIRECTOR OR OFFICER SHALL NOT VOTE ON THE MATTER. MOREOVER, THE INTERESTED DIRECTOR OR OFFICER SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD OF DIRECTORS (OR THE COMMITTEE) IS MEETING AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. HOWEVER, THE INTERESTED DIRECTOR OR OFFICER SHALL PROVIDE THE BOARD OF DIRECTORS OR COMMITTEE WITH ANY AND ALL MATERIAL INFORMATION.

THE MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS OR COMMITTEE SHALL REFLECT THAT A CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED DIRECTOR OR OFFICER WAS NOT PRESENT DURING THE FINAL DISCUSSION OR VOTE AND DID NOT VOTE. WHEN THERE IS A DOUBT AS TO WHETHER A CONFLICT OF

INTEREST EXISTS, THE MATTER SHALL BE RESOLVED BY A VOTE OF THE BOARD OF DIRECTORS, OR THE COMMITTEE, EXCLUDING THE INTERESTED DIRECTOR OR OFFICER CONCERNING WHOSE SITUATION THE DOUBT HAS ARISEN.

THIS POLICY SHALL BE REVIEWED ANNUALLY FOR THE INFORMATION AND GUIDANCE OF DIRECTORS, OFFICERS AND STAFF MEMBERS; AND ANY NEW DIRECTORS, OFFICERS OR STAFF MEMBERS SHALL BE ADVISED OF THE POLICY AND FURNISHED A DISCLOSURE STATEMENT UPON UNDERTAKING THE DUTIES OF SUCH OFFICE.

#### FORM 990, PART VI, LINE 15

#### PROCESS FOR DETERMINING COMPENSATION

THE AMERICARES FOUNDATION CHIEF EXECUTIVE, ALONG WITH THE SVP OF PROGRAMS AND SVP OF HUMAN RESOURCES, DETERMINES THE COMPENSATION OF THE EXECUTIVE DIRECTOR OF THE AMERICARES FREE CLINICS. ANNUALLY, AN ACROSS-THE-BOARD INCREASE IS PROVIDED. UTILIZATION OF PERFORMANCE EVALUATION, AVAILABLE MARKET DATA, SALARY SURVEY RESULTS, AND OTHER AVAILABLE TOOLS ARE USED TO SUBSTANTIATE ANY COMPENSATION DECISIONS BEYOND THE ORGANIZATION'S ANNUAL STANDARD.

#### FORM 990, PART VI, LINE 19

THE TAXPAYER MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS AND BY POSTING IT ON THE AMERICARES FOUNDATION WEBSITE, WWW. AMERICARES.ORG. THE FORM 990 IS LIKEWISE PUBLISHED ON THE INTERNET AT WWW.GUIDESTAR.ORG. THE ORGANIZATION'S FINANCIAL ACTIVITIES ARE PRESENTED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF ITS PARENT ORGANIZATION, AMERICARES FOUNDATION, INC. AND

V 18-7.6F

0178001-00010

Schedule O (Form 990 or 990-EZ) 2018     F       Name of the organization     Employer identification number				
Name of the organization	Employer identification number			
AMERICARES FREE CLINICS, INC.	06-1422741			

ARE SUMMARIZED IN THE ANNUAL REPORT, WHICH IS AVAILABLE ON THE AMERICARES WEBSITE. GOVERNING DOCUMENTS ARE NOT ORDINARILY MADE AVAILABLE TO THE PUBLIC. BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.

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

THE MISSION OF AMERICARES FREE CLINICS, INC. IS TO PROVIDE FREE PRIMARY CARE TO LOW-INCOME UNINSURED RESIDENTS OF THE GREATER NORWALK, DANBURY, STAMFORD AND BRIDGEPORT CONNECTICUT AREAS IN A SETTING WHERE ALL INDIVIDUALS ARE TREATED WITH DIGNITY AND RESPECT. AMERICARES FREE CLINICS, INC. HELPS THOSE WHO ARE MAKING A SINCERE EFFORT TO HELP THEMSELVES AND THEIR FAMILIES, BUT DO NOT HAVE THE FINANCIAL RESOURCES FOR MEDICAL CARE.

ATTACHMENT 2

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

AMERICARES FREE CLINICS, INC. ACCEPTS NO FEDERAL GOVERNMENT FUNDING. RATHER IT OPERATES WITH PRIVATE AND LOCAL DONATIONS AND VOLUNTEER SERVICES. HEALTH SERVICES VALUED AT MORE THAN \$106.7 MILLION HAVE BEEN DELIVERED TO OVER 27,510 PATIENTS THROUGH THE FREE CLINIC NETWORK SINCE THE FIRST OPENED IN 1994. CURRENTLY AMERICARES FREE CLINICS, INC. OPERATES CLINICS IN DANBURY, NORWALK, STAMFORD AND BRIDGEPORT, CONNECTICUT. IN OFFERING FREE PRIMARY CARE TO THE UNINSURED, AMERICARES FREE CLINICS, INC. DIAGNOSE AND TREAT PATIENTS BEFORE THEIR ILLNESSES REACH THE CRISIS STAGE, THEREBY REDUCING PREVENTABLE HOSPITAL STAYS AND EMERGENCY ROOM VISITS AND, MOST IMPORTANTLY, PRESERVING AND

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V 18-7.6F

ATTACHMENT 1

Schedule O (Form 990 or 990-EZ) 2018	Page 2
Name of the organization	Employer identification number
AMERICARES FREE CLINICS, INC.	06-1422741

ATTACHMENT 2 (CONT'D)

IMPROVING THE HEALTH OF INDIVIDUALS AND COMMUNITIES AS A WHOLE. IN

ADDITION TO THE AMOUNTS LISTED ABOVE, AMERICARES FREE CLINICS,

INC. USED \$9,987,218 IN CONTRIBUTED SERVICES.

OMB No. 1545-0047

Open to Public

Inspection

8

2

Employer identification number

06-1422741

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

AMERICARES FREE CLINICS, INC.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

### Part II

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	conti	<b>g)</b> 512(b)(13) rolled ity?
						Yes	No
(1) AMERICARES FOUNDATION, INC. 06-1008595							
88 HAMILTON AVENUE STAMFORD, CT 06902	INTL RELIEF	СТ	501(C)(3)	7	N/A		Х
(2)							
(3)							
(4)							
(5)							
(6)							
							1
(7)							

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

Schedule R (Form 990) 2018

Page **2** 

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.

		inere related erg			anarerenip aannig m								
	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	<b>j)</b> eral or aging ther?	<b>(k)</b> Percentage ownership
								Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(e)</b> Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i) Sect 512(b) contro entit
(1)	_						Yes I
(2)	_						
(3)	_						
(4)	_						
(5)	_						
(6)	_						
(7)	_						

Schedule R (Form 990) 2018

JSA

AMERICARES FREE CLINICS, INC.

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			_	Ye	s N
During the tax year, did the organization engage in any of the following transactions w	with one or more related organizations li	sted in Parts II-IV?	_		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.				1a	
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	
c Gift, grant, or capital contribution from related organization(s)				1c >	_
d Loans or loan guarantees to or for related organization(s)				1d	
e Loans or loan guarantees by related organization(s)			•••••	1e >	ζ
f Dividends from related organization(s)			+	1f	1
g Sale of assets to related organization(s)				1g	
h Purchase of assets from related organization(s)				1h	
i Exchange of assets with related organization(s).				1i	
Lease of facilities, equipment, or other assets to related organization(s).			· · · · ·	1j	
k Lease of facilities, equipment, or other assets from related organization(s)				1k	
Performance of services or membership or fundraising solicitations for related organiz	zation(s)			11	
m Performance of services or membership or fundraising solicitations by related organiz	ation(s)			1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	(s)			1n 🛛	_
o Sharing of paid employees with related organization(s)				10 <sup>2</sup>	٢
p Reimbursement paid to related organization(s) for expenses.					
				1p >	_
<b>q</b> Reimbursement paid to related organization(s) for expenses				1p ≯ 1q	
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q	2
<ul><li>q Reimbursement paid by related organization(s) for expenses</li></ul>				1q 1r	2
<ul> <li>q Reimbursement paid by related organization(s) for expenses</li> <li>r Other transfer of cash or property to related organization(s)</li> <li>s Other transfer of cash or property from related organization(s).</li> </ul>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · ·	1q 1r 1s	۲ ۲ ۲ ۲
<ul> <li>q Reimbursement paid by related organization(s) for expenses</li> <li>r Other transfer of cash or property to related organization(s)</li> <li>s Other transfer of cash or property from related organization(s)</li> <li>If the answer to any of the above is "Yes," see the instructions for information on who</li> </ul>	o must complete this line, including cov	ered relationships and trans	action thres	1q 1r 1s holds.	2
q Reimbursement paid by related organization(s) for expenses         r Other transfer of cash or property to related organization(s)         s Other transfer of cash or property from related organization(s)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	action thres	1q 1r 1s holds. (d)	2 2 2 ning
q Reimbursement paid by related organization(s) for expenses         r Other transfer of cash or property to related organization(s)         s Other transfer of cash or property from related organization(s)         If the answer to any of the above is "Yes," see the instructions for information on who         (a)         Name of related organization	o must complete this line, including cov (b) Transaction	ered relationships and trans	action thres	1q 1r 1s holds. (d) f determin t involved	ning
q Reimbursement paid by related organization(s) for expenses         r Other transfer of cash or property to related organization(s)         s Other transfer of cash or property from related organization(s)         If the answer to any of the above is "Yes," see the instructions for information on who         (a)         Name of related organization         AMERICARES FOUNDATION, INC.	o must complete this line, including cov (b) Transaction type (a-s)	ered relationships and trans (c) Amount involved	action thres	1q 1r 1s holds. (d) f determin t involved	2 2 2 ning
q Reimbursement paid by related organization(s) for expenses	c must complete this line, including cov (b) Transaction type (a-s) C	ered relationships and trans (c) Amount involved 1,700,157.	Method of amoun	1q 1r 1s holds. (d) f determint involved DODS )	ning
q Reimbursement paid by related organization(s) for expenses	c must complete this line, including cov (b) Transaction type (a-s) C P	ered relationships and trans (c) Amount involved 1,700,157. 65,177.	method of amoun FMV (GC CASH	1q 1r 1s holds. (d) f determin t involved DODS )	ning
q Reimbursement paid by related organization(s) for expenses	c must complete this line, including cov (b) Transaction type (a-s) C P E	ered relationships and transf (c) Amount involved 1,700,157. 65,177. 300,000.	Action thres	1q 1r 1s holds. (d) f determin t involved DODS )	ning
q Reimbursement paid by related organization(s) for expenses	c must complete this line, including cov (b) Transaction type (a-s) C P E	ered relationships and transf (c) Amount involved 1,700,157. 65,177. 300,000.	Action thres	1q 1r 1s holds. (d) f determin t involved DODS )	ning
q Reimbursement paid by related organization(s) for expenses         r Other transfer of cash or property to related organization(s).         s Other transfer of cash or property from related organization(s).         lf the answer to any of the above is "Yes," see the instructions for information on who         (a)         Name of related organization         (a)         Name of related organization         AMERICARES FOUNDATION, INC.         AMERICARES FOUNDATION, INC.         AMERICARES FOUNDATION, INC.	c must complete this line, including cov (b) Transaction type (a-s) C P E	ered relationships and trans (c) Amount involved 1,700,157. 65,177. 300,000. 300,000.	Action thres	1q       1r       1s       holds.       (d)       f determinition       t involved       DODS )	TEF

06-1422741

Schedule R (Form 990) 2018

# 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.

-	sections 512-514)	Yes	No		Yes	No	Yes	No	
-									1
1									
-									
-									
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Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.