

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

Form header section containing organization name (AMERICARES FOUNDATION, INC.), address (88 HAMILTON AVENUE, STAMFORD, CT), and identification numbers.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include mission statement, governance metrics, revenue (Total: 1,851,063,617), expenses (Total: 1,898,801,276), and net assets (Total: 340,688,577).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block section with fields for officer signature (BRUCE PANKEY, CFO), preparer name (SCOTT THOMPSETT), and firm information (GRANT THORNTON ADVISORS LLC).

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,763,673,007. including grants of \$ 1,732,559,775.) (Revenue \$) SEE SCHEDULE O

4b (Code:) (Expenses \$ 50,540,146. including grants of \$ 15,716,765.) (Revenue \$) SEE SCHEDULE O

4c (Code:) (Expenses \$ 47,812,460. including grants of \$ 8,447,974.) (Revenue \$ 1,989,833.) SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,862,025,613.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (22); 1b Enter the number of voting members included on line 1a, above, who are independent (21); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
BRUCE PANKEY - 203-658-9500
88 HAMILTON AVENUE, STAMFORD, CT 06902-3105

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTINE SQUIRES PRESIDENT/CEO	40.00 1.00	X		X				554,209.	0.	68,345.
(2) RICHARD K. TROWBRIDGE, JR. TREAS, SVP OP, CFO (THRU 08/24)	40.00 1.00			X				340,123.	0.	46,906.
(3) ELANA LOPEZ CHIEF PEOPLE & SYSTEMS	40.00 0.00			X				325,065.	0.	60,578.
(4) JENNY GOLDSTEIN SVP & CHIEF DEV. OFFICER (THRU 04/25)	40.00 0.00			X				312,720.	0.	59,836.
(5) JULIE VARUGHESE CHIEF MEDICAL OFFICER	40.00 0.00			X				311,284.	0.	18,208.
(6) FELICIA MACDONALD SVP AND CHIEF MARKETING OFFICER	40.00 0.00					X		270,548.	0.	53,072.
(7) MEGIN WOLFMAN SVP/CSO (THRU 10/24)	40.00 1.00			X				247,952.	0.	55,718.
(8) YAEL GOTTLIEB SVP & CHIEF DEVELOPMENT OFFICER	40.00 0.00			X				253,202.	0.	48,638.
(9) JOAN LITTLEFIELD DEPUTY SVP, GLOBAL PROGRAMS	40.00 0.00					X		231,317.	0.	40,234.
(10) MONICA BARBER GENERAL COUNSEL	40.00 0.00			X				260,323.	0.	11,086.
(11) ROSE HOGAN DSVP/QUALITY/IMPACT AND LEARNING	40.00 0.00					X		226,302.	0.	35,200.
(12) PROVASH BUDDEN DEPUTY SVP/EMERGENCY PROGRAMS	40.00 0.00					X		233,840.	0.	27,321.
(13) LYNEISHA VAUGH-PEREZ VP, FINANCE, PLANNING & GRANTS	40.00 0.00					X		226,840.	0.	14,987.
(14) JENNIFER M. NAUMANN ASSOC DIR/BOARD RELATIONS/ASST SEC.	40.00 1.00			X				92,834.	0.	27,251.
(15) BRUCE A. PANKEY TREASURER/CFO (AS OF 12/24)	40.00 0.00			X				27,574.	0.	2,326.
(16) SUSAN GROSSMAN BOARD CHAIR	1.00 0.00	X		X				0.	0.	0.
(17) JEFFREY T. BECKER BOARD VICE CHAIR (THRU 06/25)	1.00 0.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL ULLMANN CORPORATE SECRETARY	1.00 0.00	X		X				0.	0.	0.
(19) PERCIVAL BARRETTO-KO DIRECTOR (THRU 10/24)	1.00 0.00	X						0.	0.	0.
(20) TIM BOSEK DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) KATHERINE CLOSE, MD DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) ROBERTA CONROY DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) STEPHEN GALLUCCI DIRECTOR (THRU 06/25)	1.00 0.00	X						0.	0.	0.
(24) TONY GOLDWYN DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) ERICA HILL DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) JEAN-MARC LAUCHEZ DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								3,914,133.	0.	569,706.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,914,133.	0.	569,706.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 112

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ANNE LEWIS STRATEGIES, LLC, 650 MASSACHUSETTS AVE., SUITE 505, WASHINGTON, LAUTMAN MASKA NEILL & COMPANY, 1730 RHODE ISLAND AVE., NW #301, WASHINGTON, DC 20036	MARKETING/MEDIA MANAGEMENT	1,862,844.
GEODIS USA, INC., 7101 EXECUTIVE CENTER DR, STE 333, BRENTWOOD, TN 37027	ACQUISITION & POSTAGE COSTS	1,543,454.
RWT PRODUCTION, LLC, 5624 BELLINGTON AVENUE, SPRINGFIELD, VA 22151	LOGISTICS/TRUCKING	949,586.
GIVEBRIDGE INC, 550 W. VAN BUREN SUITE 1100, CHICAGO, IL 60607	ACQUISITION & POSTAGE COSTS	912,856.
	FUNDRAISING COUNSEL	500,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 25

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 43,442.					
	b Membership dues	1b					
	c Fundraising events	1c 1,486,587.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 3,138,521.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f 1,842,131,632.					
	g Noncash contributions included in lines 1a-1f	1g \$ 1,762,473,692.					
	h Total. Add lines 1a-1f						1,846,800,182.
Program Service Revenue	2 a PATIENT SVC. REVENUE	Business Code 621400	1,989,833.	1,989,833.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f		1,989,833.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,998,640.			1,998,640.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real 44,400.				
			(ii) Personal				
			6b Less: rental expenses ... 38,140.				
	c Rental income or (loss)	6c 6,260.					
	d Net rental income or (loss)		6,260.			6,260.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities 29,818,075.				
			(ii) Other				
			7b Less: cost or other basis and sales expenses				
	c Gain or (loss)	7c 274,355.					
	d Net gain or (loss)		274,355.			274,355.	
	8 a Gross income from fundraising events (not including \$ 1,486,587. of contributions reported on line 1c). See Part IV, line 18	8a	81,280.				
			8b Less: direct expenses				
c Net income or (loss) from fundraising events			-408,780.				
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		9b Less: direct expenses					
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a	1,220,191.					
		b Less: cost of goods sold					1,124,923.
		c Net income or (loss) from sales of inventory					95,268.
Miscellaneous Revenue	11 a EL SALVADOR CAFETERIA	Business Code 900099	276,681.			276,681.	
	b _____						
	c _____						
	d All other revenue	900099	31,178.			31,178.	
	e Total. Add lines 11a-11d		307,859.				
12 Total revenue. See instructions		1,851,063,617.	1,989,833.	0.	2,273,602.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	115,870,410.	115,870,410.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,374,767,067.	1,374,767,067.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	266,087,037.	266,087,037.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,138,472.	1,067,080.	1,035,696.	1,035,696.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	28,775,371.	15,125,579.	7,184,867.	6,464,925.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,770,842.	1,489,310.	675,296.	606,236.
9 Other employee benefits	5,305,799.	3,449,570.	1,009,679.	846,550.
10 Payroll taxes	4,236,137.	2,238,373.	1,049,312.	948,452.
11 Fees for services (nonemployees):				
a Management	1,848,418.	919,575.	622,688.	306,155.
b Legal	350,775.	24,325.	325,020.	1,430.
c Accounting	311,078.	47,894.	260,207.	2,977.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	2,498,866.			2,498,866.
f Investment management fees	110,811.		110,811.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,684,166.	2,317,768.	389,457.	976,941.
12 Advertising and promotion	3,903,025.	222,577.	6,592.	3,673,856.
13 Office expenses	233,443.	223,083.	950.	9,410.
14 Information technology	3,212,519.	920,088.	1,244,979.	1,047,452.
15 Royalties				
16 Occupancy	3,182,027.	2,355,412.	625,697.	200,918.
17 Travel	1,414,194.	1,120,278.	105,690.	188,226.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	88,603.	87,889.		714.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	509,529.	289,007.	213,317.	7,205.
23 Insurance	695,201.	104,294.	567,991.	22,916.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a COST OF EXPIRED GOODS	54,721,437.	54,721,437.		
b POSTAGE AND FREIGHT	19,150,350.	17,576,581.	15,182.	1,558,587.
c _____				
d _____				
e All other expenses _____	1,935,699.	1,000,979.	265,213.	669,507.
25 Total functional expenses. Add lines 1 through 24e	1,898,801,276.	1,862,025,613.	15,708,644.	21,067,019.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	12,660.	1	4,375,049.
	2 Savings and temporary cash investments	5,797,950.	2	7,255,526.
	3 Pledges and grants receivable, net	9,568,248.	3	9,409,991.
	4 Accounts receivable, net	535,604.	4	1,012,140.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	331,004,098.	8	286,428,797.
	9 Prepaid expenses and deferred charges	2,604,195.	9	2,727,144.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,868,122.		
	b Less: accumulated depreciation	10b 5,736,131.		
	11 Investments - publicly traded securities	42,953,612.	11	43,294,587.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	17,467,940.	15	15,907,486.
16 Total assets. Add lines 1 through 15 (must equal line 33)	412,452,945.	16	372,542,711.	
Liabilities	17 Accounts payable and accrued expenses	9,653,185.	17	10,517,110.
	18 Grants payable	1,459,876.	18	2,822,880.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	1,500,000.
	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	14,388,214.	25	17,014,144.
	26 Total liabilities. Add lines 17 through 25	25,501,275.	26	31,854,134.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	57,197,704.	27	93,171,012.
	28 Net assets with donor restrictions	329,753,966.	28	247,517,565.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	386,951,670.	32	340,688,577.	
33 Total liabilities and net assets/fund balances	412,452,945.	33	372,542,711.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,851,063,617.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,898,801,276.
3	Revenue less expenses. Subtract line 2 from line 1	3	-47,737,659.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	386,951,670.
5	Net unrealized gains (losses) on investments	5	1,883,200.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-408,634.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	340,688,577.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

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

Form 990 (2024)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1229643718.	1366006518.	1558728826.	1994980321.	1846800182.	7996159565.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1229643718.	1366006518.	1558728826.	1994980321.	1846800182.	7996159565.
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)						4884793312.
6 Public support. Subtract line 5 from line 4.						3111366253.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	1229643718.	1366006518.	1558728826.	1994980321.	1846800182.	7996159565.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,209,228.	1,568,655.	2,289,652.	2,029,378.	2,045,043.	9,141,956.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,538,906.	1,773,025.	1,760,379.	1,775,838.	1,609,330.	8,457,478.
11 Total support. Add lines 7 through 10						8013758999.
12 Gross receipts from related activities, etc. (see instructions)					12	7,618,416.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	38.83 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	41.35 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

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, LINE 10, EXPLANATION FOR OTHER INCOME:

SPECIAL EVENTS

2020 AMOUNT: \$ 8,625.
 2021 AMOUNT: \$ 61,090.
 2022 AMOUNT: \$ 62,500.
 2023 AMOUNT: \$ 67,500.
 2024 AMOUNT: \$ 81,280.

SALES OF INVENTORY

2020 AMOUNT: \$ 1,275,951.
 2021 AMOUNT: \$ 1,358,494.
 2022 AMOUNT: \$ 1,317,658.
 2023 AMOUNT: \$ 1,237,913.
 2024 AMOUNT: \$ 1,220,191.

MISCELLANEOUS

2020 AMOUNT: \$ 254,330.
 2021 AMOUNT: \$ 353,441.
 2022 AMOUNT: \$ 380,221.
 2023 AMOUNT: \$ 470,425.
 2024 AMOUNT: \$ 307,859.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 748,741,878.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 500,219,145.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 92,369,765.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	<u>MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS</u> <hr/> <hr/> <hr/>	\$ <u>748,741,878.</u>	<u>06/30/25</u>
2	<u>MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS</u> <hr/> <hr/> <hr/>	\$ <u>500,219,145.</u>	<u>06/30/25</u>
3	<u>MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS</u> <hr/> <hr/> <hr/>	\$ <u>92,369,765.</u>	<u>06/30/25</u>
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

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

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	14,819,000.	12,987,835.	11,677,243.	12,208,794.	5,686,992.
b Contributions	12,284,762.	25,000.	442,739.	2,025,000.	4,555,746.
c Net investment earnings, gains, and losses	2,179,305.	1,849,107.	906,769.	-2,520,310.	2,164,185.
d Grants or scholarships					
e Other expenditures for facilities and programs	526,414.				172,000.
f Administrative expenses	56,112.	42,942.	38,916.	36,241.	26,129.
g End of year balance	28,700,542.	14,819,000.	12,987,835.	11,677,243.	12,208,794.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 89.0000 %
 - b Permanent endowment 10.0000 %
 - c Term endowment 1.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		175,000.		175,000.
b Buildings		1,422,147.	910,561.	511,586.
c Leasehold improvements				
d Equipment		6,270,975.	4,825,570.	1,445,405.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,131,991.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

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, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT INTEREST AGREEMENTS	6,319,042.
(3) RIGHT OF USE LEASE LIABILITY	6,539,102.
(4) DUE TO AMERICARES	4,156,000.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,854,867,924.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a 1,883,200.		
	b Donated services and use of facilities	2b 789,432.		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d -410,637.		
	e Add lines 2a through 2d		2e	2,261,995.
3	Subtract line 2e from line 1		3	1,852,605,929.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a 110,811.		
	b Other (Describe in Part XIII.)	4b -1,653,123.		
	c Add lines 4a and 4b		4c	-1,542,312.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,851,063,617.

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

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

1	Total expenses and losses per audited financial statements		1	1,901,133,020.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a 789,432.		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d 1,653,123.		
	e Add lines 2a through 2d		2e	2,442,555.
3	Subtract line 2e from line 1		3	1,898,690,465.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a 110,811.		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	110,811.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,898,801,276.

Part XIII Supplemental Information

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

PART V, LINE 4:

ENDOWMENT FUNDS

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

MANAGEMENT OF AMERICARES HAS REMOVED PLANNED GIVING GIFTS FROM ITS ANNUAL OPERATING BUDGET AND HAS ESTABLISHED GUIDELINES FOR ALLOCATING THESE GIFTS ON AN ANNUAL BASIS BETWEEN THE MANAGEMENT-DIRECTED QUASI ENDOWMENT, AN INNOVATION FUND, AND STRATEGIC INITIATIVES OR OPERATING FUNDS. THESE GUIDELINES ARE REVIEWED AT THE END OF EACH FISCAL YEAR DEPENDENT ON THE LEVEL OF PLANNED GIVING GIFTS AND THE FINANCIAL RESULTS FOR THE FISCAL YEAR. MANAGEMENT INFORMS THE BOARD OF DIRECTORS OF THESE DECISIONS.

PART X, LINE 2:

INCOME TAXES

AMERICARES FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO

Part XIII Supplemental Information (continued)

THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGES IN SPLIT-INTEREST AGREEMENT	-391,259.
LOSS ON FOREIGN CURRENCY	-19,378.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-410,637.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSE RECLASSIFIED TO OFFSET RENTAL INCOME	-38,140.
DIRECT FUNDRAISING EXPENSE RECLASSIFIED TO OFFSET SPECIAL EVENT REVENUE	-490,060.
COST OF GOODS SOLD	-1,124,923.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-1,653,123.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE RECLASSIFIED TO OFFSET RENTAL INCOME	38,140.
DIRECT FUNDRAISING EXPENSE RECLASSIFIED TO OFFSET SPECIAL EVENT REVENUE	490,060.
COST OF GOODS SOLD	1,124,923.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,653,123.

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA / CARIBBEAN	2	143	GRANTMAKING		77,148,069.
EAST ASIA AND THE PACIFIC	1	25	GRANTMAKING		4,793,270.
EUROPE	0	1	GRANTMAKING		702,273.
MIDDLE EAST AND NORTH AFRICA	0	2	GRANTMAKING		36,885,925.
NORTH AMERICA	0	0	GRANTMAKING		4,515,477.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		47,936,998.
SOUTH AMERICA	2	81	GRANTMAKING		12,658,527.
SOUTH ASIA	0	3	GRANTMAKING		11,570,891.
3 a Subtotal	7	273			196,211,430.
b Total from continuation sheets to Part I	0	7			76,968,972.
c Totals (add lines 3a and 3b)	7	280			273,180,402.

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

Schedule F (Form 990) (Rev. 12-2024)

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	2	28	GRANTMAKING		71,735,944.
CENTRAL AMERICA / CARIBBEAN	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	163,995.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	79,985.
EUROPE	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	211,837.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	160,000.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	761,250.
SOUTH AMERICA	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	181,151.
SOUTH ASIA	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	2,762,653.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	912,157.
Totals		7			76,968,972.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAMS - PARTNER SUPPORT	30,244.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAMS - PARTNER SUPPORT	37,214.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAMS - PARTNER SUPPORT	7,679.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAMS - PARTNER SUPPORT	34,033.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAMS - PARTNER SUPPORT	14,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAMS - PARTNER SUPPORT	20,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAMS - PARTNER SUPPORT	20,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAMS - PARTNER SUPPORT	20,000.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 685

3 Enter total number of other organizations or entities

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	PROGRAMS - PARTNER SUPPORT	20,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAMS - PARTNER SUPPORT	6,500.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAMS - PARTNER SUPPORT	20,000.	WIRE	0.		
		EUROPE	PROGRAMS - PARTNER SUPPORT	20,000.	WIRE	0.		
		EUROPE	PROGRAMS - PARTNER SUPPORT	70,000.	WIRE	0.		
		EUROPE	PROGRAMS - PARTNER SUPPORT	11,000.	WIRE	0.		
		EUROPE	PROGRAMS - PARTNER SUPPORT	29,400.	WIRE	0.		
		EUROPE	PROGRAMS - PARTNER SUPPORT	20,000.	WIRE	0.		
		EUROPE	PROGRAMS - PARTNER SUPPORT	20,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	PROGRAMS - PARTNER SUPPORT	10,500.	WIRE	0.		
		EUROPE	PROGRAMS - PARTNER SUPPORT	16,954.	WIRE	0.		
		EUROPE	PROGRAMS - PARTNER SUPPORT	8,983.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAMS - PARTNER SUPPORT	55,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAMS - PARTNER SUPPORT	40,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAMS - PARTNER SUPPORT	40,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAMS - PARTNER SUPPORT	20,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	50,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	20,250.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	20,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	25,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	265,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	31,500.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	40,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	125,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	94,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	86,000.	WIRE	0.		
		SOUTH AMERICA	PROGRAMS - PARTNER SUPPORT	53,326.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PROGRAMS - PARTNER SUPPORT	126,254.	WIRE	0.		
		SOUTH ASIA	PROGRAMS - PARTNER SUPPORT	2737003.	WIRE	0.		
		SOUTH ASIA	PROGRAMS - PARTNER SUPPORT	25,650.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	211,776.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	95,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	270,036.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	31,605.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	31,688.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	80,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	20,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	49,755.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	41,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT	80,000.	WIRE	0.		
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		7042580.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		11851095	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		4786083.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		1779962.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		7935761.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		1602528.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		1734823.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		902,900.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		8033885.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		7,007.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		59,723.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		291,575.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		196,690.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		977,947.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		8,516.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		35,330.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		8,423.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		322,723.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		184,411.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		354,202.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		533,502.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		996,541.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		33,522.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		26,711.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		22,855.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		96,553.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		221,655.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		41,174.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		67,846.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		24,438.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		231,798.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		62,423.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		48,628.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		476,854.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		53,546.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		1014215.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		117,767.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		16,003.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		345,420.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		7,219.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		8,969.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		66,967.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		13,368.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		64,969.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		17,733.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		172,898.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		159,791.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		283,624.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		177,821.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		204,104.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		211,046.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		47,425.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		465,143.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		159,317.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		456,968.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		17,984.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		17,695.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		12,840.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		157,084.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		30,971.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		6,310.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		9,486.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		18,149.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		24,274.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		497,835.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		14,292.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		29,646.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		10,838.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		55,194.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		59,956.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		112,093.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		21,131.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		245,848.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		47,495.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		43,661.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		24,626.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		40,667.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		752,409.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		31,526.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		11,776.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		433,083.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		45,671.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		15,749.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		39,355.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		11,886.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		59,881.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		37,742.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		208,146.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		93,527.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		17,493.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		455,472.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		48,935.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		211,036.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		657,208.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		417,158.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		21,566.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		6,307.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		9,654.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		140,820.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		6,772.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		96,115.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		118,647.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		5,341.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		27,802.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		13,030.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		198,906.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		196,938.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		59,040.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		8,247.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		10,432.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		5,831.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		89,780.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		154,584.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		47,354.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		25,555.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		29,827.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		21,925.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		346,428.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		118,726.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		71,397.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		11,408.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		283,176.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		89,180.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		70,169.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		65,142.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		10,922.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		164,788.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		99,523.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		70,516.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		6,039.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		30,697.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		9,306.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		342,816.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		20,642.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		9,108.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		44,161.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		126,345.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		2420910.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		241,275.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		80,648.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		46,716.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		306,010.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		155,266.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		6,419.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		45,944.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		28,826.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		72,658.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		185,116.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		67,735.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		60,512.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		125,620.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		64,241.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		17,138.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		6,226.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		139,497.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		22,581.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		185,197.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		14,624.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		64,161.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		232,119.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		9,932.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		30,725.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		215,761.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		170,800.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		266,996.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		89,090.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		191,052.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		5,018.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		44,414.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		55,072.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		263,410.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		64,382.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		216,004.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		86,768.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		118,431.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		645,415.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		18,008.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		23,487.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		10,730.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		62,895.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		107,980.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		133,184.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		80,543.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		31,301.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		48,080.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		51,534.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		113,865.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		7,854.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		22,510.	MEDICAL ASSISTANCE	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		231,261.	MEDICAL ASSISTANCE	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		370,558.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		266,880.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		79,464.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	EMERGENCY SUPPLIES	0.		23,299.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	EMERGENCY SUPPLIES	0.		94,080.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		59,261.	MEDICAL ASSISTANCE	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		20,472.	MEDICAL ASSISTANCE	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		5,364.	MEDICAL ASSISTANCE	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		36,496.	MEDICAL ASSISTANCE	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		121,949.	MEDICAL ASSISTANCE	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		9,601.	MEDICAL ASSISTANCE	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		37,719.	MEDICAL ASSISTANCE	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		10,941.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	ONGOING	0.		14,382.	MEDICAL ASSISTANCE	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		23,728.	MEDICAL ASSISTANCE	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		481,813.	MEDICAL ASSISTANCE	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		73,837.	MEDICAL ASSISTANCE	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		194,962.	MEDICAL ASSISTANCE	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		11,665.	MEDICAL ASSISTANCE	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		40,679.	MEDICAL ASSISTANCE	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		89,531.	MEDICAL ASSISTANCE	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		28,578.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	ONGOING	0.		36,104.	MEDICAL ASSISTANCE	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		10,098.	MEDICAL ASSISTANCE	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		39,302.	MEDICAL ASSISTANCE	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		112,123.	MEDICAL ASSISTANCE	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		508,030.	MEDICAL ASSISTANCE	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		13,853.	MEDICAL ASSISTANCE	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		15,398.	MEDICAL ASSISTANCE	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		94,658.	MEDICAL ASSISTANCE	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		49,895.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	ONGOING	0.		46,068.	MEDICAL ASSISTANCE	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		5,200.	MEDICAL ASSISTANCE	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		141,176.	MEDICAL ASSISTANCE	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		233,030.	MEDICAL ASSISTANCE	FMV
		EUROPE	ONGOING	0.		608,085.	MEDICAL SUPPLIES	FMV
		EUROPE	ONGOING	0.		79,248.	MEDICAL ASSISTANCE	FMV
		EUROPE	ONGOING	0.		9,799.	MEDICAL ASSISTANCE	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		4629171.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		12212262	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		18285330	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY SUPPLIES	0.		84,050.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY SUPPLIES	0.		18,703.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY SUPPLIES	0.		74,779.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY SUPPLIES	0.		282,641.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		12,250.	MEDICAL ASSISTANCE	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		7,809.	MEDICAL ASSISTANCE	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		32,361.	MEDICAL ASSISTANCE	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		172,476.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		65,366.	MEDICAL ASSISTANCE	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		242,845.	MEDICAL ASSISTANCE	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		45,577.	MEDICAL ASSISTANCE	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		9,041.	MEDICAL ASSISTANCE	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		29,755.	MEDICAL ASSISTANCE	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		55,630.	MEDICAL ASSISTANCE	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		148,550.	MEDICAL ASSISTANCE	FMV
		NORTH AMERICA	ONGOING	0.		1162384.	MEDICAL ASSISTANCE	FMV
		NORTH AMERICA	ONGOING	0.		298,058.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	ONGOING	0.		193,804.	MEDICAL ASSISTANCE	FMV
		NORTH AMERICA	ONGOING	0.		177,187.	MEDICAL ASSISTANCE	FMV
		NORTH AMERICA	ONGOING	0.		415,572.	MEDICAL ASSISTANCE	FMV
		NORTH AMERICA	ONGOING	0.		218,640.	MEDICAL ASSISTANCE	FMV
		NORTH AMERICA	ONGOING	0.		48,229.	MEDICAL ASSISTANCE	FMV
		NORTH AMERICA	ONGOING	0.		115,038.	MEDICAL ASSISTANCE	FMV
		NORTH AMERICA	ONGOING	0.		493,273.	MEDICAL ASSISTANCE	FMV
		NORTH AMERICA	ONGOING	0.		286,684.	MEDICAL ASSISTANCE	FMV
		NORTH AMERICA	ONGOING	0.		16,638.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	ONGOING	0.		9,896.	MEDICAL ASSISTANCE	FMV
		NORTH AMERICA	ONGOING	0.		156,692.	MEDICAL ASSISTANCE	FMV
		NORTH AMERICA	ONGOING	0.		440,747.	MEDICAL ASSISTANCE	FMV
		NORTH AMERICA	ONGOING	0.		468,830.	MEDICAL ASSISTANCE	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ONGOING	0.		4289363.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ONGOING	0.		6238908.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ONGOING	0.		1680612.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ONGOING	0.		33993142.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY SUPPLIES	0.		52,344.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY SUPPLIES	0.		38,016.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY SUPPLIES	0.		37,853.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY SUPPLIES	0.		138,226.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY SUPPLIES	0.		1266688.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ONGOING	0.		20,876.	MEDICAL ASSISTANCE	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ONGOING	0.		172,964.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		1751983.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		5688586.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		10,580.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ONGOING	0.		85,021.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		10,018.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		9,538.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		74,213.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		25,781.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		25,406.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		440,862.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		9,169.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		86,423.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ONGOING	0.		9,418.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		207,725.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		254,817.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		210,700.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		6,752.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		225,491.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		51,844.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		91,319.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		345,094.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ONGOING	0.		40,752.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		8,603.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		186,520.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		6,338.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		62,197.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		10,851.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		43,413.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		7,500.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		9,332.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ONGOING	0.		143,089.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		9,815.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		7,591.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		7,911.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		974,599.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		25,790.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		136,555.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		6,385.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		340,861.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ONGOING	0.		47,848.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		16,314.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		147,332.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		192,237.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		136,598.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		32,520.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		21,373.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		304,364.	MEDICAL ASSISTANCE	FMV
		SOUTH AMERICA	ONGOING	0.		40,004.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	ONGOING	0.		10529800	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ONGOING	0.		70,069.	MEDICAL ASSISTANCE	FMV
		SOUTH ASIA	ONGOING	0.		7,079.	MEDICAL ASSISTANCE	FMV
		SOUTH ASIA	ONGOING	0.		5,746.	MEDICAL ASSISTANCE	FMV
		SOUTH ASIA	ONGOING	0.		114,065.	MEDICAL ASSISTANCE	FMV
		SOUTH ASIA	ONGOING	0.		14,521.	MEDICAL ASSISTANCE	FMV
		SOUTH ASIA	ONGOING	0.		87,371.	MEDICAL ASSISTANCE	FMV
		SOUTH ASIA	ONGOING	0.		75,400.	MEDICAL ASSISTANCE	FMV
		SOUTH ASIA	ONGOING	0.		23,907.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	ONGOING	0.		5,297.	MEDICAL ASSISTANCE	FMV
		SOUTH ASIA	ONGOING	0.		247,372.	MEDICAL ASSISTANCE	FMV
		SOUTH ASIA	ONGOING	0.		96,189.	MEDICAL ASSISTANCE	FMV
		SOUTH ASIA	ONGOING	0.		69,166.	MEDICAL ASSISTANCE	FMV
		SOUTH ASIA	ONGOING	0.		138,396.	MEDICAL ASSISTANCE	FMV
		SOUTH ASIA	ONGOING	0.		40,413.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		1111357.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		607,454.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		12408806	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		1350856.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		2606844.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		1743060.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		3197433.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		533,760.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		366,470.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		12253827	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		761,738.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		1579040.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		987,102.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	EMERGENCY SUPPLIES	0.		1609941.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		20,304.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		502,411.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		194,432.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		196,660.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		22,680.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		533,065.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		162,027.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		31,010.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		178,436.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		59,208.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		14,381.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		20,525.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		272,196.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		24,427.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		255,905.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		360,205.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		92,791.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		42,548.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		275,497.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		350,300.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		100,354.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		102,763.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		29,227.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		61,425.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		16,305.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		110,468.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		14,302.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		15,738.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		559,195.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		30,968.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		226,732.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		74,255.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		105,640.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		39,318.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		74,128.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		121,530.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		9,478.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		633,379.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		14,010.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		214,748.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		97,241.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		36,521.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		72,979.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		37,443.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		422,194.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		293,079.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		9,907.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		42,807.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		37,797.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		178,706.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		57,980.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		103,576.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		85,508.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		44,886.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		311,804.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		124,613.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		54,456.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		29,658.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		94,921.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		172,420.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		104,087.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		45,328.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		279,602.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		5,442.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		205,124.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		78,341.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		16,561.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		361,563.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		10,715.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		11,678.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		49,328.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		6,551.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		25,130.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		85,129.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		101,905.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		12,700.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		22,523.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		79,822.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		209,903.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		27,408.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		93,338.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		1057542.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		804,573.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		48,088.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		308,274.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		209,238.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		351,990.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		9,503.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		432,463.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		188,157.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		240,592.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		77,236.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		60,539.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		171,194.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		267,417.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		19,567.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		425,501.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		171,324.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		92,351.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		123,650.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		70,516.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		504,717.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		83,367.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		290,740.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		48,654.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		113,745.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		8,581.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		103,798.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		343,268.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		17,668.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		13,197.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		156,201.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		21,837.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		87,667.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		7,082.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		207,849.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		80,543.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		23,003.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		14,844.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		8,874.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		167,551.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		188,831.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		489,750.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		248,202.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		63,977.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		389,568.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		14,153.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		86,858.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		198,555.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		13,956.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		8,655.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		26,319.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		193,268.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		44,553.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		391,129.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		101,718.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		332,436.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		156,330.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		114,118.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		48,529.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		271,015.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		464,489.	MEDICAL ASSISTANCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ONGOING	0.		361,250.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		172,060.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		136,934.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		62,243.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		59,754.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		545,985.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		51,470.	MEDICAL ASSISTANCE	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		5963919.	MEDICAL ASSISTANCE	FMV

Part IV Foreign Forms

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

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

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

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

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

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) (Rev. 12-2024)

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2

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

SCHEDULE F, PART IV, LINE 3

AMERICARES FOUNDATION HAS ONE RELATED TAX-EXEMPT SUBSIDIARY THAT IT EFFECTIVELY CONTROLS: AMERICARES FOUNDATION TANZANIA

**SCHEDULE G
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of nongovernment grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
LAUTMAN, MASKA, NEIL AND COMPANY - 1730 RHODE ISLAND	FUNDRAISING COUNSEL		X	12,725,607.	683,433.	12,042,174.
ANNE LEWIS STRATEGIES (DBA MISSION WIRED) - 650	FUNDRAISING COUNSEL		X	8,620,332.	450,991.	8,169,342.
STAMP EVENT MANAGEMENT LLC - 276 5TH AVENUE, SUITE 704,	SPECIAL EVENT SERVICES		X	1,574,173.	135,263.	1,438,910.
GIVEBRIDGE INC - 550 W. VAN BUREN SUITE 1100, CHICAGO, IL	FUNDRAISING COUNSEL		X	475,163.	1,100,000.	-624,837.
TELEFUND, LLC - PO BOX 120557, BOSTON, MA 02112	FUNDRAISING COUNSEL		X	90,932.	49,254.	41,678.
GORDON & SCHWENKMEYER, INC - 20300 S. VERMONT AVE, STE	FUNDRAISING COUNSEL		X	11,616.	5,488.	6,128.
COMMUNITY COUNSELLING SERVICE, LLC - 527 MADISON	STRATEGY AND RESEARCH		X	0.	144,900.	-144,900.
PAULINE PALKOVIC - ACORN HILL ASSOCIATE - PO BOX 1465,	STRATEGY AND RESEARCH		X	0.	64,800.	-64,800.
Total				23,497,823.	2,634,129.	20,863,695.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY
DC

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		AIRLIFT BENEFIT (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	1,567,867.		1,567,867.
	2	Less: Contributions	1,486,587.		1,486,587.
	3	Gross income (line 1 minus line 2)	81,280.		81,280.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	30,625.		30,625.
	7	Food and beverages	126,700.		126,700.
	8	Entertainment	99,096.		99,096.
	9	Other direct expenses	233,639.		233,639.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			490,060.
11	Net income summary. Subtract line 10 from line 3, column (d)			-408,780.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter the name and address of the third party:

Name _____

Address _____

- 16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: LAUTMAN, MASKA, NEIL AND COMPANY

(I) ADDRESS OF FUNDRAISER: 1730 RHODE ISLAND AVE, NW, WASHINGTON, DC 20036

(I) NAME OF FUNDRAISER: ANNE LEWIS STRATEGIES (DBA MISSION WIRED)

(I) ADDRESS OF FUNDRAISER:

650 MASSACHUSETTS AVENUE NW, STE 505, WASHINGTON, DC 20001

(I) NAME OF FUNDRAISER: STAMP EVENT MANAGEMENT LLC

(I) ADDRESS OF FUNDRAISER: 276 5TH AVENUE, SUITE 704, NEW YORK, NY 10001

(I) NAME OF FUNDRAISER: GIVEBRIDGE INC

(I) ADDRESS OF FUNDRAISER: 550 W. VAN BUREN SUITE 1100, CHICAGO, IL 60607

(I) NAME OF FUNDRAISER: GORDON & SCHWENKMEYER, INC

(I) ADDRESS OF FUNDRAISER:

Part IV Supplemental Information (continued)

20300 S. VERMONT AVE, STE #210, TORRANCE, CA 90502

(I) NAME OF FUNDRAISER: COMMUNITY COUNSELLING SERVICE, LLC

(I) ADDRESS OF FUNDRAISER:

527 MADISON AVENUE, 5TH FLOOR, NEW YORK, NY 10022

(I) NAME OF FUNDRAISER: PAULINE PALKOVIC - ACORN HILL ASSOCIATE

(I) ADDRESS OF FUNDRAISER: PO BOX 1465, OLIVEBRIDGE, NY 12461

PART I - FUNDRAISING CONSULTANTS:

THE AMOUNTS PAID BY AMERICARES TO THE FUNDRAISING CONSULTANT LISTED IN THE SCHEDULE G ARE REPORTED (AS REQUIRED BY THE FORM 990) ON A FISCAL YEAR BASIS. THE CONSULTANT MAY BE REPRESENTED IN PART VII, SECTION B AS A TOP HIGHLY PAID INDEPENDENT CONTRACTOR. THE AMOUNTS REPORTED IN PART VII ARE REPORTED ON A CALENDAR-YEAR END BASIS, THEREFORE THEY MAY DIFFER FROM AMOUNTS REPORTED ON SCHEDULE G. AMOUNTS REPORTED IN PART VII MAY ALSO REFLECT ALL AMOUNTS BILLED BY THE FUNDRAISER, INCLUSIVE OF MAILING COSTS AND OTHER DIRECT CHARGES.

AMERICARES ENGAGED THE FUNDRAISING SERVICES OF GIVEBRIDGE INC. IN FISCAL 2025, BUT THE CAPITAL CAMPAIGN RAMPED UP IN FY26 ACCORDINGLY, THE REVENUE DISCLOSED ON THE FORM 990 IS UNDERSTATED DUE TO THE BULK OF THE CONTRIBUTION REVENUE BEING EARNED IN THE SUBSEQUENT TAX YEAR (AND WILL BE REPORTED ON NEXT YEAR'S FORM 990).

PROFESSIONAL FUNDRAISING FEES REPORTED IN SCHEDULE G DO NOT TIE TO THE PROFESSIONAL FUNDRAISING FEES REPORTED ON PART IX, LINE 11(E) BECAUSE \$135,263 IN CONSULTING FEES ARE RECLASSIFIED TO OFFSET FUNDRAISING REVENUE ON FORM 990, PART VIII, LINE 8.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MISSION ARLINGTON MEDICAL CLINIC 210 W. SOUTH ARLINGTON, TX 76010	75-2354962	501(C)(3)	0.	3,863,873.	FMV	MEDICAL ASSISTANCE	ONGOING
AGAPE CLINIC 4104 JUNIUS STREET DALLAS, TX 75246	14-1847977	501(C)(3)	0.	3,793,870.	FMV	MEDICAL ASSISTANCE	ONGOING
RIVER VALLEY FAMILY HEALTH CENTER 1010 RIO GRANDE AVE MONTROSE, CO 81401	27-3757444	501(C)(3)	0.	2,728,456.	FMV	MEDICAL ASSISTANCE	ONGOING
GREATER SEACOAST COMMUNITY HEALTH 311 ROUTE 108 SOMERSWORTH, NH 03878	02-0304203	501(C)(3)	0.	2,291,801.	FMV	MEDICAL ASSISTANCE	ONGOING
FAITH COMMUNITY PHARMACY INC. 601 WASHINGTON AVE NEWPORT, KY 41071	61-1378914	501(C)(3)	0.	2,209,490.	FMV	MEDICAL ASSISTANCE	ONGOING
DIVINE GRACE MEDICAL MISSIONARIES 11000 FONDREN RD HOUSTON, TX 77096	27-4000666	501(C)(3)	0.	1,969,815.	FMV	MEDICAL ASSISTANCE	ONGOING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 634.

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

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

Schedule I (Form 990) (Rev. 12-2024)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YAKIMA UNION GOSPEL MISSION 1300 N 1ST STREET YAKIMA, WA 98901	23-7050061	501(C)(3)	0.	1,896,392.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH SERVICES, INC 1804 SW TROTT AVE WILLMAR, MN 56201	41-1000060	501(C)(3)	0.	1,750,571.	FMV	MEDICAL ASSISTANCE	ONGOING
FINDLEY FOUNDATION INC 6114 W. CAPITOL DRIVE MILWAUKEE, WI 53216	82-3097119	501(C)(3)	0.	1,557,198.	FMV	MEDICAL ASSISTANCE	ONGOING
BETHESDA HEALTH CLINIC 409 WEST FERGUSON TYLER, TX 75702	26-0036674	501(C)(3)	0.	1,477,282.	FMV	MEDICAL ASSISTANCE	ONGOING
EUNICE COMMUNITY HEALTH CENTER 450 MOOSA BLVD. STE. E EUNICE, LA 70535	27-0213992	501(C)(3)	0.	1,464,788.	FMV	MEDICAL ASSISTANCE	ONGOING
CLEVELAND COUNTY HEALTH DEPARTMENT 200 S POST RD SHELBY, NC 28152	56-6000288	115	0.	1,456,520.	FMV	MEDICAL ASSISTANCE	ONGOING
CLINICA ESPERANZA HOPE CLINIC 60 VALLEY ST STE 104 PROVIDENCE, RI 02909	26-1714340	501(C)(3)	0.	1,377,711.	FMV	MEDICAL ASSISTANCE	ONGOING
GULF COAST HEALTH CENTER, INC-PORT ARTHUR, TX - 2548 MEMORIAL BLVD, - PORT ARTHUR, TX 77640	76-0289927	501(C)(3)	0.	1,328,289.	FMV	MEDICAL ASSISTANCE	ONGOING
BOLINGBROOK CHRISTIAN HEALTH CENTER - 151 E BRIARCLIFF RD - BOLINGBROOK, IL 60440	36-4401468	501(C)(3)	0.	1,279,813.	FMV	MEDICAL ASSISTANCE	ONGOING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OF ONE ACCORD INC. 115 GARLAND AVE CHURCH HILL, TN 37642	62-1391365	501(C)(3)	0.	1,246,403.	FMV	MEDICAL ASSISTANCE	ONGOING
CHRISTIAN MEDICAL MINISTRIES, INC 7107 INDUSTRIAL RD FLORENCE, KY 33912	47-2641606	501(C)(3)	0.	1,157,069.	FMV	MEDICAL ASSISTANCE	ONGOING
OPERATION CARE INC. 615 WASHINGTON STREET SHELBYVILLE, KY 40065	61-1211189	501(C)(3)	0.	1,084,165.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTHEAST CRITICAL CARE LTD 229 W BROAD STREET TAMAQUA, PA 18252	23-2574605	501(C)(3)	0.	1,045,922.	FMV	MEDICAL ASSISTANCE	ONGOING
MEDICAL MINISTRIES INC. 1122 MONTICELLO ST. WEST COLUMBIA, SC 29169	47-2062464	501(C)(3)	0.	1,019,514.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CARE CENTER FOR FORSYTH CO. INC. - 2135 NEW WALKERTOWN RD - WINSTON SALEM, NC 27101	58-1403699	501(C)(3)	0.	971,352.	FMV	MEDICAL ASSISTANCE	ONGOING
AMERICARES FOUNDATION - HANDCARRIES - 88 HAMILTON AVE - STAMFORD, CT 06902	06-1008595	501(C)(3)	0.	932,198.	FMV	MEDICAL ASSISTANCE	ONGOING
SAMARITANS TOUCH CARE CENTER 2306 HOPE CIRCLE SEBRING, FL 33870	02-0773338	501(C)(3)	0.	850,152.	FMV	MEDICAL ASSISTANCE	ONGOING
AMERICARES FREE CLINIC OF NORWALK 10 MOTT AVENUE NORWALK, CT 06850	06-1422741	501(C)(3)	0.	810,746.	FMV	MEDICAL ASSISTANCE	ONGOING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST UTAH COMMUNITY HEALTH CENTER - 2276 E RIVERSIDE DR - SAINT GEORGE, UT 84790	35-2163112	501(C)(3)	0.	800,649.	FMV	MEDICAL ASSISTANCE	ONGOING
AMERICARES FREE CLINIC OF DANBURY 76 WEST STREET DANBURY, CT 06810	06-1008595	501(C)(3)	0.	796,722.	FMV	MEDICAL ASSISTANCE	ONGOING
OF ONE ACCORD INC. 115 GARLAND AVE CHURCH HILL, TN 37642	62-1391365	501(C)(3)	0.	786,459.	FMV	MEDICAL ASSISTANCE	ONGOING
SOUTHEAST MISSOURI HEALTH NETWORK 6738 STATE HWY 77 BENTON, MO 63736	43-1253101	501(C)(3)	0.	762,669.	FMV	MEDICAL ASSISTANCE	ONGOING
THE TEXAS INTL. INSTITUTE OF HEALTH PROFESSIONS - 9644 COURT GLEN DRIVE - HOUSTON, TX 77099	46-1267820	501(C)(3)	0.	752,924.	FMV	MEDICAL ASSISTANCE	ONGOING
HOMESTEAD COMMUNITY HEALTH CENTER 151 NW 11TH STREET SUITE E400 HOMESTEAD, FL 33030	85-2514662	501(C)(3)	0.	750,415.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. JOSEPH HEALTH CENTER 510 W. ADAMS ST PLYMOUTH, IN 46563	35-1142669	501(C)(3)	0.	747,466.	FMV	MEDICAL ASSISTANCE	ONGOING
SOCIAL WELFARE BOARD 904 S. 10TH, SUITE A SAINT JOSEPH, MO 64503	80-0308973	501(C)(3)	0.	746,749.	FMV	MEDICAL ASSISTANCE	ONGOING
UNIVERSAL MEDICAL INSTITUTE 700 NW 183RD ST MIAMI, FL 33169	85-0504960	501(C)(3)	0.	734,417.	FMV	MEDICAL ASSISTANCE	ONGOING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCKINNEY MEDICAL CENTER 218 QUARTERMAN STREET WAYCROSS, GA 31501	58-2101260	501(C)(3)	0.	725,739.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH SERVICE INC 1113 W 11TH ST GRAFTON, ND 58237	41-1000060	501(C)(3)	0.	718,676.	FMV	MEDICAL ASSISTANCE	ONGOING
OPEN ARMS HEALTH CLINIC 3311 LITTLE RD. ARLINGTON, TX 76016	45-0621201	501(C)(3)	0.	708,416.	FMV	MEDICAL ASSISTANCE	ONGOING
MISSION OF MERCY INC. 22 SOUTH MARKET ST., SUITE 6D FREDERICK, MD 21701	86-0704883	501(C)(3)	0.	688,437.	FMV	MEDICAL ASSISTANCE	ONGOING
HEMOSTASIS AND THROMBOSIS CENTER OF NEVADA - 8352 W. WARM SPRINGS RD - LAS VEGAS, NV 89113	82-2793154	501(C)(3)	0.	643,542.	FMV	MEDICAL ASSISTANCE	ONGOING
STREET OUTREACH TEAMS 631 W FORT STREET DETROIT, MI 48226	88-4216333	501(C)(3)	0.	637,125.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD SAMARITAN CLINIC 3880 WATERMELON RD STE A NORTHPORT, AL 35473	63-1199900	501(C)(3)	0.	634,725.	FMV	MEDICAL ASSISTANCE	ONGOING
GUADALUPE CLINIC 940 S SAINT FRANCIS WICHITA, KS 67211	20-1285208	501(C)(3)	0.	606,698.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH SERVICE INC 2720 BROADWAY AVE N ROCHESTER, MN 55906	41-1000060	501(C)(3)	0.	602,902.	FMV	MEDICAL ASSISTANCE	ONGOING

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN NORTH CAROLINA COMMUNITY HEALTH SERVICES - 850 WARREN WILSON RD - SWANNANOVA, NC 28778	56-1852922	501(C)(3)	0.	579,705.	FMV	MEDICAL ASSISTANCE	ONGOING
RIVER VALLEY CHRISTIAN CLINIC 3001 E H STREET RUSSELLVILLE, AR 72802	20-5193973	501(C)(3)	0.	578,194.	FMV	MEDICAL ASSISTANCE	ONGOING
LONGVIEW WELLNESS CENTER, INC. DBA WELLNESS POINTE - 1011 E WHALEY ST - LONGVIEW, TX 75601	75-2723993	501(C)(3)	0.	568,087.	FMV	MEDICAL ASSISTANCE	ONGOING
EDISTO INDIAN FREE CLINIC 1125 RIDGE RD RIDGEVILLE, SC 29472	82-1691197	501(C)(3)	0.	564,475.	FMV	MEDICAL ASSISTANCE	ONGOING
ROCK SPRINGS CLINIC 211 ROCK SPRINGS ROAD MILNER, GA 30257	26-4485460	501(C)(3)	0.	541,904.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HELPING HANDS HEALTH CLINIC - 34-C COURTHOUSE SQUARE - CLEVELAND, GA 30528	64-0950194	501(C)(3)	0.	529,581.	FMV	MEDICAL ASSISTANCE	ONGOING
ADVANTAGE BEHAVIORAL HEALTH SYSTEMS - 240 MITCHELL BRIDGE RD - ATHENS, GA 30606	58-2112427	115	0.	524,039.	FMV	MEDICAL ASSISTANCE	ONGOING
BROWNSVILLE MEDICAL CENTER INC. 2400 NW 54TH STREET MIAMI, FL 33142	20-3856290	501(C)(3)	0.	516,845.	FMV	MEDICAL ASSISTANCE	ONGOING
CASA RUBEN INC. 1700 ELTON ROAD SILVER SPRING, MD 20903	26-0340539	501(C)(3)	0.	516,394.	FMV	MEDICAL ASSISTANCE	ONGOING

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VARIETY CARE 111 W MAIN ST FORT COBB, OK 73038	73-1088577	501(C)(3)	0.	499,896.	FMV	MEDICAL ASSISTANCE	ONGOING
PHOENIXVILLE FREE CLINIC 143 CHURCH ST. PHOENIXVILLE, PA 19460	23-3072363	501(C)(3)	0.	495,972.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY FREE CLINIC, INC. 249 MILL STREET HAGERSTOWN, MD 21740	52-1772594	501(C)(3)	0.	492,127.	FMV	MEDICAL ASSISTANCE	ONGOING
POCATELLO FREE CLINIC 1001 N. 7TH AVE. POCATELLO, ID 83201	82-0351133	501(C)(3)	0.	482,913.	FMV	MEDICAL ASSISTANCE	ONGOING
HARTVILLE MIGRANT MINISTRIES 3980 SWAMP STREET NE HARTVILLE, OH 44632	34-0899100	501(C)(3)	0.	473,773.	FMV	MEDICAL ASSISTANCE	ONGOING
PARKVIEW MEDICAL CLINIC 1205 DR. MARTIN L KING JR. WAY HAINES CITY, FL 33844	01-0790991	501(C)(3)	0.	472,460.	FMV	MEDICAL ASSISTANCE	ONGOING
PREMIER MOBILE HEALTH SERVICES 10676 COLONIAL BLVD, STE 20 FORT MYERS, FL 33913	82-5372657	501(C)(3)	0.	471,393.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. MARY'S FAITH PHARMACY 5626 PATRIOT DRIVE WISE, VA 24293	04-3739083	501(C)(3)	0.	464,384.	FMV	MEDICAL ASSISTANCE	ONGOING
GREATER KILLEEN FREE CLINIC 718 N 2ND STREET, STE A KILLEEN, TX 76541	74-2724725	501(C)(3)	0.	459,823.	FMV	MEDICAL ASSISTANCE	ONGOING

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HEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1596731	501(C)(3)	0.	455,989.	FMV	MEDICAL ASSISTANCE	ONGOING
GRASSROOTS HEALTHCARE FOUNDATION 97 DOBBINS ST VACAVILLE, CA 95688	32-0600776	501(C)(3)	0.	455,058.	FMV	MEDICAL ASSISTANCE	ONGOING
COOPERATIVE CHRISTIAN MINISTRIES AND CLINIC - 133 ARBOR ST - HOT SPRINGS NATIONAL PARK, AR 71901	62-1671396	501(C)(3)	0.	436,706.	FMV	MEDICAL ASSISTANCE	ONGOING
SMITH MEDICAL CLINIC, INC 99 BASKERVILL DRIVE PAWLEYS ISLAND, SC 29585	57-0786699	501(C)(3)	0.	436,585.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD NEWS CLINICS 810 PINE STREET GAINESVILLE, GA 30501	58-2058853	501(C)(3)	0.	435,851.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. JOSEPH PRIMARY CARE 4057 US-70 BUS. W. CLAYTON, NC 27520	46-5192720	501(C)(3)	0.	424,419.	FMV	MEDICAL ASSISTANCE	ONGOING
OLYMPIC PENINSULA COMMUNITY CLINIC 819 GEORGIANA STREET PORT ANGELES, WA 98362	01-0590704	501(C)(3)	0.	417,792.	FMV	MEDICAL ASSISTANCE	ONGOING
DUPLIN MEDICAL ASSOCIATION 600 SOUTH SYCAMORE STREET ROSE HILL, NC 28458	56-1414420	501(C)(3)	0.	416,594.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. MICHAEL'S MEDICAL CLINIC 426 MULBERRY AVE ANNISTON, AL 36201	82-5246184	501(C)(3)	0.	408,286.	FMV	MEDICAL ASSISTANCE	ONGOING

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WESTCARE GULFCOAST FLORIDA INC 1735 DR MARTIN LUTHER KING ST SAINT PETERSBURG, FL 33705	59-3714627	501(C)(3)	0.	396,098.	FMV	MEDICAL ASSISTANCE	ONGOING
ADVENTHEALTH WATERMAN COMMUNITY CLINIC - 2300 KURT STREET - EUSTIS, FL 32726	59-3140669	501(C)(3)	0.	390,710.	FMV	MEDICAL ASSISTANCE	ONGOING
OZARKS COMMUNITY HEALTH CENTER 18614 JACKSON ST HERMITAGE, MO 65668	20-5822485	501(C)(3)	0.	390,293.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CARE CLINIC OF FRANKLIN 121 RIVERVIEW STREET FRANKLIN, NC 28734	61-1662916	501(C)(3)	0.	389,989.	FMV	MEDICAL ASSISTANCE	ONGOING
CHARLOTTE COMMUNITY HEALTH CLINIC 8401 MEDICAL PLAZA DR CHARLOTTE, NC 28262	56-2274174	501(C)(3)	0.	389,790.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMONWEALTH HEALTHCARE CORPORATION - 1178 HINEMLU ST. GARAPAN - SAIPAN, MP 96950	66-0774364	115	0.	385,545.	FMV	MEDICAL ASSISTANCE	ONGOING
MINISTRIES OF JESUS 1100 E. I-35 FRONTAGE ROAD EDMOND, OK 73034	73-1622804	501(C)(3)	0.	384,018.	FMV	MEDICAL ASSISTANCE	ONGOING
HIGHLANDS HEALTH FREE AND CHARITABLE CLINIC - 315 LOCUST 2ND FLOOR - JOHNSTOWN, PA 15901	23-2922409	501(C)(3)	0.	380,234.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CARE CLINIC OF HIGHLANDS-CASHIERS, INC. - 52 AUNT DORA DRIVE - HIGHLANDS, NC 28741	65-1251915	501(C)(3)	0.	363,921.	FMV	MEDICAL ASSISTANCE	ONGOING

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MERCY GOOD SAMARITAN CLINIC 4505 MEMORIAL CIR, OKLAHOMA CITY, OKLAHOMA CITY, OK 73142	73-0579285	501(C)(3)	0.	363,255.	FMV	MEDICAL ASSISTANCE	ONGOING
UHI COMMUNITYCARE CLINIC 870 FISHERMAN STREET OPA LOCKA, FL 33054	65-0268904	501(C)(3)	0.	361,420.	FMV	MEDICAL ASSISTANCE	ONGOING
AZZARELLI OUTREACH CLINIC 341 N ST JOSEPH AVE KANKAKEE, IL 60901	33-1891738	501(C)(3)	0.	359,856.	FMV	MEDICAL ASSISTANCE	ONGOING
BEACON CHARITABLE PHARMACY, INC. 2525 13TH ST. NW CANTON, OH 44708	20-0797475	501(C)(3)	0.	353,271.	FMV	MEDICAL ASSISTANCE	ONGOING
THIRD CITY COMMUNITY CLINIC 1107 N. BROADWELL AVE. GRAND ISLAND, NE 68803	47-0769419	501(C)(3)	0.	352,366.	FMV	MEDICAL ASSISTANCE	ONGOING
SLO NOOR FOUNDATION A NON PROFIT CORP - 1428 PHILLIPS LN # 203, - SAN LUIS OBISPO, CA 93401	27-1412176	501(C)(3)	0.	349,464.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. JOSEPH PRIMARY CARE 4057 US-70 BUS. W. CLAYTON, NC 27520	46-5192720	501(C)(3)	0.	346,630.	FMV	MEDICAL ASSISTANCE	ONGOING
SOUTH TEXAS FAMILY PLANNING & HEALTH CORPORATION - 4455 SOUTH PADRE ISLAND DRIVE - CORPUS CHRISTI, TX 78411	74-1728621	501(C)(3)	0.	340,037.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE CLINIC OF GARLAND 800 S. 6TH STREET, SUITE 100 GARLAND, TX 75040	75-2960314	501(C)(3)	0.	339,974.	FMV	MEDICAL ASSISTANCE	ONGOING

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MATTHEW 25 HEALTH AND DENTAL CLINIC - 413 E. JEFFERSON BLVD - FORT WAYNE, IN 46802	35-1484951	501(C)(3)	0.	333,262.	FMV	MEDICAL ASSISTANCE	ONGOING
THE FLOATING HOSPITAL 21-01 41ST AVENUE LONG ISLAND CITY, NY 11101	13-1624169	501(C)(3)	0.	328,261.	FMV	MEDICAL ASSISTANCE	ONGOING
INTEGRAL CARE/INTEGRAL CARE PHARMACY - 6937 NORTH IH 35 - AUSTIN, TX 78752	74-1547909	501(C)(3)	0.	324,644.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPELIGHT MEDICAL CLINIC 1351 COLLYER ST LONGMONT, CO 80501	46-4657471	501(C)(3)	0.	321,751.	FMV	MEDICAL ASSISTANCE	ONGOING
CAIRN HEALTH, INC. 1514 N. BROADWAY AVE WICHITA, KS 67214	48-0891620	501(C)(3)	0.	316,628.	FMV	MEDICAL ASSISTANCE	ONGOING
LTP MEDICAL MOBILE INC DBA THE HEALTH HUT - 316 MILLS AVE SUITE A - RUSTON, LA 71270	27-3764078	501(C)(3)	0.	314,876.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE MEDICAL CLINIC 108 SOUTH MAIN NOBLE, OK 73068	82-2624100	501(C)(3)	0.	313,357.	FMV	MEDICAL ASSISTANCE	ONGOING
GREATER TEXOMA HEALTH CLINIC 900 N. ARMSTRONG AVE. DENISON, TX 75020	81-0584983	501(C)(3)	0.	312,686.	FMV	MEDICAL ASSISTANCE	ONGOING
MORTON COMPREHENSIVE SERVICES 1334 N LANSING AVE TULSA, OK 74106	73-1177858	501(C)(3)	0.	302,841.	FMV	MEDICAL ASSISTANCE	ONGOING

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OUTREACH ADVOCACY CENTER INC 31 N EARL AVE LAFAYETTE, IN 47904	93-2739800	501(C)(3)	0.	290,991.	FMV	MEDICAL ASSISTANCE	ONGOING
SAVIE HEALTH CORP 1111 E. OCEAN AVE. SUITE 2 LOMPOC, CA 93436	86-1668790	501(C)(3)	0.	287,878.	FMV	MEDICAL ASSISTANCE	ONGOING
COMPASSIONATE CARE OF SHELBY COUNTY, INC. - 124 N. OHIO AVE - SIDNEY, OH 45365	20-8479583	501(C)(3)	0.	286,655.	FMV	MEDICAL ASSISTANCE	ONGOING
MONTGOMERY COUNTY FREE CLINIC 816 MILL ST CRAWFORDSVILLE, IN 47933	27-1198512	501(C)(3)	0.	281,650.	FMV	MEDICAL ASSISTANCE	ONGOING
LIFESPRING HEALTH SYSTEMS 480 EVERSMAAN DR JASPER, IN 47546	35-1097350	501(C)(3)	0.	280,491.	FMV	MEDICAL ASSISTANCE	ONGOING
ST ANDREW COMMUNITY MEDICAL CENTER 3101-B WEST HIGHWAY 98 PANAMA CITY, FL 32401	32-0103234	501(C)(3)	0.	270,490.	FMV	MEDICAL ASSISTANCE	ONGOING
CITY ON A HILL MINISTRIES HEALTH CLINIC - 100 S. PINE ST SUITE 140 - ZEELAND, MI 49464	20-3901260	501(C)(3)	0.	269,556.	FMV	MEDICAL ASSISTANCE	ONGOING
SHIFA CLINIC 668 MARINA DRIVE UNIT A-5 CHARLESTON, SC 29492	04-3810161	501(C)(3)	0.	268,717.	FMV	MEDICAL ASSISTANCE	ONGOING
FIU COLLEGE OF MEDICINE MOBILE HEALTH CENTER - 11200 SW 8TH STREET - MIAMI, FL 33199	23-7047106	501(C)(3)	0.	268,177.	FMV	MEDICAL ASSISTANCE	ONGOING

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ST. VINCENT DEPAUL COMMUNITY PHARMACY - 502 GRAMMONT ST - MONROE, LA 71201	90-0014479	501(C)(3)	0.	267,996.	FMV	MEDICAL ASSISTANCE	ONGOING
MISSION OF MERCY INC. 2421 AYERS ST. CORPUS CHRISTI, TX 78404	86-0704883	501(C)(3)	0.	261,886.	FMV	MEDICAL ASSISTANCE	ONGOING
LIGHT OF THE WORLD CLINIC, INC. 5333 N. DIXIE HWY FORT LAUDERDALE, FL 33334	65-0266070	501(C)(3)	0.	244,789.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. JOSEPH'S NEIGHBORHOOD CENTER 417 SOUTH AVE. ROCHESTER, NY 14620	46-1176792	501(C)(3)	0.	243,722.	FMV	MEDICAL ASSISTANCE	ONGOING
MISSION OF MERCY INC. 326 E. CORONADO RD PHOENIX, AZ 85004	86-0704883	501(C)(3)	0.	240,609.	FMV	MEDICAL ASSISTANCE	ONGOING
CLAY BEHAVIORAL HEALTH CENTER 3292 COUNTY ROAD 220 MIDDLEBURG, FL 32068	59-2219317	501(C)(3)	0.	239,127.	FMV	MEDICAL ASSISTANCE	ONGOING
FAMILY COMMUNITY CLINIC INC. 1420 E WASHINGTON STREET LOUISVILLE, KY 40206	27-2994215	501(C)(3)	0.	237,607.	FMV	MEDICAL ASSISTANCE	ONGOING
VOLUNTEERS IN MEDICINE CLINIC 417 SE BALBOA AVENUE STUART, FL 34994	65-1115793	501(C)(3)	0.	237,386.	FMV	MEDICAL ASSISTANCE	ONGOING
RILEY MEDICAL CLINIC/FIRST BAPTIST CHURCH JONESBOR - 147 CHURCH STREET - JONESBORO, GA 30236	58-0685903	501(C)(3)	0.	233,260.	FMV	MEDICAL ASSISTANCE	ONGOING

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COMMONGOOD MEDICAL 103 E. LAMAR ST. MCKINNEY, TX 75069	81-3813928	501(C)(3)	0.	232,405.	FMV	MEDICAL ASSISTANCE	ONGOING
PEOPLES HEALTH WELLNESS CLINIC 51 CHURCH ST BARRE, VT 05641	03-0343290	501(C)(3)	0.	228,994.	FMV	MEDICAL ASSISTANCE	ONGOING
UNIVERSITY OF MARYLAND ST. JOSEPH FOUNDATION INC. - 1407 YORK ROAD - LUTHERVILLE TIMONIUM, MD 21093	52-1681044	501(C)(3)	0.	227,924.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH SERVICE INC. 2310 4TH AVE N. MOORHEAD, MN 56560	41-1000060	501(C)(3)	0.	227,777.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE CLINIC AND CARE CENTER 1814 APPLETON ROAD MENASHA, WI 54952	47-3031346	501(C)(3)	0.	227,178.	FMV	MEDICAL ASSISTANCE	ONGOING
SPACE COAST VOLUNTEERS IN MEDICINE 2555 JUDGE FRAN JAMIESON WAY MELBOURNE, FL 32940	27-2135914	501(C)(3)	0.	226,457.	FMV	MEDICAL ASSISTANCE	ONGOING
SCOTT COUNTY HEALTH DEPARTMENT 825 HIGHWAY 31 NORTH AUSTIN, IN 47102	00-3118924	115	0.	225,251.	FMV	MEDICAL ASSISTANCE	ONGOING
FIRST BAPTIST CHURCH MEDICAL/DENTAL CLINIC - 1607 CHERRY STREET - VICKSBURG, MS 39180	64-0356253	501(C)(3)	0.	225,034.	FMV	MEDICAL ASSISTANCE	ONGOING
CENTRO DE SERVICIOS PRIMARIOS DE SALUD, INC - CALLE GUILLERMO RIEFKHOL 99 - PATILLAS, PR 00723	66-0430826	501(C)(3)	0.	224,781.	FMV	MEDICAL ASSISTANCE	ONGOING

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ORANGEBURG-CALHOUN FREE MEDICAL CLINIC - 141 CENTRE STREET - ORANGEBURG, SC 29115	26-3762573	501(C)(3)	0.	224,528.	FMV	MEDICAL ASSISTANCE	ONGOING
OZARKS COMMUNITY HEALTH CENTER 406 S DALLAS ST URBANA, MO 65767	20-5822485	501(C)(3)	0.	223,168.	FMV	MEDICAL ASSISTANCE	ONGOING
I CARE SAN ANTONIO 1779 NE LOOP 410 ACCESS RD SAN ANTONIO, TX 78217	74-2690192	501(C)(3)	0.	218,615.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE HEALTH 572 COLEMAN WAXAHACHIE, TX 75165	75-2813621	501(C)(3)	0.	215,120.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD HEALTH CLINIC, INC 91555 OVERSEAS HWY, STE 2 TAVERNIER, FL 33070	04-3745805	501(C)(3)	0.	214,563.	FMV	MEDICAL ASSISTANCE	ONGOING
ST PETERSBURG FREE CLINIC 5501 4TH STREET NORTH SAINT PETERSBURG, FL 33703	23-7208280	501(C)(3)	0.	214,307.	FMV	MEDICAL ASSISTANCE	ONGOING
THE HEALTH UNIT ON DAVISON AVENUE 13240 WOODROW WILSON DETROIT, MI 48238	37-1490937	501(C)(3)	0.	214,278.	FMV	MEDICAL ASSISTANCE	ONGOING
TALBOT HOUSE MINISTRIES OF LAKELAND- INC. - 814 NORTH KENTUCKY AVE. - LAKELAND, FL 33801	59-2151802	501(C)(3)	0.	212,541.	FMV	MEDICAL ASSISTANCE	ONGOING
MUNCIE MISSION MINISTRIES 1725 S. LIBERTY STREET MUNCIE, IN 47302	35-0869061	501(C)(3)	0.	210,160.	FMV	MEDICAL ASSISTANCE	ONGOING

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GOOD SAMARITAN HEALTH CLINIC 401 ARNOLD STREET, NE CULLMAN, AL 35055	20-0149215	501(C)(3)	0.	208,009.	FMV	MEDICAL ASSISTANCE	ONGOING
CAMUY HEALTH SERVICES, INC. 63 AVENIDA MUNOZ RIVERA CAMUY, PR 00627	66-0428652	501(C)(3)	0.	207,903.	FMV	MEDICAL ASSISTANCE	ONGOING
MERCY MEDICAL FREE CLINICS 500 SOUTH COIT STREET FLORENCE, SC 29501	31-1693093	501(C)(3)	0.	207,024.	FMV	MEDICAL ASSISTANCE	ONGOING
NEWHOPE CLINIC 41 S. COURT STREET OWINGSVILLE, KY 40360	61-1363437	501(C)(3)	0.	205,441.	FMV	MEDICAL ASSISTANCE	ONGOING
SNAKE RIVER COMMUNITY CLINIC 215 10TH STREET LEWISTON, ID 83501	31-1726460	501(C)(3)	0.	204,134.	FMV	MEDICAL ASSISTANCE	ONGOING
BEERSHEBA SPRINGS MEDICAL CLINIC 19592 STATE HIGHWAY 56 BEERSHEBA SPRINGS, TN 37305	26-4579813	501(C)(3)	0.	203,663.	FMV	MEDICAL ASSISTANCE	ONGOING
LOVE IN ACTION OF THE TRI-CITIES 326 N FERRY ST GRAND HAVEN, MI 49417	38-2856482	501(C)(3)	0.	202,526.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. JOHN BOSCO CLINIC, INC. 730 NW 34 STREET MIAMI, FL 33127	65-0435764	501(C)(3)	0.	202,431.	FMV	MEDICAL ASSISTANCE	ONGOING
DADE COUNTY STREET RESPONSE 4300 NW 12TH AVE MIAMI, FL 33127	84-1958579	501(C)(3)	0.	200,797.	FMV	MEDICAL ASSISTANCE	ONGOING

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LORAIN COUNTY FREE CLINIC 5040 OBERLIN AVENUE LORAIN, OH 44053	34-1506180	501(C)(3)	0.	199,469.	FMV	MEDICAL ASSISTANCE	ONGOING
BLACK HAWK GRUNDY MENTAL HEALTH CENTER - 3251 WEST 9TH STREET - WATERLOO, IA 50702	42-0733463	501(C)(3)	0.	198,478.	FMV	MEDICAL ASSISTANCE	ONGOING
AMERICARES FREE CLINIC OF BRIDGEPORT - 115 HIGHLAND AVENUE - BRIDGEPORT, CT 06604	06-1422741	501(C)(3)	0.	196,911.	FMV	MEDICAL ASSISTANCE	ONGOING
VOLUNTEERS IN MEDICINE 15 NORTHRIDGE DRIVE HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	0.	194,693.	FMV	MEDICAL ASSISTANCE	ONGOING
COACHELLA VALLEY VOLUNTEERS IN MEDICINE - 82915 AVENUE 48 - INDIO, CA 92201	26-3312826	501(C)(3)	0.	193,361.	FMV	MEDICAL ASSISTANCE	ONGOING
LIBERTY AND HEALTH ALLIANCE 10250 N. 39TH STREET PHOENIX, AZ 85028	87-2654750	501(C)(3)	0.	192,950.	FMV	MEDICAL ASSISTANCE	ONGOING
UGM OF DALLAS 3211 IRVING BLVD DALLAS, TX 75247	75-6003612	501(C)(3)	0.	189,359.	FMV	MEDICAL ASSISTANCE	ONGOING
MANSFIELD MISSION CENTER 901 W BROAD ST MANSFIELD, TX 76063	36-4753862	501(C)(3)	0.	188,206.	FMV	MEDICAL ASSISTANCE	ONGOING
BARRIER ISLANDS FREE MEDICAL CLINIC - 3226 MAYBANK HWY - JOHNS ISLAND, SC 29455	20-5628911	501(C)(3)	0.	186,506.	FMV	MEDICAL ASSISTANCE	ONGOING

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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HOMELESS EMPOWERMENT PROGRAM DENTAL AND WELLNESS - 1120 NORTH BETTY LANE - CLEARWATER, FL 33755	59-2729694	501(C)(3)	0.	180,847.	FMV	MEDICAL ASSISTANCE	ONGOING
CARING HEARTS FREE CLINIC 835 WOODLAND DRIVE, SUITE 101 STUART, VA 24171	14-1909014	501(C)(3)	0.	180,622.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTH BROWARD HOSPITAL DISTRICT DBA BROWARD HEALTH - 2011 NW 3RD AVENUE - POMPANO BEACH, FL 33060	59-6012065	501(C)(3)	0.	176,016.	FMV	MEDICAL ASSISTANCE	ONGOING
TRIANGLE AREA NETWORK - ORANGE 3727 N 16TH STREET ORANGE, TX 77632	76-0226835	501(C)(3)	0.	175,514.	FMV	MEDICAL ASSISTANCE	ONGOING
AVITA COMMUNITY PARTNERS 915 INTERSTATE RIDGE DR GAINESVILLE, GA 30501	58-2109706	115	0.	175,418.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HELPING PLACE FREE CLINIC - 75 ROCK HOUSE RD - DAHLONEGA, GA 30533	37-1554432	501(C)(3)	0.	175,002.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY WELLNESS OUTREACH 2430 ATLAS ROAD COLUMBIA, SC 29209	86-3673280	501(C)(3)	0.	174,848.	FMV	MEDICAL ASSISTANCE	ONGOING
NC MEDASSIST 4428 TAGGART CREEK RD CHARLOTTE, NC 28208	56-2018957	501(C)(3)	0.	174,389.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. VINCENT DE PAUL CLINIC 420 WEST WATKINS ROAD PHOENIX, AZ 85003	86-0096789	501(C)(3)	0.	168,884.	FMV	MEDICAL ASSISTANCE	ONGOING

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ARTHUR NAGEL COMMUNITY CLINIC 1116 12TH STREET BANDERA, TX 78003	77-0697361	501(C)(3)	0.	168,628.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTH JEFFERSON COUNTY CLINIC PHARMACY - 1295 PEARL ST - BEAUMONT, TX 77701	74-6000291	115	0.	167,427.	FMV	MEDICAL ASSISTANCE	ONGOING
CHARITABLE PHARMACY OF HOPE CLINIC OF ROSS COUNTY - 610 CENTRAL CENTER - CHILLICOTHE, OH 45601	45-2390821	501(C)(3)	0.	167,205.	FMV	MEDICAL ASSISTANCE	ONGOING
PANCARE OF FLORIDA, INC. 2235 EAST 15TH STREET PANAMA CITY, FL 32405	91-2189932	501(C)(3)	0.	164,079.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CARE CLINIC OF HIGHLANDS-CASHIERS, INC. - 52 AUNT DORA DRIVE - HIGHLANDS, NC 28741	65-1251915	501(C)(3)	0.	163,855.	FMV	MEDICAL ASSISTANCE	ONGOING
FAMILY CENTERS HEALTH CARE 75 HOLLY HILL LN - SUITE 102 GREENWICH, CT 06830	06-0646656	501(C)(3)	0.	163,604.	FMV	MEDICAL ASSISTANCE	ONGOING
CARROLL COUNTY HEALTH DEPARTMENT 101 WEST MAIN ST DELPHI, IN 46923	35-6000130	115	0.	162,505.	FMV	MEDICAL ASSISTANCE	ONGOING
RAPHAEL COMMUNITY FREE CLINIC, INC. - 1807 WATER STREET - KERRVILLE, TX 78028	74-2819628	501(C)(3)	0.	162,048.	FMV	MEDICAL ASSISTANCE	ONGOING
LA CLINICA CRISTIANA 1915 AVALON AV MUSCLE SHOALS, AL 35661	20-1624284	501(C)(3)	0.	160,221.	FMV	MEDICAL ASSISTANCE	ONGOING

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BRIDGES TO HEALTH 119 S WASHINGTON ST MARION, IN 46952	20-5405181	501(C)(3)	0.	158,561.	FMV	MEDICAL ASSISTANCE	ONGOING
SURRY MEDICAL MINISTRIES 951 ROCKFORD STREET MOUNT AIRY, NC 27030	56-1829347	501(C)(3)	0.	154,562.	FMV	MEDICAL ASSISTANCE	ONGOING
RENEWED HOPE HEALTH CLINIC 894 MARSHALL ST. ALLEGAN, MI 49010	16-1760734	501(C)(3)	0.	153,636.	FMV	MEDICAL ASSISTANCE	ONGOING
FAMILY PLANNING PLUS 4612 WESTBRANCH HWY LEWISBURG, PA 17837	23-2032597	501(C)(3)	0.	153,613.	FMV	MEDICAL ASSISTANCE	ONGOING
CAMILIUS HEALTH CONCERN 336 NW 5TH ST MIAMI, FL 33128	65-0063921	501(C)(3)	0.	152,861.	FMV	MEDICAL ASSISTANCE	ONGOING
BAAL PARAZIM WELLNESS, INC. 3416 SOUTH HALSTED CHICAGO, IL 60608	46-5746945	501(C)(3)	0.	148,797.	FMV	MEDICAL ASSISTANCE	ONGOING
FAYETTE C.A.R.E. CLINIC, INC. 105-C BRADFORD SQUARE FAYETTEVILLE, GA 30215	20-0314897	501(C)(3)	0.	148,683.	FMV	MEDICAL ASSISTANCE	ONGOING
ELLENTON HEALTH CLINIC, PUBLIC HEALTH DISTRICT 8-2 - 185 NORTH BAKER STREET - ELLENTON, GA 31747	23-7379607	501(C)(3)	0.	146,091.	FMV	MEDICAL ASSISTANCE	ONGOING
NEIGHBORHOOD HEALTH CENTER PLAINFIELD - 1700-58 MYRTLE AVENUE - PLAINFIELD, NJ 07063	22-1927742	501(C)(3)	0.	145,699.	FMV	MEDICAL ASSISTANCE	ONGOING

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WAYNE COUNTY PUBLIC HEALTH 105 N LAFAYETTE CORYDON, IA 50060	42-6004425	115	0.	142,536.	FMV	MEDICAL ASSISTANCE	ONGOING
DAHLONEGA PEDIATRIC AND ADOLESCENT MEDICINE - 1055 GROVE ST NORTH - DAHLONEGA, GA 30533	58-0566256	501(C)(3)	0.	142,042.	FMV	MEDICAL ASSISTANCE	ONGOING
ACACIA MEDICAL MISSION 1781 E. AMMANN RD. BULVERDE, TX 78163	90-0401594	501(C)(3)	0.	141,762.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTHSIDE CHRISTIAN HEALTH CARE CENTER - 816 MIDDLE STREET - PITTSBURGH, PA 15212	25-1715426	501(C)(3)	0.	140,556.	FMV	MEDICAL ASSISTANCE	ONGOING
OPEN ARMS CLINIC 109 BIG A ROAD TOCCOA, GA 30577	20-3296577	501(C)(3)	0.	140,183.	FMV	MEDICAL ASSISTANCE	ONGOING
OPEN DOOR HEALTH CENTER 151 NW 11TH STREET, STE. E202A HOMESTEAD, FL 33030	83-0375996	501(C)(3)	0.	140,031.	FMV	MEDICAL ASSISTANCE	ONGOING
PRYMED MEDICAL CARE CARRETERA 149, KM 13 CIALES, PR 00638	66-0428120	501(C)(3)	0.	139,150.	FMV	MEDICAL ASSISTANCE	ONGOING
CLEARWATER FREE CLINIC 1218 COURT STREET CLEARWATER, FL 33756	59-1852871	501(C)(3)	0.	138,758.	FMV	MEDICAL ASSISTANCE	ONGOING
TARZANA TREATMENT CENTERS, INC. 7101 BAIRD AVE RESEDA, CA 91335	94-2219349	501(C)(3)	0.	138,354.	FMV	MEDICAL ASSISTANCE	ONGOING

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HALEY CENTER 603 6TH STREET NW WINTER HAVEN, FL 33881	82-5306080	501(C)(3)	0.	137,725.	FMV	MEDICAL ASSISTANCE	ONGOING
OCEANA COMMUNITY HEALTH INC 2406 S SEACREST BLVD BOYNTON BEACH, FL 33435	88-1889523	501(C)(3)	0.	135,922.	FMV	MEDICAL ASSISTANCE	ONGOING
HAWAII HOME PROJECT 651 ILALO STREET, MEB-OME HONOLULU, HI 96813	99-0085260	501(C)(3)	0.	135,465.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTHWORK 1543 MCGINNIS STREET ALEXANDRIA, LA 71301	72-1444312	501(C)(3)	0.	135,189.	FMV	MEDICAL ASSISTANCE	ONGOING
OPEN CITIES HEALTH CENTER 409 N. DUNLAP STREET SAINT PAUL, MN 55104	36-3381598	501(C)(3)	0.	134,602.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD SAMARITAN HEALTH CENTERS, INC. - 268 HERBERT STREET - SAINT AUGUSTINE, FL 32084	52-2125419	501(C)(3)	0.	134,208.	FMV	MEDICAL ASSISTANCE	ONGOING
TROUP CARES 301 MEDICAL DR. SUITE 501 LAGRANGE, GA 30240	20-8176300	501(C)(3)	0.	133,933.	FMV	MEDICAL ASSISTANCE	ONGOING
UCSD STUDENT RUN FREE CLINIC PROJECT - 9500 GILMAN DRIVE - LA JOLLA, CA 92093	95-2872494	501(C)(3)	0.	133,516.	FMV	MEDICAL ASSISTANCE	ONGOING
CITY SQUARE 2835 AL LIPSCOMB WAY DALLAS, TX 75215	75-2332948	501(C)(3)	0.	133,488.	FMV	MEDICAL ASSISTANCE	ONGOING

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NORTH BROWARD HOSPITAL DISTRICT DBA BROWARD HEALTH - 1101 W BROWARD BLVD - FORT LAUDERDALE, FL 33312	59-6012065	501(C)(3)	0.	132,388.	FMV	MEDICAL ASSISTANCE	ONGOING
COOS COUNTY FAMILY HEALTH SERVICES 133 PLEASANT ST BERLIN, NH 03570	02-0350051	501(C)(3)	0.	127,592.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTH JEFFERSON COUNTY CLINIC PHARMACY - 1295 PEARL ST - BEAUMONT, TX 77701	74-6000291	115	0.	127,319.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE CLINIC 13808 NC HWY 55 BAYBORO, NC 28515	56-2114681	501(C)(3)	0.	126,872.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE CLINIC 1815 SE BISON RD BARTLESVILLE, OK 74006	46-4417141	501(C)(3)	0.	125,283.	FMV	MEDICAL ASSISTANCE	ONGOING
CACTUS HEALTH SERVICES INC. 700 N MAIN ST FORT STOCKTON, TX 79735	16-1663081	501(C)(3)	0.	124,289.	FMV	MEDICAL ASSISTANCE	ONGOING
STAYWELL HEALTH CENTER 80 PHOENIX AVENUE WATERBURY, CT 06702	22-3160873	501(C)(3)	0.	123,637.	FMV	MEDICAL ASSISTANCE	ONGOING
CASS COUNTY HEALTH DEPARTMENT 1616 SMITH STREET LOGANSPOUT, IN 46947	35-6000131	115	0.	121,538.	FMV	MEDICAL ASSISTANCE	ONGOING
CENTER FOR HAITIAN STUDIES, INC 8260 NE 2ND AVE MIAMI, FL 33138	65-0136723	501(C)(3)	0.	121,040.	FMV	MEDICAL ASSISTANCE	ONGOING

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WILL COUNTY COMMUNITY HEALTH CENTER (WCCHC) - 1106 NEAL AVE. - JOLIET, IL 60433	36-3971168	501(C)(3)	0.	120,946.	FMV	MEDICAL ASSISTANCE	ONGOING
PARTNERS WITH FAMILIES & CHILDREN 106 W. MISSION AVE SPOKANE, WA 99201	68-0576560	501(C)(3)	0.	120,445.	FMV	MEDICAL ASSISTANCE	ONGOING
GRAPEVINE RELIEF AND COMMUNITY EXCHANGE (GRACE) - 837 E. WALNUT STREET - GRAPEVINE, TX 76051	75-2195702	501(C)(3)	0.	119,233.	FMV	MEDICAL ASSISTANCE	ONGOING
DREAM CENTERS WOMEN'S CLINIC 4360 MONTEBELLO DR, SUITE 900 COLORADO SPRINGS, CO 80918	27-4876080	501(C)(3)	0.	119,089.	FMV	MEDICAL ASSISTANCE	ONGOING
BETHANY FIRST NAZARENE CHURCH 6789 NW 39TH EXPRESS WAY BETHANY, OK 73008	73-0643163	501(C)(3)	0.	115,979.	FMV	MEDICAL ASSISTANCE	ONGOING
AVICENNA FREE CLINIC 1838 FRANKFORD AVE PANAMA CITY, FL 32405	82-2554695	501(C)(3)	0.	115,230.	FMV	MEDICAL ASSISTANCE	ONGOING
MCINTOSH TRAIL, CSB 1209 GREENBELT DRIVE GRIFFIN, GA 30224	20-8623233	115	0.	115,114.	FMV	MEDICAL ASSISTANCE	ONGOING
ROANOKE CHOWAN COMMUNITY HEALTH CENTER (RCCHC) - 120 HEALTH CENTER DRIVE - AHOSKIE, NC 27910	42-1638714	501(C)(3)	0.	111,169.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTHSHORE HEALTH CENTERS INC. 6050 STERLING CREEK RD PORTAGE, IN 46368	35-2028588	501(C)(3)	0.	111,031.	FMV	MEDICAL ASSISTANCE	ONGOING

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BUDDHIST TZU CHI MEDICAL CENTER 1000 S. GARFIELD ALHAMBRA, CA 91801	95-4457939	501(C)(3)	0.	109,064.	FMV	MEDICAL ASSISTANCE	ONGOING
IFM COMMUNITY MEDICINE 5501 DELMAR BLVD SAINT LOUIS, MO 63112	43-1863752	501(C)(3)	0.	109,034.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CARE CLINIC OF DARE 425 HEALTH CENTER DRIVE NAGS HEAD, NC 27959	20-2230717	501(C)(3)	0.	108,987.	FMV	MEDICAL ASSISTANCE	ONGOING
UNIVERSITY OF MIAMI 1601 NW 12 AVE. #4067 MIAMI, FL 33136	59-0624458	501(C)(3)	0.	108,619.	FMV	MEDICAL ASSISTANCE	ONGOING
MERCY URGENT CARE 1201 PATTON AVE ASHEVILLE, NC 28806	56-1463611	501(C)(3)	0.	108,381.	FMV	MEDICAL ASSISTANCE	ONGOING
GRACE MEDICAL HOME 1417 E CONCORD ST. ORLANDO, FL 32803	26-1817966	501(C)(3)	0.	106,573.	FMV	MEDICAL ASSISTANCE	ONGOING
PRESBYTERIAN MEDICAL CARE MISSION 1857 PINE ST STE 100 ABILENE, TX 79601	75-1910600	501(C)(3)	0.	106,327.	FMV	MEDICAL ASSISTANCE	ONGOING
THE VILLAGE SOUTH / WESTCARE 1601 POINCIANA DRIVE HOLLYWOOD, FL 33025	59-1452736	501(C)(3)	0.	105,452.	FMV	MEDICAL ASSISTANCE	ONGOING
RXASSIST PHARMACY, INCORPORATED 17020 BEAVER SPRINGS DR, HOUSTON, HOUSTON, TX 77090	85-0962828	115	0.	105,383.	FMV	MEDICAL ASSISTANCE	ONGOING

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HEALTHCARE FOR THE HOMELESS - HOUSTON - 1934 CAROLINE STREET - HOUSTON, TX 77002	76-0647934	501(C)(3)	0.	105,298.	FMV	MEDICAL ASSISTANCE	ONGOING
LAKE AREA FREE CLINIC 856B ARMOUR RD OCONOMOWOC, WI 53066	39-2006388	501(C)(3)	0.	104,904.	FMV	MEDICAL ASSISTANCE	ONGOING
LAKE COUNTY FREE CLINIC 462 CHARDON ST. PAINESVILLE, OH 44077	34-1081191	501(C)(3)	0.	104,129.	FMV	MEDICAL ASSISTANCE	ONGOING
GARDEN OF EDEN HEALTH CENTER ROAD 141 KM 13.1, VISTA ALEGRE JAYUYA, PR 00664	66-0869427	501(C)(3)	0.	103,730.	FMV	MEDICAL ASSISTANCE	ONGOING
TRI CITY HEALTH PARTNERSHIP 318 WALNUT STREET SAINT CHARLES, IL 60174	36-4475369	501(C)(3)	0.	103,361.	FMV	MEDICAL ASSISTANCE	ONGOING
THE ARK 6450 N CALIFORNIA AVE SUITE 104 CHICAGO, IL 60645	23-7164967	501(C)(3)	0.	103,167.	FMV	MEDICAL ASSISTANCE	ONGOING
RURAL HEALTH NETWORK OF MONROE COUNTY - 3706 N ROOSEVELT BLVD SUITE G - KEY WEST, FL 33040	65-0474953	501(C)(3)	0.	102,262.	FMV	MEDICAL ASSISTANCE	ONGOING
MOUNTAIN AREA HEALTH EDUCATION INC 25 WESTRIDGE MARKET PLACE CANDLER, NC 28715	56-1071426	501(C)(3)	0.	101,832.	FMV	MEDICAL ASSISTANCE	ONGOING
FUNDACION MANOS JUNTAS 1320 NORTH PENNSYLVANIA AVE OKLAHOMA CITY, OK 73107	73-1523135	501(C)(3)	0.	101,192.	FMV	MEDICAL ASSISTANCE	ONGOING

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RIVER HILLS COMMUNITY HEALTH CENTER INC. - 201 S MARKET ST - OTTUMWA, IA 52501	42-1489471	501(C)(3)	0.	100,768.	FMV	MEDICAL ASSISTANCE	ONGOING
JEFFERSON CENTER FOR MENTAL HEALTH 5801 WEST ALAMEDA AVENUE DENVER, CO 80226	84-0474717	501(C)(3)	0.	100,339.	FMV	MEDICAL ASSISTANCE	ONGOING
CLINICA TEPATI 1820 J ST. SACRAMENTO, CA 95811	94-2324682	501(C)(3)	0.	99,985.	FMV	MEDICAL ASSISTANCE	ONGOING
ALABAMA FREE CLINIC 212 COURTHOUSE SQUARE BAY MINETTE, AL 36507	63-1247879	501(C)(3)	0.	99,311.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH SERVICES 0405 CASTLE CREEK ROAD ASPEN, CO 81611	84-0609057	501(C)(3)	0.	97,598.	FMV	MEDICAL ASSISTANCE	ONGOING
CHRISTIAN MEDICAL MINISTRIES, INC 11934 FAIRWAY LAKES DR FORT MYERS, FL 33913	47-2641606	501(C)(3)	0.	95,202.	FMV	MEDICAL ASSISTANCE	ONGOING
CORVIDA HEALTH CLINIC 8300 ALCOTT ST. WESTMINSTER, CO 80031	27-3794068	501(C)(3)	0.	95,163.	FMV	MEDICAL ASSISTANCE	ONGOING
CAPE FEAR CLINIC, INC. 1605 DOCTORS CIRCLE WILMINGTON, NC 28401	56-1984630	501(C)(3)	0.	94,506.	FMV	MEDICAL ASSISTANCE	ONGOING
SVDP GA COMMUNITY PHARMACY 2050C CHAMBLEE TUCKER RD ATLANTA, GA 30341	58-0967972	501(C)(3)	0.	92,379.	FMV	MEDICAL ASSISTANCE	ONGOING

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VOLUNTEERS IN MEDICINE - CLINIC OF THE CASCADES - 2300 NE NEFF RD. - BEND, OR 97701	93-1327847	501(C)(3)	0.	90,230.	FMV	MEDICAL ASSISTANCE	ONGOING
FRIENDS OF HICKORY COUNTY HEALTH DEPARTMENT - 24885 STATE HIGHWAY 254 - HERMITAGE, MO 65668	47-1206725	501(C)(3)	0.	89,867.	FMV	MEDICAL ASSISTANCE	ONGOING
MISSION HOSPITAL- MEDICATION ASSISTANCE PROGRAM - 2 MEDICAL PARK DRIVE SUITE 101 - ASHEVILLE, NC 28803	58-1450888	501(C)(3)	0.	89,773.	FMV	MEDICAL ASSISTANCE	ONGOING
MISSION LEXINGTON, INC. 230 S. MARTIN LUTHER KING BLVD LEXINGTON, KY 40508	20-2824933	501(C)(3)	0.	87,417.	FMV	MEDICAL ASSISTANCE	ONGOING
YOUR BEST PATHWAY TO HEALTH 6973 OLIVE BLVD SAINT LOUIS, MO 63130	81-3012737	501(C)(3)	0.	87,022.	FMV	MEDICAL ASSISTANCE	ONGOING
LESTONNAC FREE CLINIC 1215 E CHAPMAN ORANGE, CA 92866	95-3499011	501(C)(3)	0.	86,858.	FMV	MEDICAL ASSISTANCE	ONGOING
IBN SINA FOUNDATION 11226 S. WILCREST DR HOUSTON, TX 77099	76-0698464	501(C)(3)	0.	86,057.	FMV	MEDICAL ASSISTANCE	ONGOING
DR GARY BURNSTEIN COMMUNITY HEALTH CLINIC - 45580 WOODWARD AVE - PONTIAC, MI 48341	32-0015321	501(C)(3)	0.	84,997.	FMV	MEDICAL ASSISTANCE	ONGOING
SOUTH CENTRAL MISSOURI COMMUNITY HEALTH CENTER - 1081 EAST 18TH STREET - ROLLA, MO 65401	26-2522083	501(C)(3)	0.	84,787.	FMV	MEDICAL ASSISTANCE	ONGOING

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UBUNTU BLACK FAMILY WELLNESS COLLECTIVE - 2611 GOVERNOR PRINTZ BLVD - WILMINGTON, DE 19802	84-4234815	501(C)(3)	0.	84,194.	FMV	MEDICAL ASSISTANCE	ONGOING
NOVA SCRIPTSCENTRAL 6400 ARLINGTON BLVD FALLS CHURCH, VA 22042	65-1275162	501(C)(3)	0.	82,476.	FMV	MEDICAL ASSISTANCE	ONGOING
TRINITY COMMUNITY SERVICES AND EDUCATIONAL FOUNDAT - 1234 PORTER STREET - DETROIT, MI 48226	38-3129349	501(C)(3)	0.	82,452.	FMV	MEDICAL ASSISTANCE	ONGOING
LEBANON VALLEY VOLUNTEERS IN MEDICINE - 711 S 8TH ST - LEBANON, PA 17042	26-3915958	501(C)(3)	0.	81,776.	FMV	MEDICAL ASSISTANCE	ONGOING
MATTHEW WALKER COMPREHENSIVE HEALTH CENTER INC. - 1035 14TH AVENUE NORTH - NASHVILLE, TN 37208	62-1035426	501(C)(3)	0.	80,537.	FMV	MEDICAL ASSISTANCE	ONGOING
CROSSINGS COMMUNITY CLINIC 222 NW 12TH ST OKLAHOMA CITY, OK 73103	86-1115863	501(C)(3)	0.	79,826.	FMV	MEDICAL ASSISTANCE	ONGOING
BETHESDA COMMUNITY CLINIC, INC 450 WILBANKS DR. SUITE A BALL GROUND, GA 30107	27-4923001	501(C)(3)	0.	78,747.	FMV	MEDICAL ASSISTANCE	ONGOING
MOROVIS COMMUNITY HEALTH CENTER, INC. - CALLE PATRON #2 - MOROVIS, PR 00687	66-0480948	501(C)(3)	0.	78,120.	FMV	MEDICAL ASSISTANCE	ONGOING
CHARITABLE PHARMACY OF CENTRAL OHIO - 200 EAST LIVINGSTON AVE - COLUMBUS, OH 43215	27-0147099	501(C)(3)	0.	77,405.	FMV	MEDICAL ASSISTANCE	ONGOING

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C-ASSIST 30260 CHERRY HILL ROAD GARDEN CITY, MI 48135	81-3386484	501(C)(3)	0.	76,715.	FMV	MEDICAL ASSISTANCE	ONGOING
MISSION MEDICAL CENTER 2125 EAST LASALLE STREET COLORADO SPRINGS, CO 80909	68-0506812	501(C)(3)	0.	76,189.	FMV	MEDICAL ASSISTANCE	ONGOING
STREET MEDICINE ST. LOUIS 3431 MERAMEC ST SAINT LOUIS, MO 63118	92-1934848	501(C)(3)	0.	75,876.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CARE CLINIC OF ROWAN COUNTY - 315G MOCKSVILLE AVE. - SALISBURY, NC 28144	56-1964773	501(C)(3)	0.	75,714.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CONNECTIONS FREE CLINIC 101 E. FOUNTAIN STREET DODGEVILLE, WI 53533	72-1619112	501(C)(3)	0.	75,706.	FMV	MEDICAL ASSISTANCE	ONGOING
HELPING HANDS HEALTH AND WELLNESS CENTER, INC. - 5100 KARL ROAD - COLUMBUS, OH 43229	20-5937457	501(C)(3)	0.	74,543.	FMV	MEDICAL ASSISTANCE	ONGOING
THE ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND - 131 S. ROBERTSON STREET, 10TH FLOOR MURPHY - NEW ORLEANS, LA 70112	72-0423889	501(C)(3)	0.	74,288.	FMV	MEDICAL ASSISTANCE	ONGOING
THE FREE CLINICS OF HENDERSON COUNTY - 841 CASE STREET - HENDERSONVILLE, NC 28792	56-2212024	501(C)(3)	0.	73,994.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY INITIATIVES, INC. CLINICA GRATIS - 212 OVERLAND DR - GREENWOOD, SC 29646	31-1741660	501(C)(3)	0.	73,224.	FMV	MEDICAL ASSISTANCE	ONGOING

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SAMARITAN HEALTH AND WELLNESS CENTER, INC. - 2450 EDISON AVE - FORT MYERS, FL 33901	46-0922358	501(C)(3)	0.	72,911.	FMV	MEDICAL ASSISTANCE	ONGOING
12TH STREET HEALTH AND WELLNESS CENTER - 4010 W 12TH ST - LITTLE ROCK, AR 72204	71-6046242	115	0.	72,627.	FMV	MEDICAL ASSISTANCE	ONGOING
UT HEALTH SCIENCE CENTER AT SAN ANTONIO - FOCUS - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78229	74-1587488	115	0.	71,459.	FMV	MEDICAL ASSISTANCE	ONGOING
CHURCH HEALTH SERVICES 115 N CENTER STREET BEAVER DAM, WI 53916	39-1759669	501(C)(3)	0.	69,664.	FMV	MEDICAL ASSISTANCE	ONGOING
CROSSINGS COMMUNITY CLINIC 10255 N PENN AVE OKLAHOMA CITY, OK 73120	86-1115863	501(C)(3)	0.	69,564.	FMV	MEDICAL ASSISTANCE	ONGOING
GEORGIA ASSOCIATION OF MINORITY PHYSICIAN ASSOCIAT - 203 MEDICAL BLVD - STOCKBRIDGE, GA 30281	88-0832580	501(C)(3)	0.	69,029.	FMV	MEDICAL ASSISTANCE	ONGOING
WHEELING HEALTH RIGHT INC 61-29TH ST WHEELING, WV 26003	31-1149085	501(C)(3)	0.	68,297.	FMV	MEDICAL ASSISTANCE	ONGOING
URBAN COMMUNITY ACTION NETWORK 5710 W MANCHESTER AVE LOS ANGELES, CA 90045	88-3420796	501(C)(3)	0.	67,785.	FMV	MEDICAL ASSISTANCE	ONGOING
BROTHER BILLS HELPING HAND 3906 N. WESTMORELAND RD. DALLAS, TX 75212	75-6027740	501(C)(3)	0.	67,248.	FMV	MEDICAL ASSISTANCE	ONGOING

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PLAN A HEALTH, INC 1454 MAIN STREET LOUISE, MS 39097	83-2144751	501(C)(3)	0.	67,236.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE MEDICAL CLINIC 518 HARRIET STREET YPSILANTI, MI 48197	38-2469007	501(C)(3)	0.	67,028.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTH AND HOPE CLINIC, INC. 1718 E OLIVE RD PENSACOLA, FL 32514	26-4336638	501(C)(3)	0.	66,630.	FMV	MEDICAL ASSISTANCE	ONGOING
ON SLOW COMMUNITY OUTREACH 1 DEWITT STREET JACKSONVILLE, NC 28540	56-1705813	501(C)(3)	0.	66,296.	FMV	MEDICAL ASSISTANCE	ONGOING
PROJECT SOS -SUPPORT OUR SOLDIERS INC. - 2412 DUE WEST DRIVE - THE VILLAGES, FL 32162	27-2932657	501(C)(3)	0.	66,264.	FMV	MEDICAL ASSISTANCE	ONGOING
HILL COUNTRY MISSION FOR HEALTH, INC. - 122 COMMERCE AVENUE - BOERNE, TX 78006	48-1262832	501(C)(3)	0.	65,946.	FMV	MEDICAL ASSISTANCE	ONGOING
LIFE CHOICES MEDICAL CLINIC 3234 NORTHWESTERN DRIVE SAN ANTONIO, TX 78238	74-2809910	501(C)(3)	0.	65,725.	FMV	MEDICAL ASSISTANCE	ONGOING
PIONEER MEDICAL GROUP CLINIC FOUNDATION - 13067 N TELECOM PKWY - TAMPA, FL 33637	81-2781401	501(C)(3)	0.	65,602.	FMV	MEDICAL ASSISTANCE	ONGOING
DEO CLINIC 218 NORTH FREDRICK ST. DALTON, GA 30721	46-0789000	501(C)(3)	0.	65,176.	FMV	MEDICAL ASSISTANCE	ONGOING

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GOOD SHEPHERD PHARMACY 266 SOUTH CLEVELAND STREET MEMPHIS, TN 38104	46-3313048	501(C)(3)	0.	64,853.	FMV	MEDICAL ASSISTANCE	ONGOING
M-POWER MINISTRIES HEALTH CENTER 4022 4TH AVE SOUTH BIRMINGHAM, AL 35222	31-1639601	501(C)(3)	0.	64,684.	FMV	MEDICAL ASSISTANCE	ONGOING
UNITED STATES CATHOLIC CONFERENCE 2 SHIRCLIFF WAY JACKSONVILLE, FL 32204	53-0196617	501(C)(3)	0.	64,431.	FMV	MEDICAL ASSISTANCE	ONGOING
HANDS OF HOPE CLINIC, INC. 1010 HOSPITAL DRIVE BLDG B STOCKBRIDGE, GA 30281	42-1591970	501(C)(3)	0.	64,427.	FMV	MEDICAL ASSISTANCE	ONGOING
ARLINGTON FREE CLINIC 2921 11TH STREET S ARLINGTON, VA 22204	54-1671883	501(C)(3)	0.	63,929.	FMV	MEDICAL ASSISTANCE	ONGOING
NURSES GLOBAL OUTREACH, INC. 401 N. EMPORIA WICHITA, KS 67202	83-1687039	501(C)(3)	0.	63,850.	FMV	MEDICAL ASSISTANCE	ONGOING
TRIANGLE AREA NETWORK - BEAUMONT 1495 N. 7TH STREET BEAUMONT, TX 77702	76-0226835	501(C)(3)	0.	62,341.	FMV	MEDICAL ASSISTANCE	ONGOING
OAKLAWN 330 LAKEVIEW DR. GOSHEN, IN 46528	35-1070041	501(C)(3)	0.	62,284.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD SAMARITAN HEALTH CLINIC OF PASCO, INC - 5334 ASPEN ST. - NEW PORT RICHEY, FL 34652	59-3072334	501(C)(3)	0.	61,133.	FMV	MEDICAL ASSISTANCE	ONGOING

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SAN JOSE CLINIC 2615 FANNIN ST. STE 2703 HOUSTON, TX 77002	76-0373703	501(C)(3)	0.	61,002.	FMV	MEDICAL ASSISTANCE	ONGOING
UNIVERSAL MEDICAL INSTITUTE 700 NW 183RD ST MIAMI, FL 33169	85-0504960	501(C)(3)	0.	60,972.	FMV	MEDICAL ASSISTANCE	ONGOING
MOSAIC HEALTH CENTER 3700 MARKET STREET CLARKSTON, GA 30021	46-1402143	501(C)(3)	0.	60,656.	FMV	MEDICAL ASSISTANCE	ONGOING
TREASURE COAST COMMUNITY HEALTH, INC - 12196 COUNTY RD 512 - FELLSMERE, FL 32948	59-3219191	501(C)(3)	0.	60,134.	FMV	MEDICAL ASSISTANCE	ONGOING
MIAMI RESCUE MISSION CLINIC INC 2015 NW 1ST AVE MIAMI, FL 33127	45-1481860	501(C)(3)	0.	58,746.	FMV	MEDICAL ASSISTANCE	ONGOING
MISSION WACO HEALTH CLINIC 1226 WASHINGTON AVE WACO, TX 76701	74-2605621	501(C)(3)	0.	58,597.	FMV	MEDICAL ASSISTANCE	ONGOING
SAN JOSE CLINIC 2615 FANNIN ST. STE 2703 HOUSTON, TX 77002	76-0373703	501(C)(3)	0.	58,220.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTH BROWARD HOSPITAL DISTRICT DBA BROWARD HEALTH - 200 NORTHWEST 7TH AVENUE - FORT LAUDERDALE, FL 33311	59-6012065	501(C)(3)	0.	58,159.	FMV	MEDICAL ASSISTANCE	ONGOING
HEART MINISTRY CENTER 2222 BINNEY STREET OMAHA, NE 68110	81-0614816	501(C)(3)	0.	57,801.	FMV	MEDICAL ASSISTANCE	ONGOING

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MILAN PUSKAR HEALTH RIGHT 341 SPRUCE STREET MORGANTOWN, WV 26505	31-1118673	501(C)(3)	0.	57,704.	FMV	MEDICAL ASSISTANCE	ONGOING
SHARE FOUNDATION 815 THOMPSON AVENUE EL DORADO, AR 71730	71-0236863	501(C)(3)	0.	57,160.	FMV	MEDICAL ASSISTANCE	ONGOING
FIRST PRESBYTERIAN CHURCH WAUSAU FREE CLINIC - 360 GRAND AVE - WAUSAU, WI 54403	39-0806385	501(C)(3)	0.	54,114.	FMV	MEDICAL ASSISTANCE	ONGOING
CHARIS HEALTH CENTER 2620 N. MOUNT JULIET RD. MOUNT JULIET, TN 37122	35-2298919	501(C)(3)	0.	54,069.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY MEDICINE RXCARE PHARMACY 3595 OLENTANGY RIVER ROAD COLUMBUS, OH 43214	23-7446919	501(C)(3)	0.	53,135.	FMV	MEDICAL ASSISTANCE	ONGOING
HEARTS AND HANDS CLINIC 127 NORTH COLLEGE STREET STATESBORO, GA 30458	26-4597700	501(C)(3)	0.	52,913.	FMV	MEDICAL ASSISTANCE	ONGOING
LIGHT OF THE WORLD CLINIC, INC. 5333 N. DIXIE HWY FORT LAUDERDALE, FL 33334	65-0266070	501(C)(3)	0.	52,294.	FMV	MEDICAL ASSISTANCE	ONGOING
FAITH FAMILY MEDICAL CLINIC 326 21ST AVE N NASHVILLE, TN 37203	62-1816811	501(C)(3)	0.	52,081.	FMV	MEDICAL ASSISTANCE	ONGOING
DOWNTOWN CLINIC 611 SOUTH SECOND STREET LARAMIE, WY 82070	83-0326354	501(C)(3)	0.	51,284.	FMV	MEDICAL ASSISTANCE	ONGOING

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EBENEZER MEDICAL OUTREACH 1448 10TH AVE HUNTINGTON, WV 25701	55-0745033	501(C)(3)	0.	50,772.	FMV	MEDICAL ASSISTANCE	ONGOING
HEARTBRIGHT FOUNDATION INC 2101 CAMBRIDGE BELTWAY DRIVE CHARLOTTE, NC 28273	45-0496759	501(C)(3)	0.	49,882.	FMV	MEDICAL ASSISTANCE	ONGOING
ON EAGLE'S WINGS, INC DBA WOVEN HEALTH CLINIC - 1 MEDICAL PARKWAY - DALLAS, TX 75234	75-2616002	501(C)(3)	0.	49,523.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CLINIC OF SOUTHWEST MISSOURI - 701 S. JOPLIN AVE - JOPLIN, MO 64801	43-1643962	501(C)(3)	0.	49,505.	FMV	MEDICAL ASSISTANCE	ONGOING
ST VINCENT DE PAUL CHARITABLE PHARMACY - 1146 BANK ST. - CINCINNATI, OH 45214	30-0272954	501(C)(3)	0.	49,244.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. CLAIR COMMUNITY HEALTH CLINIC INC. - 205 EDWIN HOLLADAY PLACE - PELL CITY, AL 35125	85-0632695	501(C)(3)	0.	48,637.	FMV	MEDICAL ASSISTANCE	ONGOING
VIDA MOBILE CLINIC 16750 INDEX ST GRENADA HILLS, CA 91732	81-4209248	501(C)(3)	0.	48,611.	FMV	MEDICAL ASSISTANCE	ONGOING
SALT LAKE COUNTY HEALTH DEPARTMENT 2001 S. STATE STREET SALT LAKE CITY, UT 84190	87-6000316	115	0.	48,295.	FMV	MEDICAL ASSISTANCE	ONGOING
ANDREWS CENTER 2323 WEST FRONT STREET TYLER, TX 75702	75-1281410	501(C)(3)	0.	46,771.	FMV	MEDICAL ASSISTANCE	ONGOING

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ROSE GARDEN CENTER FOR HOPE AND HEALING - 2040 MADISON AVE - COVINGTON, KY 41014	27-2425177	501(C)(3)	0.	46,255.	FMV	MEDICAL ASSISTANCE	ONGOING
HONOR ALL HEALTHCARE SERVICES INC 1525 16TH STREET S SAINT PETERSBURG, FL 33705	99-3349794	501(C)(3)	0.	45,869.	FMV	MEDICAL ASSISTANCE	ONGOING
COMCARE OF SEDGWICK COUNTY 1919 N AMIDON SUITE 206 WICHITA, KS 67203	48-6000798	115	0.	45,866.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD NEIGHBOR HOUSE 627 EAST FIRST ST DAYTON, OH 45402	31-1374154	501(C)(3)	0.	45,532.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTHQUEST OF UNION COUNTY 415 E. FRANKLIN STREET MONROE, NC 28112	56-2117596	501(C)(3)	0.	44,885.	FMV	MEDICAL ASSISTANCE	ONGOING
MOUNTAIN COMMUNITY HEALTH PARTNERSHIP, INCORPORATE - 86 N. MITCHELL AVE - BAKERSVILLE, NC 28705	56-1084427	501(C)(3)	0.	44,833.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTH BRIGADE 1010 NORTH THOMPSON STREET RICHMOND, VA 23230	54-0927792	501(C)(3)	0.	44,695.	FMV	MEDICAL ASSISTANCE	ONGOING
SAN JOSE CLINIC PHARMACY (FORT BEND) - 117 LANE DRIVE STE #31 - ROSENBERG, TX 77471	76-0373703	501(C)(3)	0.	44,686.	FMV	MEDICAL ASSISTANCE	ONGOING
ROTACARE INC 15 FLETCHER AVE BOX 1 VALLEY STREAM, NY 11580	11-3135331	501(C)(3)	0.	44,336.	FMV	MEDICAL ASSISTANCE	ONGOING

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FRANKLIN COUNTY COMMUNITY CARE 506 TEXAS HIGHWAY 37 S MOUNT VERNON, TX 75457	35-2593143	501(C)(3)	0.	44,221.	FMV	MEDICAL ASSISTANCE	ONGOING
ALBUQUERQUE HEALTH CARE FOR THE HOMELESS, INC. - 1217 1ST STREET NW - ALBUQUERQUE, NM 87102	85-0368993	501(C)(3)	0.	44,137.	FMV	MEDICAL ASSISTANCE	ONGOING
DROP IN CENTER NORTH - 502 CAMPBELL AVE ROANOKE, VA 24016	54-0718859	501(C)(3)	0.	43,892.	FMV	MEDICAL ASSISTANCE	ONGOING
WESTCARE NEVADA INC. 323 N. MARYLAND PARKWAY LAS VEGAS, NV 89101	94-2778981	501(C)(3)	0.	42,478.	FMV	MEDICAL ASSISTANCE	ONGOING
SOUTH ROUTT MEDICAL CENTER HEALTH SERVICE DIS - 300 MAIN STREET - OAK CREEK, CO 80467	84-6032810	501(C)(3)	0.	42,411.	FMV	MEDICAL ASSISTANCE	ONGOING
THE SALVATION ARMY NATIONAL HEADQUARTERS - 21457 HAPPYLAND DRIVE - RICHARDSVILLE, VA 22726	22-2406433	501(C)(3)	0.	42,194.	FMV	MEDICAL ASSISTANCE	ONGOING
WILL-GRUNDY MEDICAL CLINIC 213 E CASS ST JOLIET, IL 60432	36-3492306	501(C)(3)	0.	41,836.	FMV	MEDICAL ASSISTANCE	ONGOING
WELLNESS TREE COMMUNITY CLINIC 173 MARTIN STREET TWIN FALLS, ID 83301	26-1249939	501(C)(3)	0.	41,069.	FMV	MEDICAL ASSISTANCE	ONGOING
WESLEY CHURCH HEALTH CENTER- INC. 410 SOUTH PITTSBURGH STREET CONNELLSVILLE, PA 15425	25-1844565	501(C)(3)	0.	40,810.	FMV	MEDICAL ASSISTANCE	ONGOING

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GOOD SAMARITAN MEDICAL CLINIC 139 CHURCH ST. CHESTER, SC 29706	82-0549226	501(C)(3)	0.	40,301.	FMV	MEDICAL ASSISTANCE	ONGOING
ZUFALL HEALTH CENTER 18 W. BLACKWELL STREET DOVER, NJ 07801	22-3125397	501(C)(3)	0.	39,643.	FMV	MEDICAL ASSISTANCE	ONGOING
VOLUNTEERS IN MEDICINE 190 N. PENNSYLVANIA AVE WILKES BARRE, PA 18701	20-3531527	501(C)(3)	0.	38,890.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH CENTERS, INC. 12716 N.E. 36TH STREET SPENCER, OK 73084	73-0930123	501(C)(3)	0.	38,208.	FMV	MEDICAL ASSISTANCE	ONGOING
AMERICARES FREE CLINIC OF STAMFORD 401 SHIPPAN AVENUE STAMFORD, CT 06902	06-1422741	501(C)(3)	0.	38,046.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. MARTINS HEALTHCARE INC 1359 SOUTH RANDOLPH STREET GARRETT, IN 46738	20-8609620	501(C)(3)	0.	37,578.	FMV	MEDICAL ASSISTANCE	ONGOING
SAN FRANCISCO FREE CLINIC 4900 CALIFORNIA ST. SAN FRANCISCO, CA 94118	94-3186248	501(C)(3)	0.	37,547.	FMV	MEDICAL ASSISTANCE	ONGOING
A BETTER CHOICE 3007 E CENTRAL WICHITA, KS 67214	48-1133128	501(C)(3)	0.	37,164.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. MARY'S LEGACY CLINIC 10923 CARMICHAEL ROAD KNOXVILLE, TN 37932	46-2331706	501(C)(3)	0.	37,085.	FMV	MEDICAL ASSISTANCE	ONGOING

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COMMUNITY CLINIC OF SHELBYVILLE BEDFORD CO - 200 DOVER ST SUITE 202 - SHELBYVILLE, TN 37160	34-1974609	501(C)(3)	0.	37,029.	FMV	MEDICAL ASSISTANCE	ONGOING
VIRGINIA B. ANDES VOLUNTEER COMMUNITY CLINIC - 21297 OLEAN BLVD UNIT B - PORT CHARLOTTE, FL 33952	65-0958642	501(C)(3)	0.	36,879.	FMV	MEDICAL ASSISTANCE	ONGOING
OHIO VALLEY HEALTH CENTER 423 SOUTH STREET STEUBENVILLE, OH 43952	20-3924355	501(C)(3)	0.	36,573.	FMV	MEDICAL ASSISTANCE	ONGOING
UNIVERSITY OF ARIZONA MOBILE HEALTH PROGRAM - 655 N. ALVERNON WAY - TUCSON, AZ 85711	74-2652689	115	0.	36,533.	FMV	MEDICAL ASSISTANCE	ONGOING
VINEYARD MEDICAL CLINIC 6250 W. PEORIA AVE GLENDALE, AZ 85302	46-0468188	501(C)(3)	0.	36,059.	FMV	MEDICAL ASSISTANCE	ONGOING
OPEN BIBLE MEDICAL CLINIC & PHARMACY - 555 E COSTILLA ST - COLORADO SPRINGS, CO 80903	84-1345520	501(C)(3)	0.	35,973.	FMV	MEDICAL ASSISTANCE	ONGOING
OPEN M 941 PRINCETON ST AKRON, OH 44311	34-1046107	501(C)(3)	0.	35,720.	FMV	MEDICAL ASSISTANCE	ONGOING
DUPAGE HEALTH COALITION 845 E GENEVA RD CAROL STREAM, IL 60188	36-4448208	501(C)(3)	0.	35,672.	FMV	MEDICAL ASSISTANCE	ONGOING
ONEWORLD COMMUNITY HEALTH CENTERS INC - 4920 S. 30TH STREET, SUITE 103 - OMAHA, NE 68107	47-0548990	501(C)(3)	0.	35,453.	FMV	MEDICAL ASSISTANCE	ONGOING

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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VILLA THERESE CATHOLIC CLINIC 1779 HOPEWELL STREET SANTA FE, NM 87505	85-0229019	501(C)(3)	0.	34,736.	FMV	MEDICAL ASSISTANCE	ONGOING
WILLING HELPERS MEDICAL, INC 4186 MILL STREET COVINGTON, GA 30014	56-2602392	501(C)(3)	0.	34,514.	FMV	MEDICAL ASSISTANCE	ONGOING
HEARTBRIGHT FOUNDATION INC 2101 CAMBRIDGE BELTWAY DRIVE CHARLOTTE, NC 28273	45-0496759	501(C)(3)	0.	34,468.	FMV	MEDICAL ASSISTANCE	ONGOING
SPECIALIZED TREATMENT EDUCATION AND PREVENTION SER - 1033 N. PINE HILLS ROAD - ORLANDO, FL 32808	63-0836930	501(C)(3)	0.	34,288.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. FRANCIS COMMUNITY FREE CLINIC 1062 N. KOELLER ST. OSHKOSH, WI 54902	39-1334342	501(C)(3)	0.	33,915.	FMV	MEDICAL ASSISTANCE	ONGOING
CASA JUAN DIEGO 4818 ROSE STREET HOUSTON, TX 77007	76-0003018	501(C)(3)	0.	33,458.	FMV	MEDICAL ASSISTANCE	ONGOING
CATHOLIC CHARITIES - USA 20 N. 4TH STREET, SUITE 300 WILMINGTON, NC 28401	26-1467328	501(C)(3)	0.	33,320.	FMV	MEDICAL ASSISTANCE	ONGOING
GET UP PROJECT 8101 CAMERON RD AUSTIN, TX 78754	45-4931906	501(C)(3)	0.	33,228.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTHREACH COMMUNITY CLINIC 400 EAST STATESVILLE AVE MOORESVILLE, NC 28115	20-1020941	501(C)(3)	0.	33,133.	FMV	MEDICAL ASSISTANCE	ONGOING

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OCF D/B/A OCHSNER CARES COMMUNITY PHARMACY - 1514 JEFFERSON HWY SUITE 1D604 - NEW ORLEANS, LA 70121	72-0502505	501(C)(3)	0.	32,892.	FMV	MEDICAL ASSISTANCE	ONGOING
PARTNERS FOR HEALING INC 109 WEST BLACKWELL TULLAHOMA, TN 37388	62-1834800	501(C)(3)	0.	32,666.	FMV	MEDICAL ASSISTANCE	ONGOING
LIGHTHOUSE MEDICAL MINISTRIES 2801 SOUTH ROBINSON AVE OKLAHOMA CITY, OK 73109	20-0503733	501(C)(3)	0.	32,510.	FMV	MEDICAL ASSISTANCE	ONGOING
WAHID MEDICAL CORP 1108 WARD AVENUE PATTERSON, CA 95363	45-3797437	115	0.	31,672.	FMV	MEDICAL ASSISTANCE	ONGOING
SEAGER MEMORIAL CLINIC 2775 WALL AVENUE OGDEN, UT 84401	46-0711300	501(C)(3)	0.	31,669.	FMV	MEDICAL ASSISTANCE	ONGOING
DADE COUNTY HEALTH DEPARTMENT 413 W WATER STREET GREENFIELD, MO 65661	43-1266535	115	0.	31,246.	FMV	MEDICAL ASSISTANCE	ONGOING
URBAN COMMUNITY ACTION NETWORK 5710 W MANCHESTER AVE LOS ANGELES, CA 90045	88-3420796	501(C)(3)	0.	31,202.	FMV	MEDICAL ASSISTANCE	ONGOING
LANDER FREE MEDICAL CLINIC 860 S. 3RD ST. LANDER, WY 82520	87-3205378	501(C)(3)	0.	30,979.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTH FOR ALL 3030 EAST 29TH STREET BRYAN, TX 77802	74-2624477	501(C)(3)	0.	30,973.	FMV	MEDICAL ASSISTANCE	ONGOING

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SOUTHERN CALIFORNIA MEDICAL CENTER 14550 HAYNES ST VAN NUYS, CA 91411	26-2602821	501(C)(3)	0.	30,916.	FMV	MEDICAL ASSISTANCE	ONGOING
FRIENDS IN NEED INC HEALTH CENTER 1916 BROOKSIDE DRIVE KINGSPORT, TN 37660	62-1541637	501(C)(3)	0.	30,896.	FMV	MEDICAL ASSISTANCE	ONGOING
OPEN ARMS FREE CLINIC, INC. 205 E. COMMERCE CT ELKHORN, WI 53121	45-4475625	501(C)(3)	0.	30,849.	FMV	MEDICAL ASSISTANCE	ONGOING
SAFENETRX PHARMACY 1500 SE 19TH STREET GRIMES, IA 50111	42-1518875	501(C)(3)	0.	30,810.	FMV	MEDICAL ASSISTANCE	ONGOING
CHEROKEE HEALTH SYSTEMS 2018 WESTERN AVENUE KNOXVILLE, TN 37921	62-0637925	501(C)(3)	0.	30,424.	FMV	MEDICAL ASSISTANCE	ONGOING
FLAGLER COUNTY FREE CLINIC 703 EAST MOODY BLVD. BUNNELL, FL 32110	20-5036975	501(C)(3)	0.	29,856.	FMV	MEDICAL ASSISTANCE	ONGOING
FIRST REFUGE MINISTRIES 1701 BROADWAY ST DENTON, TX 76201	45-5606427	501(C)(3)	0.	29,566.	FMV	MEDICAL ASSISTANCE	ONGOING
ANCHOR MENTAL HEALTH, INC. 1001 LAWRENCE STREET, NE WASHINGTON, DC 20017	52-0824835	501(C)(3)	0.	29,473.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITYHEALTH 2611 W. CHICAGO AVE. CHICAGO, IL 60622	36-3831793	501(C)(3)	0.	29,256.	FMV	MEDICAL ASSISTANCE	ONGOING

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VOLUNTEERS IN MEDICINE - SAN DIEGO 1457 E MADISON AVENUE EL CAJON, CA 92019	26-0057391	501(C)(3)	0.	29,104.	FMV	MEDICAL ASSISTANCE	ONGOING
UNITED COMMUNITY LIVING CENTER 12 SPRUCE STREET AUGUSTA, ME 04330	93-3051564	501(C)(3)	0.	28,535.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD SAMARITAN HEALTH CENTER 1015 DONALD LEE HOLLOWELL PKWY ATLANTA, GA 30318	58-2373395	501(C)(3)	0.	28,236.	FMV	MEDICAL ASSISTANCE	ONGOING
MEDICAL MISSIONS FOR CHRIST CLINIC 1974 N. BUSINESS RTE 5 CAMDENTON, MO 65020	20-3637019	501(C)(3)	0.	27,608.	FMV	MEDICAL ASSISTANCE	ONGOING
ANGELS CARE CENTER OF ELOISE 960 SNIVELY AVE WINTER HAVEN, FL 33880	27-3841182	501(C)(3)	0.	27,489.	FMV	MEDICAL ASSISTANCE	ONGOING
COUNTY OF GRAND 150 MOFFAT AVENUE HOT SULPHUR SPRINGS, CO 80451	84-6000769	115	0.	27,431.	FMV	MEDICAL ASSISTANCE	ONGOING
MIDDLE FLINT AREA COMMUNITY SERVICE BOARD - 415 N JACKSON ST - AMERICUS, GA 31709	58-2111079	115	0.	27,381.	FMV	MEDICAL ASSISTANCE	ONGOING
THE SALVATION ARMY - TEXAS DIVISION - 10333 PAPALOTE STREET - HOUSTON, TX 77041	22-2406433	501(C)(3)	0.	27,366.	FMV	MEDICAL ASSISTANCE	ONGOING
GATEWAY FOUNDATION - SPRINGFIELD AND JACKSONVILLE - 2200 LAKE VICTORIA DRIVE - SPRINGFIELD, IL 62703	36-2670036	501(C)(3)	0.	27,265.	FMV	MEDICAL ASSISTANCE	ONGOING

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ORTHOPAEDIC HEMOPHILIA TREATMENT CENTER - 403 W ADAMS BLVD - LOS ANGELES, CA 90007	95-1644604	501(C)(3)	0.	27,231.	FMV	MEDICAL ASSISTANCE	ONGOING
FEED MY SHEEP - TEMPLE 613 S. 3RD STREET TEMPLE, TX 76504	46-3436384	501(C)(3)	0.	27,056.	FMV	MEDICAL ASSISTANCE	ONGOING
RICE LAKE AREA FREE CLINIC - VIM 1035 N MAIN STREET, SUITE G02 RICE LAKE, WI 54868	27-0453241	501(C)(3)	0.	27,031.	FMV	MEDICAL ASSISTANCE	ONGOING
PALMETTO HEALTH COUNCIL, INC. 643 MAIN STREET PALMETTO, GA 30268	58-1307597	501(C)(3)	0.	26,674.	FMV	MEDICAL ASSISTANCE	ONGOING
FEEDING AMERICA 150 BRADLEY STREET EAST HAVEN, CT 06512	75-1812865	501(C)(3)	0.	26,529.	FMV	MEDICAL ASSISTANCE	ONGOING
BLUEBONNET TRAILS COMMUNITY SERVICES - 1009 N. GEORGETOWN ST. - ROUND ROCK, TX 78664	74-2795332	501(C)(3)	0.	26,486.	FMV	MEDICAL ASSISTANCE	ONGOING
CHEROKEE COUNTY HEALTH DEPARTMENT 110 EAST WALNUT COLUMBUS, KS 66725	48-6041799	115	0.	26,010.	FMV	MEDICAL ASSISTANCE	ONGOING
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF WASHINGTON - 1618 MONROE ST. NW - WASHINGTON, DC 20010	52-0980905	115	0.	25,976.	FMV	MEDICAL ASSISTANCE	ONGOING
RURAL PARISH CLINIC OF THE ARCHDIOCESE OF ST LOUIS - 20 ARCHBISHOP MAY DRIVE - SAINT LOUIS, MO 63119	84-3396327	501(C)(3)	0.	25,703.	FMV	MEDICAL ASSISTANCE	ONGOING

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NEW HORIZON FAMILY HEALTH SERVICES 975 WEST FARIS RD GREENVILLE, SC 29605	57-0932597	501(C)(3)	0.	25,440.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOCHLANDCARES 2999 RIVER ROAD WEST GOOCHLAND, VA 23063	54-1967650	501(C)(3)	0.	25,423.	FMV	MEDICAL ASSISTANCE	ONGOING
GLOBAL PHYSICIANS FOR PEACE 412 VILLAGE DR, SUITE 400 MURPHY, TX 75094	99-1107786	501(C)(3)	0.	25,224.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS - 3011 N. MICHIGAN ST. - PITTSBURG, KS 66762	75-3002264	501(C)(3)	0.	25,076.	FMV	MEDICAL ASSISTANCE	ONGOING
AID TO WOMEN CENTER 3029 N ALMA SCHOOL RD CHANDLER, AZ 85224	86-0528953	501(C)(3)	0.	24,767.	FMV	MEDICAL ASSISTANCE	ONGOING
PITT COUNTY CARE INC. 2410 STANTONSBURG RD GREENVILLE, NC 27834	56-2097183	501(C)(3)	0.	24,656.	FMV	MEDICAL ASSISTANCE	ONGOING
OASIS FREE CLINICS 331 MAINE STREET BRUNSWICK, ME 04011	01-0497587	501(C)(3)	0.	24,325.	FMV	MEDICAL ASSISTANCE	ONGOING
SISTER MAURA BRANNICK HEALTH CENTER - 326 S. CHAPIN ST. - SOUTH BEND, IN 46601	53-0196617	501(C)(3)	0.	24,280.	FMV	MEDICAL ASSISTANCE	ONGOING
HPM FOUNDATION, INC. 2020 AVE BORINQUEN SAN JUAN, PR 00915	66-0437924	501(C)(3)	0.	24,205.	FMV	MEDICAL ASSISTANCE	ONGOING

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LAKELAND VOLUNTEERS IN MEDICINE 600 W. PEACHTREE ST LAKELAND, FL 33815	52-2351630	501(C)(3)	0.	23,759.	FMV	MEDICAL ASSISTANCE	ONGOING
SGMC HEALTH 2501 N PATTERSON ST VALDOSTA, GA 31602	87-4714839	501(C)(3)	0.	23,738.	FMV	MEDICAL ASSISTANCE	ONGOING
PT LOMA NAZARENE UNIVERSITY HEALTH PROMOTION CTR - 4101 UNIVERSITY AVE - SAN DIEGO, CA 92105	95-1644035	501(C)(3)	0.	23,734.	FMV	MEDICAL ASSISTANCE	ONGOING
THE GOOD SAMARITAN CENTER 140 INDUSTRIAL LOOP, STE 100 FREDERICKSBURG, TX 78624	91-2129853	501(C)(3)	0.	23,455.	FMV	MEDICAL ASSISTANCE	ONGOING
CHRIST CLINIC INC 1080 E ELIZABETH STREET FORT COLLINS, CO 80524	45-5300042	501(C)(3)	0.	23,383.	FMV	MEDICAL ASSISTANCE	ONGOING
SAN JOSE CLINIC PHARMACY (FORT BEND) - 117 LANE DRIVE STE #31 - ROSENBERG, TX 77471	76-0373703	501(C)(3)	0.	23,331.	FMV	MEDICAL ASSISTANCE	ONGOING
CENTER FOR HEALING AND HOPE 400 WEST LINCOLN AVENUE GOSHEN, IN 46526	02-0560511	501(C)(3)	0.	22,709.	FMV	MEDICAL ASSISTANCE	ONGOING
SEE INTERNATIONAL 6500 HOLLISTER AVE GOLETA, CA 93117	31-1682275	501(C)(3)	0.	22,550.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE HEALTH CLINIC 1023 SANIBEL WAY LA GRANGE, KY 40031	46-5509958	501(C)(3)	0.	22,221.	FMV	MEDICAL ASSISTANCE	ONGOING

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INFANT WELFARE SOCIETY OF CHICAGO 3600 WEST FULLERTON AVENUE CHICAGO, IL 60647	36-2167752	501(C)(3)	0.	21,931.	FMV	MEDICAL ASSISTANCE	ONGOING
THE LUKE CLINIC 1448 ST LAWRENCE CT FENTON, MI 48430	81-2779813	501(C)(3)	0.	21,908.	FMV	MEDICAL ASSISTANCE	ONGOING
FRIENDSHIP MEDICAL CLINIC 1396 HWY 544 CONWAY, SC 29526	30-0127648	501(C)(3)	0.	21,530.	FMV	MEDICAL ASSISTANCE	ONGOING
NEIGHBORHOOD HEALTH PARTNERS OF INDIANAPOLIS - 7911 MICHIGAN RD - INDIANAPOLIS, IN 46268	84-4269148	501(C)(3)	0.	21,498.	FMV	MEDICAL ASSISTANCE	ONGOING
SPECTRA HEALTH 212 SOUTH 4TH STREET GRAND FORKS, ND 58201	27-0056777	501(C)(3)	0.	21,440.	FMV	MEDICAL ASSISTANCE	ONGOING
PRIMARY CARE MEDICAL SERVICES OF PO - 1503 BILL BECK BLVD - KISSIMEE, FL 34744	75-3147007	501(C)(3)	0.	21,257.	FMV	MEDICAL ASSISTANCE	ONGOING
AFRICAN SERVICES COMMITTEE 429 WEST 127TH ST NEW YORK, NY 10027	13-3749744	501(C)(3)	0.	21,228.	FMV	MEDICAL ASSISTANCE	ONGOING
URBAN MINISTRIES OF WAKE COUNTY, INC. - 1390 CAPITAL BLVD. - RALEIGH, NC 27603	58-1422700	501(C)(3)	0.	20,846.	FMV	MEDICAL ASSISTANCE	ONGOING
MARSHALL COUNTY HEALTH DEPARTMENT 510 WEST ADAMS STREET PLYMOUTH, IN 46563	00-0216330	115	0.	20,772.	FMV	MEDICAL ASSISTANCE	ONGOING

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CATHOLIC CHARITIES DIOCESE OF ARLINGTON - 13900 CHURCH HILL DRIVE - WOODBRIDGE, VA 22191	54-0151570	501(C)(3)	0.	20,740.	FMV	MEDICAL ASSISTANCE	ONGOING
CORPORACION DE SERVICIOS MEDICOS PRIMARIOS Y PREVE - CARR. #2 KM86.6 INTERIOR - HATILLO, PR 00659	66-0427194	501(C)(3)	0.	20,372.	FMV	MEDICAL ASSISTANCE	ONGOING
RIVER CITY MINISTRY 1021 WASHINGTON NORTH LITTLE ROCK, AR 72114	71-0786539	501(C)(3)	0.	20,358.	FMV	MEDICAL ASSISTANCE	ONGOING
BROWNSVILLE COMMUNITY HEALTH CENTER - 191 E. PRICE ROAD - BROWNSVILLE, TX 78521	74-2176836	501(C)(3)	0.	20,344.	FMV	MEDICAL ASSISTANCE	ONGOING
KATALASSO FAMILY HEALTH CENTER 38 SOUTH BELVIDERE AVENUE YORK, PA 17401	45-3170905	501(C)(3)	0.	20,104.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY FREE CLINIC OF DECATUR-MORGAN COUNTY - 245 JACKSON ST., SE - DECATUR, AL 35601	72-1526129	501(C)(3)	0.	19,981.	FMV	MEDICAL ASSISTANCE	ONGOING
LAHAI HEALTH 2152 N 122ND STREET SEATTLE, WA 98133	33-1052418	501(C)(3)	0.	19,825.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY MEDICAL CLINIC OF AIKEN COUNTY - 244 GREENVILLE ST NW - AIKEN, SC 29801	57-1063263	501(C)(3)	0.	19,366.	FMV	MEDICAL ASSISTANCE	ONGOING
FREE CLINIC SUSSEX COUNTY 67 HIGH STREET NEWTON, NJ 07860	45-4224214	501(C)(3)	0.	19,301.	FMV	MEDICAL ASSISTANCE	ONGOING

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TEMPLE COMMUNITY CLINIC 1508 W AVE J TEMPLE, TX 76504	74-2634500	501(C)(3)	0.	18,725.	FMV	MEDICAL ASSISTANCE	ONGOING
CENTER OF HOPE AND HEALING AT MISSION HOPE - 3604 N MCCOLL RD - MCALLEN, TX 78501	27-2389624	501(C)(3)	0.	18,601.	FMV	MEDICAL ASSISTANCE	ONGOING
CLARITY OF SOUTH CENTRAL INDIANA 3203 MIDDLE ROAD COLUMBUS, IN 47203	35-1691347	501(C)(3)	0.	18,582.	FMV	MEDICAL ASSISTANCE	ONGOING
UNISON BEHAVIORAL HEALTH 1007 MARY STREET WAYCROSS, GA 31503	58-2107877	115	0.	18,418.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTH CENTRAL DISTRICT HEALTH DEPARTMENT - 422 E DOUGLAS ST - ONEILL, NE 68763	03-0418895	501(C)(3)	0.	18,391.	FMV	MEDICAL ASSISTANCE	ONGOING
SALUD INTEGRAL EN LA MONTANA CARR 164. SECTOR EL DESVO NARANJITO, PR 00719	66-0329532	501(C)(3)	0.	17,708.	FMV	MEDICAL ASSISTANCE	ONGOING
UHPHEALTH INC. 110 ROCKLEIGH PL HOUSTON, TX 77017	61-1757254	501(C)(3)	0.	17,668.	FMV	MEDICAL ASSISTANCE	ONGOING
CHRISTIAN APPALACHIAN PROJECT 485 PONDEROSA DR. PAINTSVILLE, KY 42140	61-0661137	501(C)(3)	0.	17,623.	FMV	MEDICAL ASSISTANCE	ONGOING
COSTA SALUD COMMUNITY HEALTH CENTERS - 28 MUNOZ RIVERA STREET - RINCON, PR 00677	66-0428488	501(C)(3)	0.	17,300.	FMV	MEDICAL ASSISTANCE	ONGOING

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GOOD SHEPHERD HEALTHCARE CLINIC OF MUSKOGEE, OKLA. - 2130 WEST OKMULGEE - MUSKOGEE, OK 74401	73-1581613	501(C)(3)	0.	17,079.	FMV	MEDICAL ASSISTANCE	ONGOING
SECOND HARVEST FOOD BANK OF SOUTH GA - 1411 HARBIN CIRCLE - VALDOSTA, GA 31601	58-2208545	501(C)(3)	0.	17,067.	FMV	MEDICAL ASSISTANCE	ONGOING
WEBSTER COUNTY HEALTH UNIT 233 E WASHINGTON MARSHFIELD, MO 65706	43-1533477	115	0.	16,895.	FMV	MEDICAL ASSISTANCE	ONGOING
SHEPHERDS CLINIC 2800 KIRK AVE. BALTIMORE, MD 21218	52-1739001	501(C)(3)	0.	16,758.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH CENTER OF WEST PALM BEACH - 5205 GREENWOOD AVENUE, - WEST PALM BEACH, FL 33407	26-3611337	501(C)(3)	0.	16,634.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY MEDICAL CLINIC OF KERSHAW COUNTY - 110 C EAST DEKALB STREET - CAMDEN, SC 29020	57-1074191	501(C)(3)	0.	16,217.	FMV	MEDICAL ASSISTANCE	ONGOING
DENTON COUNTY MHMR 2519 SCRIPTURE ST DENTON, TX 76201	75-1368151	501(C)(3)	0.	16,203.	FMV	MEDICAL ASSISTANCE	ONGOING
APPANOOSE COUNTY PUBLIC HEALTH 209 E JACKSON ST CENTERVILLE, IA 52544	42-6004351	115	0.	15,878.	FMV	MEDICAL ASSISTANCE	ONGOING
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH NAPLES, FL 34102	59-3546884	501(C)(3)	0.	15,843.	FMV	MEDICAL ASSISTANCE	ONGOING

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MEDICAL MISSION ADVENTURES 1280 E. WASHINGTON BLVD PASEDNA, CA 91342	04-3661520	501(C)(3)	0.	15,693.	FMV	MEDICAL ASSISTANCE	ONGOING
KIDS FIRST HEALTH CARE 7190 COLORADO BLVD. #450 COMMERCE CITY, CO 80022	84-0799374	501(C)(3)	0.	15,497.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY VOLUNTEERS IN MEDICINE 300B LAWRENCE DRIVE WEST CHESTER, PA 19380	23-2944553	501(C)(3)	0.	15,201.	FMV	MEDICAL ASSISTANCE	ONGOING
CRAWFORD COUNTY HEALTH DEPARTMENT 410 E ATKINSON AVE PITTSBURG, KS 66762	48-6042132	115	0.	15,164.	FMV	MEDICAL ASSISTANCE	ONGOING
MALTA HOUSE OF CARE, INC 136 FARMINGTON AVENUE HARTFORD, CT 06105	20-3562424	501(C)(3)	0.	14,951.	FMV	MEDICAL ASSISTANCE	ONGOING
KARIS COMMUNITY HEALTH 256 BROAD ST SW CLEVELAND, TN 37311	47-2204923	501(C)(3)	0.	14,906.	FMV	MEDICAL ASSISTANCE	ONGOING
CATHOLIC CHARITIES OF DALLAS-CHC 4510 MEDICAL CENTER DRIVE MCKINNEY, TX 75069	20-0637782	501(C)(3)	0.	14,882.	FMV	MEDICAL ASSISTANCE	ONGOING
MOAB FREE HEALTH CLINIC 121 WEST 200 SOUTH MOAB, UT 84532	26-2082745	501(C)(3)	0.	14,870.	FMV	MEDICAL ASSISTANCE	ONGOING
MARTIN LUTHER KING HEALTH CENTER 865 OLIVE STREET SHREVEPORT, LA 71104	72-1079721	501(C)(3)	0.	14,525.	FMV	MEDICAL ASSISTANCE	ONGOING

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BROCK HUGHES FREE CLINIC, INC. 450 W MONROE ST WYTHEVILLE, VA 24382	20-2353144	501(C)(3)	0.	14,395.	FMV	MEDICAL ASSISTANCE	ONGOING
HELPING HAND CLINIC 409 CARTHAGE STREET SANFORD, NC 27330	56-1752295	501(C)(3)	0.	14,386.	FMV	MEDICAL ASSISTANCE	ONGOING
ABCCM DOCTORS' MEDICAL CLINIC 155 LIVINGSTON STREET ASHEVILLE, NC 28801	56-1987021	501(C)(3)	0.	14,273.	FMV	MEDICAL ASSISTANCE	ONGOING
MONROE COUNTY HEALTH DEPARTMENT 1315 JAMIE LANE WATERLOO, IL 62298	37-6001650	115	0.	13,773.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD NEIGHBOR FREE MEDICAL CLINIC OF BEAUFORT - 974 RIBAUT ROAD - BEAUFORT, SC 29902	26-0335357	501(C)(3)	0.	13,656.	FMV	MEDICAL ASSISTANCE	ONGOING
BAILEY'S CROSSROADS HEALTH ACCESS PARTNERSHIP, INC - 6165 LEESBURG PIKE - FALLS CHURCH, VA 22044	30-0765570	501(C)(3)	0.	13,143.	FMV	MEDICAL ASSISTANCE	ONGOING
SCOTT COUNTY HEALTH DEPARTMENT 102 GROVE ESTATES COURT SIKESTON, MO 63801	43-1272980	115	0.	13,120.	FMV	MEDICAL ASSISTANCE	ONGOING
WESTMINSTER FREE CLINIC 3271 GRANDE VISTA DR NEWBURY PARK, CA 91320	77-0563241	501(C)(3)	0.	13,106.	FMV	MEDICAL ASSISTANCE	ONGOING
EMMANUEL BAPTIST CHURCH CLINIC 350 SUNET DRIVE GRENADA, MS 38901	64-0384300	501(C)(3)	0.	13,061.	FMV	MEDICAL ASSISTANCE	ONGOING

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FERGUS COUNTY HEALTH DEPARTMENT/CENTRAL MT FP - 300 1ST AVE NO, SUITE 202 - LEWISTOWN, MT 59457	81-6001358	115	0.	13,015.	FMV	MEDICAL ASSISTANCE	ONGOING
UNITED COMMUNITY FOUNDATION, INC 8150 SOUTHWEST FREEWAY, UNIT V1 HOUSTON, TX 77074	83-4524775	501(C)(3)	0.	12,769.	FMV	MEDICAL ASSISTANCE	ONGOING
JACKSON COUNTY HEALTH DEPARTMENT 801 W. SECOND ST. SEYMOUR, IN 47274	35-6000159	501(C)(3)	0.	12,735.	FMV	MEDICAL ASSISTANCE	ONGOING
NEIGHBORHOOD HEALTH 1200 N HOWARD ST ALEXANDRIA, VA 22304	54-1849891	501(C)(3)	0.	12,723.	FMV	MEDICAL ASSISTANCE	ONGOING
SPECIALIZED TREATMENT EDUCATION AND PREVENTION SER - 1033 N. PINE HILLS ROAD - ORLANDO, FL 32808	63-0836930	501(C)(3)	0.	12,510.	FMV	MEDICAL ASSISTANCE	ONGOING
PEOPLES FAMILY HEALTH SERVICES INC. - 102 SOUTH ELM - NORTH PLATTE, NE 69101	47-0550611	501(C)(3)	0.	12,504.	FMV	MEDICAL ASSISTANCE	ONGOING
FAMILY CARE HEALTH CENTERS 401 HOLLY HILLS AVE SAINT LOUIS, MO 63111	23-7076112	501(C)(3)	0.	12,383.	FMV	MEDICAL ASSISTANCE	ONGOING
CROSSOVER MINISTRY 8600 QUIOCCASIN RD. HENRICO, VA 23229	54-1371067	501(C)(3)	0.	12,383.	FMV	MEDICAL ASSISTANCE	ONGOING
IMPACT CHRISTIAN MINISTRIES CLINIC 115 W. SOLOMON ST. GRIFFIN, GA 30223	27-0344233	501(C)(3)	0.	12,045.	FMV	MEDICAL ASSISTANCE	ONGOING

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BILLINGS URBAN INDIAN HEALTH AND WELLNESS CENTER - 1125 BROADWATER AVENUE - BILLINGS, MT 59102	81-0512124	501(C)(3)	0.	11,674.	FMV	MEDICAL ASSISTANCE	ONGOING
SOUTHWEST MISSOURI AREA COALITION 901 W MAIN BUFFALO, MO 65622	27-3253482	501(C)(3)	0.	11,585.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. LUKE COMMUNITY CLINIC INC. 316 N ROYAL AVE FRONT ROYAL, VA 22630	54-1801220	501(C)(3)	0.	11,584.	FMV	MEDICAL ASSISTANCE	ONGOING
GREATER GREENWOOD UNITED MINISTRY 1404 EDGEFIELD STREET GREENWOOD, SC 29646	57-1012393	501(C)(3)	0.	11,534.	FMV	MEDICAL ASSISTANCE	ONGOING
GRACE CLINIC 800 WEST CANAL DRIVE KENNEWICK, WA 99336	77-0592408	501(C)(3)	0.	11,482.	FMV	MEDICAL ASSISTANCE	ONGOING
NEXUS RECOVERY CENTER INC 8733 LA PRADA DR DALLAS, TX 75228	23-7169388	501(C)(3)	0.	11,209.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTH BROWARD HOSPITAL DISTRICT DBA BROWARD HEALTH - 201 E SAMPLE ROAD - POMPANO BEACH, FL 33064	59-6012065	501(C)(3)	0.	11,118.	FMV	MEDICAL ASSISTANCE	ONGOING
HILL COUNTRY COMMUNITY MHRM CENTER 819 WATER STREET KERRVILLE, TX 78028	74-2822017	501(C)(3)	0.	11,036.	FMV	MEDICAL ASSISTANCE	ONGOING
CENTRO DE SALUD DE LARES, INC. CARR.#111 KM 1.9 LARES, PR 00669	66-0426506	501(C)(3)	0.	10,929.	FMV	MEDICAL ASSISTANCE	ONGOING

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CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER - 1121 LINDEN - CAPE GIRARDEAU, MO 63703	43-1426014	115	0.	10,576.	FMV	MEDICAL ASSISTANCE	ONGOING
WEST CALDWELL HEALTH COUNCIL, INC 4330 COLLETTSVILLE RD COLLETTSVILLE, NC 28611	59-1756933	501(C)(3)	0.	10,477.	FMV	MEDICAL ASSISTANCE	ONGOING
AMISTAD COMMUNITY HEALTH CENTER 1533 S BROWNLEE BLVD STE 100 CORPUS CHRISTI, TX 78404	20-3008507	501(C)(3)	0.	10,152.	FMV	MEDICAL ASSISTANCE	ONGOING
PROTEUS 1221 CENTER ST DES MOINES, IA 50309	42-1186501	501(C)(3)	0.	10,069.	FMV	MEDICAL ASSISTANCE	ONGOING
FREE CLINIC OF THE NEW RIVER VALLEY - 215 ROANOKE ST - CHRISTIANSBURG, VA 24073-3025	51-0247098	501(C)(3)	0.	9,962.	FMV	MEDICAL ASSISTANCE	ONGOING
PEOPLES HEALTH CLINIC 650 ROUND VALLEY DRIVE PARK CITY, UT 84060	87-0638042	501(C)(3)	0.	9,908.	FMV	MEDICAL ASSISTANCE	ONGOING
INTEGRAL CARE/INTEGRAL CARE PHARMACY - 6937 NORTH IH 35 - AUSTIN, TX 78752	74-1547909	501(C)(3)	0.	9,729.	FMV	MEDICAL ASSISTANCE	ONGOING
SCOTT COUNTY HEALTH DEPARTMENT 102 GROVE ESTATES COURT SIKESTON, MO 63801	43-1272980	115	0.	9,652.	FMV	MEDICAL ASSISTANCE	ONGOING
CATHOLIC CHARITIES DIOCESE OF ARLINGTON - 9380 FORESTWOOD LANE - MANASSAS, VA 20110	54-0515706	501(C)(3)	0.	9,514.	FMV	MEDICAL ASSISTANCE	ONGOING

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HELPCARE CLINIC 3015 AVE. A KEARNEY, NE 68847	46-5551263	501(C)(3)	0.	9,034.	FMV	MEDICAL ASSISTANCE	ONGOING
SILOAM HEALTH MELROSE 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)(3)	0.	8,778.	FMV	MEDICAL ASSISTANCE	ONGOING
DREAM CENTER 2301 BELLEVUE AVE LOS ANGELES, CA 90026	41-2269686	501(C)(3)	0.	8,744.	FMV	MEDICAL ASSISTANCE	ONGOING
SACRED HEART COMMUNITY CLINIC 620 ROUND ROCK WEST DR ROUND ROCK, TX 78681	27-2901548	501(C)(3)	0.	8,417.	FMV	MEDICAL ASSISTANCE	ONGOING
WESTMINSTER FREE CLINIC 3271 GRANDE VISTA DR NEWBURY PARK, CA 91320	77-0563241	501(C)(3)	0.	8,398.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. MARY'S HEALTH CLINICS 1890 RANDOLPH AV. SAINT PAUL, MN 55105	41-1760632	501(C)(3)	0.	8,373.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALING HANDS HEALTH CENTER 245 MIDWAY MEDICAL PARK BRISTOL, TN 37620	62-1677000	501(C)(3)	0.	8,349.	FMV	MEDICAL ASSISTANCE	ONGOING
HIS HANDS FREE CLINIC 1245 2ND AVE SE CEDAR RAPIDS, IA 52403	39-1878606	501(C)(3)	0.	8,348.	FMV	MEDICAL ASSISTANCE	ONGOING
CORPUS CHRISTI METRO MINISTRIES INC. - 1919 LEOPARD ST. - CORPUS CHRISTI, TX 78408	74-2247261	501(C)(3)	0.	8,300.	FMV	MEDICAL ASSISTANCE	ONGOING

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WATER STREET HEALTH SERVICES 210 S. PRINCE STREET LANCASTER, PA 17603	23-2798318	501(C)(3)	0.	8,208.	FMV	MEDICAL ASSISTANCE	ONGOING
THE NEIGHBORHOOD CHRISTIAN CLINIC 1929 W. FILLMORE PHOENIX, AZ 85009	86-0839580	501(C)(3)	0.	8,063.	FMV	MEDICAL ASSISTANCE	ONGOING
PRIMARY CARE MEDICAL SERVICES OF PO - 1503 BILL BECK BLVD - KISSIMEE, FL 34744	75-3147007	501(C)(3)	0.	7,920.	FMV	MEDICAL ASSISTANCE	ONGOING
CONCILIO DE SALUD INTEGRAL LOIZA CARR. 188 INT. 187 LOIZA, PR 00772	66-0314649	501(C)(3)	0.	7,875.	FMV	MEDICAL ASSISTANCE	ONGOING
SOCIETY OF ST. VINCENT DE PAUL 2033 FISH HATCHERY ROAD MADISON, WI 53713	39-0824876	501(C)(3)	0.	7,620.	FMV	MEDICAL ASSISTANCE	ONGOING
LIFESPRING HEALTH SYSTEMS 1036 SHARON DRIVE JEFFERSONVILLE, IN 47130	35-1097350	501(C)(3)	0.	7,592.	FMV	MEDICAL ASSISTANCE	ONGOING
HIGH COUNTRY COMMUNITY HEALTH 935 STATE FARM ROAD BOONE, NC 28607	27-3033445	501(C)(3)	0.	7,584.	FMV	MEDICAL ASSISTANCE	ONGOING
COOK COMMUNITY CLINIC, INC. 14230 HUNTERS RD HUNTERSVILLE, NC 28078	04-3723062	501(C)(3)	0.	7,346.	FMV	MEDICAL ASSISTANCE	ONGOING
ROLETTE COUNTY PUBLIC HEALTH DISTRICT - 114 3RD ST. NE - ROLLA, ND 58367	02-0761623	501(C)(3)	0.	7,327.	FMV	MEDICAL ASSISTANCE	ONGOING

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VOCATIONAL DEVELOPMENT CENTER, INC. (VODEC) - 612 SOUTH MAIN STREET - COUNCIL BLUFFS, IA 51503	42-0939347	501(C)(3)	0.	7,221.	FMV	MEDICAL ASSISTANCE	ONGOING
BARTZ-ALTADONNA COMMUNITY HEALTH CENTER - 43322 GINGHAM AVE. - LANCASTER, CA 93535	27-3261289	501(C)(3)	0.	7,161.	FMV	MEDICAL ASSISTANCE	ONGOING
WASATCH COUNTY HEALTH DEPARTMENT 55 SOUTH 500 EAST HEBER CITY, UT 84032	87-6000299	115	0.	7,124.	FMV	MEDICAL ASSISTANCE	ONGOING
BAPTIST COMMUNITY HEALTH SERVICES 4960 ST. CLAUDE NEW ORLEANS, LA 70117	45-3792193	501(C)(3)	0.	7,101.	FMV	MEDICAL ASSISTANCE	ONGOING
LEBANON RESCUE MISSION 135 SOUTH 9TH ST LEBANON, PA 17042	23-1472518	501(C)(3)	0.	7,007.	FMV	MEDICAL ASSISTANCE	ONGOING
REFUGEE CLINIC 2349 RICHMOND RD LEXINGTON, KY 40502	37-1547506	501(C)(3)	0.	6,956.	FMV	MEDICAL ASSISTANCE	ONGOING
THE FREE CLINICS OF HENDERSON COUNTY - 841 CASE STREET - HENDERSONVILLE, NC 28792	56-2212024	501(C)(3)	0.	6,905.	FMV	MEDICAL ASSISTANCE	ONGOING
CASS COUNTY MENTAL HEALTH ASSOCIATION - 121 EAST 2ND STREET - BEARDSTOWN, IL 62618	23-7244801	501(C)(3)	0.	6,792.	FMV	MEDICAL ASSISTANCE	ONGOING
SYMBA CENTER 16902 FIRST STREET VICTORVILLE, CA 92395	84-3729902	501(C)(3)	0.	6,758.	FMV	MEDICAL ASSISTANCE	ONGOING

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GOOD SAMARITAN PHARMACY & HEALTH SERVICES, INC. - 2502 TAMiami TRAIL NORTH - NOKOMIS, FL 34275	26-2295558	501(C)(3)	0.	6,676.	FMV	MEDICAL ASSISTANCE	ONGOING
WE CARE OF CENTRAL FLORIDA, INC 205 FARNOL STREET SW WINTER HAVEN, FL 33880	59-3529279	501(C)(3)	0.	6,660.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE MEDICAL CLINIC 150 BEACH DRIVE DESTIN, FL 32541	26-3811078	501(C)(3)	0.	6,644.	FMV	MEDICAL ASSISTANCE	ONGOING
GREENVILLE FREE MEDICAL CLINIC 600 ARLINGTON AVENUE GREENVILLE, SC 29601	57-0855205	501(C)(3)	0.	6,262.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD NEWS MINISTRIES/ GOOD NEWS HEALTH CLINIC - 2716 EAST WASHINGTON STREET - INDIANAPOLIS, IN 46201	35-0999233	501(C)(3)	0.	6,226.	FMV	MEDICAL ASSISTANCE	ONGOING
MCDONALD COUNTY HEALTH DEPARTMENT 3446 S. BUSINESS HIGHWAY 71 PINEVILLE, MO 64856	44-6000554	115	0.	6,199.	FMV	MEDICAL ASSISTANCE	ONGOING
SOUNDVIEW PREGNANCY SERVICES 1975 HEMPSTEAD TPKE EAST MEADOW, NY 11554	11-3001793	501(C)(3)	0.	6,199.	FMV	MEDICAL ASSISTANCE	ONGOING
WOMANKIND 1511 TRUMAN AVENUE KEY WEST, FL 33040	65-1003208	501(C)(3)	0.	6,192.	FMV	MEDICAL ASSISTANCE	ONGOING
ALC PREGNANCY RESOURCE CENTER 711 HENRY CLAY SHELBYVILLE, KY 40065	20-1410531	501(C)(3)	0.	6,192.	FMV	MEDICAL ASSISTANCE	ONGOING

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MOUNTAIN AREA HEALTH EDUCATION INC 125 HENDERSONVILLE RD ASHEVILLE, NC 28803	56-1071426	501(C)(3)	0.	6,192.	FMV	MEDICAL ASSISTANCE	ONGOING
MISSION TRAVIS MERCY 775 WEST BOWIE STREET FORT WORTH, TX 76110	45-3841621	501(C)(3)	0.	6,166.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMONSHARE 1602 SKIPWITH RD #201 HENRICO, VA 23229	84-2490661	501(C)(3)	0.	6,048.	FMV	MEDICAL ASSISTANCE	ONGOING
PORTLAND COMMUNITY HEALTH CENTER 100 BRICKHILL AVENUE SOUTH PORTLAND, ME 04106	45-4960453	501(C)(3)	0.	5,986.	FMV	MEDICAL ASSISTANCE	ONGOING
VOLUNTEERS IN MEDICINE, INC. 1039 S. DUCHESNE SAINT CHARLES, MO 63301	43-1791543	501(C)(3)	0.	5,742.	FMV	MEDICAL ASSISTANCE	ONGOING
CHESAPEAKE CARE, INC. 2145 S MILITARY HIGHWAY CHESAPEAKE, VA 23320	54-1642754	501(C)(3)	0.	5,073.	FMV	MEDICAL ASSISTANCE	ONGOING
MEDICAL MISSION ADVENTURES 425 SIERRA MADRE VILLA AVE PASADENA, CA 91107	04-3662520	501(C)(3)	300,427.	0.			ONGOING
CARESOUTH CAROLINA, INC. 201 S. 5TH STREET HARTSVILLE, SC 29550	57-0664826	501(C)(3)	240,000.	0.			ONGOING
AMERICAN NEAR EAST REFUGEE AID 1111 14TH STREET NW, SUITE 400 WASHINGTON, DC 20005	52-0882226	501(C)(3)	215,000.	0.			ONGOING

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PARTNERS IN HEALTH, A NONPROFIT CORPORATION - 800 BOYLSTON ST, SUITE 300 - BOSTON, MA 02199-8190	04-3567502	501(C)(3)	200,000.	0.			ONGOING
MEDGLOBAL, INC. 10604 SOUTHWEST HIGHWAY, SUITE 107 CHICAGO RIDGE, IL 60415	82-2517347	501(C)(3)	185,000.	0.			ONGOING
COMMUNITY HEALTH CENTERS OF PINELLAS, INC. - 14100 58TH STREET NORTH - CLEARWATER, FL 33670	59-2097521	501(C)(3)	180,000.	0.			ONGOING
SISTERS OF MERCY URGENT CARE, INC PO BOX 16367 ASHEVILLE, NC 28816	56-1463611	501(C)(3)	150,000.	0.			ONGOING
HEADINGTON INSTITUTE PO BOX 90966 PASADENA, CA 91109	95-4839511	501(C)(3)	150,000.	0.			ONGOING
MOUNTAIN COMMUNITY HEALTH PARTNERSHIP, INCORPORATED - PO BOX 27 - BAKERSVILLE, NC 28705	56-1084427	501(C)(3)	120,000.	0.			ONGOING
HIGH COUNTRY COMMUNITY HEALTH PO BOX 1490 BOONE, NC 28607	27-3033445	501(C)(3)	120,000.	0.			ONGOING
MAYFIELD GRAVES LTRG, INC. 1365 LUISA LANE GRAVES COUNTY, KY 42066	88-2562759	501(C)(3)	100,000.	0.			ONGOING
ALOHA HOUSE, INC. P.O. BOX 791749 PAIA, HI 96779	99-0173804	501(C)(3)	88,000.	0.			ONGOING

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MAUI A.I.D.S. FOUNDATION 1935 MAIN STREET, SUITE 101 WAILUKU, HI 96793	99-0256926	501(C)(3)	81,000.	0.			ONGOING
HISPANOLA HEALTH PARTNERS P.O. BOX 3775 BRECKENRIDGE, CO 80424	46-4787690	501(C)(3)	80,643.	0.			ONGOING
LESTONNAC FREE CLINIC 1215 E CHAPMAN AVENUE ORANGE, CA 92866	95-3499011	501(C)(3)	78,300.	0.			ONGOING
WEST CALDWELL HEALTH COUNCIL, INC. 4330 COLLETTSVILLE ROAD COLLETTSVILLE, NC 28611	59-1756933	501(C)(3)	74,000.	0.			ONGOING
HUI NO KE OLA PONO, INC 95 MAHALANI ST, RM 21 WAILUKU, HI 96793	99-0287193	501(C)(3)	67,000.	0.			ONGOING
OF ONE ACCORD, INC PO BOX 207 ROGERSVILLE, TN 37857	62-1391365	501(C)(3)	61,100.	0.			ONGOING
FLORIDA COUNCIL OF PRIMARY CARE FLORIDA ASSOCIATION OF COMMUNITY HEALTH 2340 HANSEN LANE - TALLAHASSEE, FL 3	59-2559163	501(C)(3)	60,000.	0.			ONGOING
VIRGINIA B. ANDES VOLUNTEER COMMUNITY CLINIC, INC - 21297 OLEAN BLVD. UNIT B - PORT CHARLOTTE, FL 33952	65-0958642	501(C)(3)	52,200.	0.			ONGOING
PREMIER MOBILE HEALTH 10676 COLONIAL BLVD, SUITE 20 FORT MYERS, FL 33913	82-5372657	501(C)(3)	40,000.	0.			ONGOING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAZOM, INC. 140 2ND AVE, STE 305 NEW YORK, NY 10003	46-4604398	501(C)(3)	40,000.	0.			ONGOING
SOUTH GEORGIA MEDICAL CENTER FOUNDATION, INC - P.O. BOX 1727 - VALDOSTA, GA 31603	58-1329691	501(C)(3)	40,000.	0.			ONGOING
HOT SPRING HEALTH PROGRAM, INC. 590 MEDICAL PARK DRIVE MARSHALL, NC 28753	56-0986537	501(C)(3)	40,000.	0.			ONGOING
THE CENTER FOR MIND-BODY MEDICINE 5335 WISCONSIN AVE, NW SUITE #440 WASHINGTON, DC 20015	52-1755744	501(C)(3)	40,000.	0.			ONGOING
VIDA MOBILE CLINIC 10718 WHITE OAK AVE, #6 GRANADA HILLS, CA 91344	81-4209248	501(C)(3)	30,000.	0.			ONGOING
SAMS FOUNDATION 1012 14TH STREET, SUITE 1500 NW WASHINGTON,, DC 20005	16-1717058	501(C)(3)	30,000.	0.			ONGOING
INQUIRING SYSTEMS, INC 887 SONOMA AVE, #23 SANTA ROSA, CA 95404	94-2524840	501(C)(3)	30,000.	0.			ONGOING
FRIENDS IN NEED HEALTH CENTER, INC 1916 BROOKSIDE DRIVE KINGSPORT, TN 37660	62-1541637	501(C)(3)	26,100.	0.			ONGOING
CONEJO FREE CLINIC 80 E HILLCREST DR #102 THOUSAND OAKS, CA 91360	95-3177953	501(C)(3)	25,000.	0.			ONGOING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENVILLE FREE MEDICAL CLINIC, INC. - 600 ARLINGTON AVE - GREENVILLE, SC 29601	57-0855205	501(C)(3)	22,100.	0.			ONGOING
MOAB FREE HEALTH CLINIC 380 N 500 W MOAB, UT 84532	26-2082745	501(C)(3)	21,100.	0.			ONGOING
SAMARITAN HEALTH AND WELLNESS CENTER, INC. - 643 CAPE CORAL PARKWAY EAST, UNIT B - CAPE CORAL, FL 33904	46-0922358	501(C)(3)	21,100.	0.			ONGOING
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 1033 MASSACHUSETTS AVE. 3RD FLOOR - CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	20,750.	0.			ONGOING
TENNESSEE CHARITABLE CARE NETWORK 707 SHADYCREST LANE FRANKLIN, TN 37064	46-4916133	501(C)(3)	20,000.	0.			ONGOING
CENTERPLACE HEALTH, INC. 1750 17TH STREET, SUITE N SARASOTA, FL 34234	20-2779327	501(C)(3)	20,000.	0.			ONGOING
SAINT JOSEPH PRIMARY CARE, INC. 4400 FALLS OF NEUSE RD, SUITE 101 RALEIGH, NC 27609	46-5192720	501(C)(3)	20,000.	0.			ONGOING
INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BLVD. SUITE 1500 LOS ANGELES, CA 90025	95-3949646	501(C)(3)	20,000.	0.			ONGOING
RELIEF INTERNATIONAL, INC. 1717 K STREET NW, SUITE 900 WASHINGTON, DC 20006	95-4300662	501(C)(3)	20,000.	0.			ONGOING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPALACHIAN MOUNTAIN COMMUNITY HEALTH CENTERS - PO BOX 2597 - ASHVILLE, NC 28802	46-3984362	501(C)(3)	20,000.	0.			ONGOING
WESTERN NORTH CAROLINA COMMUNITY HEALTH SERVICES, INC. - 29 TURTLE CREEK DR - ASHEVILLE, NC 28803	56-1852922	501(C)(3)	20,000.	0.			ONGOING
MOUNTAIN AREA HEALTH EDUCATION CENTER, INC. - 121 HENDERSONVILLE RD - ASHEVILLE, NC 28803	56-1071426	501(C)(3)	20,000.	0.			ONGOING
RURAL MEDICAL SERVICES, INC. 207 MURRAY DRIVE NEWPORT, TN 37821	62-1102683	501(C)(3)	20,000.	0.			ONGOING
3GS FOR GAIA PO BOX 5698 CONCORD, NC 28027	92-1106522	501(C)(3)	20,000.	0.			ONGOING
VECINOS, INC 3971 LITTLE SAVANNAH ROAD CULLOWHEE, NC 28723	57-1192063	501(C)(3)	20,000.	0.			ONGOING
GREATER PINE ISLAND ALLIANCE PO BOX 284 MATLACHA, FL 33993	92-1305064	501(C)(3)	20,000.	0.			ONGOING
NEW HORIZON FAMILY HEALTH SERVICES 975 W. FARIS ROAD GREENVILLE, SC 29605	57-0932597	501(C)(3)	20,000.	0.			ONGOING
PARTNERS ALIGNED TOWARD HEALTH 202 MEDICAL CAMPUS DR BURNSVILLE, NC 28714	56-2063898	501(C)(3)	20,000.	0.			ONGOING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNETE, INC 26 PHILLIPS ST CANTON, NC 28716	86-3291832	501(C)(3)	20,000.	0.			ONGOING
RURAL HEALTH SERVICES 1000 CLYBURN PLACE AIKEN, SC 29801	23-7085643	501(C)(3)	20,000.	0.			ONGOING
BOUNTY & SOUL 999 OLD US HWY 70W BLACK MOUNTAIN, NC 28711	46-4759362	501(C)(3)	20,000.	0.			ONGOING
HARRISBURG FAMILY HEALTH CARE INC 631 CHAFEE AVENUE, SUITE 101 AUGUSTA, GA 30904	26-4366421	501(C)(3)	20,000.	0.			ONGOING
FAITH HOPE & LOVE CHRISTIAN MINISTRIES INC - P.O.BOX 603 - LAKELAND, GA 31635	46-3722704	501(C)(3)	20,000.	0.			ONGOING
RESOURCES FOR RESILIENCE 13 1/2 EAGLE ST, SUITE K ASHEVILLE, NC 28801	82-0751905	501(C)(3)	20,000.	0.			ONGOING
BEACON OF HOPE 5090 DOUG TAYLOR CIRCLE ST. JAMES CITY, FL 33956	03-0551791	501(C)(3)	20,000.	0.			ONGOING
SUNRISE COMMUNITY FOR RECOVERY AND WELLNESS - PO BOX 845 - ASHEVILLE, NC 28802	20-5775122	501(C)(3)	20,000.	0.			ONGOING
URBAN COMMUNITY ACTION NETWORK 5710 W. MANCHESTER AVE, SUITE 201 LOS ANGELES, CA 90045	88-3420796	501(C)(3)	20,000.	0.			ONGOING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHINDWIN MEDICAL AND HUMANITARIAN NETWORK INC. - 1256 LITTLE RODEO PLACE - GREENWOOD, IN 46143	93-3263530	501(C)(3)	20,000.	0.			ONGOING
THE CENTER FOR VICTIMS OF TORTURE 2356 UNIVERSITY AVE W, SUITE 430 SAINT PAUL, MN 55114	36-3383933	501(C)(3)	19,030.	0.			ONGOING
OCEANA COMMUNITY HEALTH, INC 2828 S SEACREST BLVD, SUITE 208 BOYNTON BEACH, FL 33435	88-1889523	501(C)(3)	18,300.	0.			ONGOING
NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS INC. - 1800 DIAGONAL RD., SUITE 600 - ALEXANDRIA, VA 22314	56-2273242	501(C)(3)	17,000.	0.			ONGOING
ST. MARY'S LEGACY CLINIC, INC. 805 S. NORTSHORE DRIVE KNOXVILLE, TN 37919	46-2331706	501(C)(3)	17,000.	0.			ONGOING
MIAMI RESCUE MISSION CLINIC, INC. 2015 N.W. 1ST AVENUE MIAMI, FL 33127	45-1481860	501(C)(3)	14,300.	0.			ONGOING
STOP ONLINE HARM 42 ORCHARD ST REVERE, MA 02151	99-4130743	501(C)(3)	12,760.	0.			ONGOING
OREGON-IDAHO ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH - 1505 SW 18TH AVE - PORTLAND, OR 97201	93-0386878	501(C)(3)	11,700.	0.			ONGOING
SAN FRANCISCO FREE CLINIC 4900 CALIFORNIA ST SAN FRANCISCO, CA 94118	94-3186248	501(C)(3)	11,100.	0.			ONGOING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAVIE HEALTH CORP 1111 E. OCEAN AVE #2 LOMPOC, CA 93436	86-1668790	501(C)(3)	11,100.	0.			ONGOING
UNITED COMMUNITY FOUNDATION 8150 SOUTHWEST FWY, SUITE V1 HOUSTON, TX 77074	83-4524775	501(C)(3)	11,100.	0.			ONGOING
SYMBA CENTER 20601 HWY 18, SUITE 171 APPLE VALLEY, CA 92307	84-3729902	501(C)(3)	10,000.	0.			ONGOING
VOLUNTEERS IN MEDICINE SAN DIEGO, INC. - 1457 E MADISON AVE - EL CAJON, CA 92019	26-0057391	501(C)(3)	10,000.	0.			ONGOING
WELL-ONE HEALTH INC 75 W NUEVO RD 136 PERRIS, CA 92571	47-3356072	501(C)(3)	10,000.	0.			ONGOING
CAL POLY CORPORATION 1 GRAND AVENUE , BUILDING 15 SAN LUIS OBISPO, CA 93407	95-1648080	501(C)(3)	10,000.	0.			ONGOING
SLO NOOR FOUNDATION 1428 PHILLIPS LANE, SUITE 203 SAN LUIS OBISPO, CA 93401	27-1412176	501(C)(3)	10,000.	0.			ONGOING
VOLUNTEERS IN MEDICINE - SAN FRANCISCO - 35 ONONDAGA AVENUE - SAN FRANCISCO, CA 94112	26-2593712	501(C)(3)	10,000.	0.			ONGOING
WESTMINSTER FREE CLINIC 2673 SAN MIGUEL CIRCLE THOUSAND OAKS, CA 91360	77-0563241	501(C)(3)	10,000.	0.			ONGOING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLINICA TEPATI 513 ISLA PLACE DAVIS, CA 95616	92-2324682	501(C)(3)	10,000.	0.			ONGOING
LONE STAR ASSOCIATION OF CHARITABLE CLINICS - P.O. BOX 684127 - AUSTIN, TX 78768	33-1115138	501(C)(3)	9,000.	0.			ONGOING
IDAHO ASSOCIATION OF FREE & CHARITABLE CLINICS, INCORPORATED - 325 VIA VENITIO - POCATELLO, ID 83201	83-4185979	501(C)(3)	9,000.	0.			ONGOING
CALIFORNIA ASSOCIATION OF FREE AND CHARITABLE CLINICS - PO BOX 357 - TULARE, CA 93275	20-2198446	501(C)(3)	9,000.	0.			ONGOING
SOUTH TEXAS FAMILY PLANNING AND HEALTH CORPORATION - 4455 SOUTH PADRE ISLAND DR, SUITE 29 - CORPUS CHRISTI, TX 78411	74-1728621	501(C)(3)	7,700.	0.			ONGOING
IBN SINA FOUNDATION INC. 11226 SOUTH WILCREST DR HOUSTON, TX 77099	76-0698464	501(C)(3)	6,600.	0.			ONGOING
MISSION OF MERCY, INC 360 E CORONADO RD, SUITE 160 PHOENIX, AZ 85004	86-0704883	501(C)(3)	6,600.	0.			ONGOING
SPRING BRANCH COMMUNITY HEALTH CENTER - 800 WEST SAM HOUSTON PARKWAY SOUTH SUITE 200 - HOUSTON, TX 77042	30-0198705	501(C)(3)	6,600.	0.			ONGOING
CHARIS HEALTH CENTER 2620 N. MT. JULIET RD MINNESOTA, TN 37122	35-2298919	501(C)(3)	6,100.	0.			ONGOING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FREE CLINIC 528 A LAKE CONCORD RD. NE CONCORD, NC 28025	53-2131301	501(C)(3)	6,100.	0.			ONGOING
CHESAPEAKE CARE, INC. 2145 S MILITARY HIGHWAY CHESAPEAKE, VA 23320	54-1642754	501(C)(3)	6,100.	0.			ONGOING
CAREPOINT CLINIC 36017 SE FISH HATCHERY RD FALL CITY, WA 98024	92-3175405	501(C)(3)	6,100.	0.			ONGOING
ST. MARTIN'S HEALTHCARE INC 1359 S. RANDOLPH ST GARRETT, IN 46738	20-8609620	501(C)(3)	6,100.	0.			ONGOING
SOCIAL WELFARE BOARD OF THE COUNTY OF BUCHANAN - 904 SOUTH 10TH ST., SUITE A - ST. JOSEPH, MO 64503	44-6000455	501(C)(3)	6,000.	0.			ONGOING
CITY ON A HILL MINISTRIES 100 S PINE ST. ZEELAND, MI 49464	20-3901260	501(C)(3)	6,000.	0.			ONGOING
GRACE MEDICAL HOME, INC 1417 E. CONCORD STREET ORLANDO, FL 32803	26-1817966	501(C)(3)	6,000.	0.			ONGOING
BRADLEY FREE CLINIC OF ROANOKE VALLEY, INC - 1240 3RD ST. SW - ROANOKE, VA 24016	23-7380491	501(C)(3)	6,000.	0.			ONGOING

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) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FREE MEDICINE TO PATIENTS	212007	0.	1,374,126,634.	FMV	PRESCRIPTION
MEDICAL OUTREACH IN THE U.S	680	0.	640,433.	FMV	MEDICAL SUPPLIES

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTS AND ASSISTANCE

LINE 2 - AMERICARES MONITORS ACTIVITIES TO ENSURE THAT DONATED GOODS AND FUNDS ARE USED TO FULFILL OUR MISSION. AMERICARES TRACKS EVERY DONATION AS IT ENTERS AND LEAVES OUR WAREHOUSES AND REQUIRES REPORTING OF EACH RECEIVING PARTNER ORGANIZATION, WHICH INCLUDE DETAILED CONFIRMATION OF RECEIPT AND QUARTERLY UPDATES ON DISTRIBUTION. INDIVIDUAL LICENSED HEALTH CARE PROVIDERS RECEIVING DONATIONS THROUGH OUR MEDICAL OUTREACH PROGRAM MUST PROVIDE A REPORT DETAILING HOW THE DONATION WAS USED, NUMBER OF PATIENTS TREATED AND OTHER INFORMATION.

HEALTH PARTNERS THAT RECEIVE FUNDING FROM AMERICARES ARE REQUIRED TO COMPLETE A GRANT APPLICATION AND A GRANT REPORT, WHICH INCLUDES DATA ON HOW FUNDS WERE USED AND, IF APPLICABLE, THE HEALTH OUTCOME OF THE FUNDED PROJECT ORACTIVITY. AMERICARES STAFF ALSO PERFORM SITE VISITS TO MONITOR PARTNERS' USE OF PRODUCT DONATIONS AND FUNDING. TARGETED HEALTH INITIATIVES SUCH AS THOSE DESCRIBED IN THE "ONGOING" SECTION ABOVE, MAY INCLUDE BASELINE AND FINAL PROJECT ASSESSMENTS.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHRISTINE SQUIRES PRESIDENT/CEO	(i)	537,977.	16,232.	0.	27,551.	40,794.	622,554.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RICHARD K. TROWBRIDGE, JR. TREAS, SVP OP, CFO (THRU 08/24)	(i)	209,706.	0.	130,417.	19,784.	27,122.	387,029.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELANA LOPEZ CHIEF PEOPLE & SYSTEMS	(i)	325,065.	0.	0.	19,784.	40,794.	385,643.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JENNY GOLDSTEIN SVP & CHIEF DEV. OFFICER (THRU 04/25)	(i)	312,720.	0.	0.	19,042.	40,794.	372,556.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JULIE VARUGHESE CHIEF MEDICAL OFFICER	(i)	311,284.	0.	0.	17,414.	794.	329,492.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) FELICIA MACDONALD SVP AND CHIEF MARKETING OFFICER	(i)	270,548.	0.	0.	12,278.	40,794.	323,620.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MEGIN WOLFGAN SVP/CSO (THRU 10/24)	(i)	247,952.	0.	0.	14,976.	40,742.	303,670.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Yael GOTTlieb SVP & CHIEF DEVELOPMENT OFFICER	(i)	238,202.	15,000.	0.	7,844.	40,794.	301,840.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JOAN LITTLEFIELD DEPUTY SVP, GLOBAL PROGRAMS	(i)	231,317.	0.	0.	14,063.	26,171.	271,551.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MONICA BARBER GENERAL COUNSEL	(i)	260,323.	0.	0.	10,292.	794.	271,409.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ROSE HOGAN DSVP/QUALITY/IMPACT AND LEARNING	(i)	226,302.	0.	0.	9,043.	26,157.	261,502.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) PROVASH BUDDEN DEPUTY SVP/EMERGENCY PROGRAMS	(i)	233,840.	0.	0.	14,161.	13,160.	261,161.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) LYNEISHA VAUGH-PEREZ VP, FINANCE, PLANNING & GRANTS	(i)	226,840.	0.	0.	13,594.	1,393.	241,827.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 4A:

RICHARD K. TROWBRIDGE, JR., TREASURER, SVP OPERATIONS, AND CFO, RECEIVED A SEVERANCE PAYMENT IN 2024 IN THE AMOUNT OF \$130,417; THIS AMOUNT IS REPORTED IN SCHEDULE J, PART II, COLUMN (B) (III).

SCHEDULE J, PART I, LINE 7

THE PRESIDENT AND CEO IS ENTITLED TO AN ANNUAL BONUS PURSUANT TO HER EMPLOYMENT CONTRACT AT THE DISCRETION OF THE COMPENSATION COMMITTEE OF THE FOUNDATION'S BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE CONVENES EACH YEAR TO DETERMINE IF THE PRESIDENT HAS EXCEEDED CERTAIN PERFORMANCE-BASED CRITERIA, AND IF SHE HAS, THEY WILL AUTHORIZE A BONUS. IN CALENDAR YEAR 2024, THE PRESIDENT RECEIVED A \$16,232 DISCRETIONARY BONUS.

THE AMERICARES STAFF ARE THE MAIN DRIVER OF ALL OF OUR WORK IN THE WORLD AND, AS SUCH, WE STRIVE TO RECOGNIZE THEIR CONTRIBUTIONS CONSISTENTLY IN WAYS THAT ARE COMPETITIVE, EQUITABLE AND TRANSPARENT, AS LAID OUT IN OUR COMPENSATION PHILOSOPHY. THERE ARE A SMALL NUMBER OF CIRCUMSTANCES IN WHICH WE MAY NEED TO GO ABOVE AND BEYOND THIS BASE COMPENSATION IN ORDER TO RECOGNIZE THE NEEDS AND EFFORTS OF OUR STAFF. THIS POLICY OUTLINES THE CIRCUMSTANCES IN WHICH BONUS PAY WILL BE CONSIDERED.

HOWEVER, IT IS IMPORTANT TO NOTE THAT, AS A NON-PROFIT ORGANIZATION, AMERICARES ALSO TAKES OUR RESPONSIBILITY TO DONORS AND FUNDERS VERY SERIOUSLY. AS SUCH, WE CONSIDER BONUS PAY TO BE A VERY RARE OCCURRENCE, ONLY EMPLOYED WHEN THERE IS CLEAR NEED.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
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 FOUNDATION, INC.**
Employer identification number: **06-1008595**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	130	7,228,751.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	701,176	443,302.	COST/WHOLESALE PRICE
20 Drugs and medical supplies	X	6302829	1,751,958,605.	COST/WHOLESALE PRICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (NON-MEDICAL SUP)	X	618,806	2,843,034.	COST/WHOLESALE PRICE
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 21

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

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.

SCHEDULE M, PART I, COLUMN (B):

LINE 19B, 20B, AND 25B - NUMBER OF CONTRIBUTIONS DISCLOSED FOR ALL LINES INCLUDES THE NUMBER OF ITEMS RECEIVED (AT THE DISTRIBUTABLE PACKAGE LEVEL).

SCHEDULE M, PART I, LINE 32B:

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

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

ORGANIZATION MISSION CONTINUATION:

HEALTH IN TIMES OF DISASTER AND EVERY DAY.

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

TO ACCOMPLISH THIS, AMERICARES INVESTS IN LOCAL HEALTH CENTERS: WHEN
LOCAL HEALTH CENTERS THRIVE, SO DO PEOPLE IN THEIR COMMUNITIES WITH
BETTER HEALTH, MORE OPPORTUNITIES AND INCREASINGLY PRODUCTIVE LIVES.

AMERICARES REACHES AN UNRIVALED NETWORK OF OVER 4,000 LOCAL, NATIONAL
AND INTERNATIONAL HEALTH CARE INSTITUTIONS AND FACILITIES THAT INCLUDE
HOSPITALS, CLINICS, LOCAL HEALTH CENTERS, MINISTRIES OF HEALTH AND
NONPROFIT HEALTH CARE NETWORKS AND PROVIDERS. WORKING THROUGH THIS
NETWORK, AMERICARES HAS THREE CORE PROGRAMS:

- MEDICINE SECURITY: INCREASING ACCESS TO CRITICAL MEDICINE AND
MEDICAL SUPPLIES;
- EMERGENCY PROGRAMS: HELPING COMMUNITIES PREPARE FOR, RESPOND TO
AND RECOVER FROM DISASTERS; AND
- HEALTH SERVICES: IMPROVING AND EXPANDING CLINICAL SERVICES AND
PROMOTING GOOD HEALTH AND DISEASE PREVENTION IN VULNERABLE COMMUNITIES.

ACROSS ITS PROGRAMS, AMERICARES PRIORITIZES MENTAL HEALTH AND CLIMATE
AND DISASTER RESILIENCE AND PROVIDES TARGETED SOLUTIONS SUPPORTING
WATER SANITATION AND HYGIENE, MATERNAL HEALTH CARE AND CAPACITY
BUILDING. AMERICARES LOOKS FOR STRATEGIC LINKAGES TO COMPLEMENT LOCAL
PROGRAMMING RELATED TO NONCOMMUNICABLE DISEASES AND INFECTIOUS
DISEASES.

IN FY25, AMERICARES REACHED 91 COUNTRIES WITH MEDICINE, MEDICAL
SUPPLIES, SUPPORT AND TECHNICAL ASSISTANCE VALUED AT MORE THAN \$1.88
BILLION THROUGH OUR MEDICINE SECURITY, HUMANITARIAN PROGRAMS AND HEALTH
SERVICES PROGRAMS.

THROUGH COLLABORATION WITH OUR EXTENSIVE WORLDWIDE PARTNER NETWORK, WE
IMPLEMENTED HEALTH PROJECTS IN 36 COUNTRIES THAT DIRECTLY OR INDIRECTLY
BENEFITED MORE THAN 980,000 PEOPLE. IN ADDITION, WE LEVERAGED MORE THAN
\$1.75 BILLION WORTH OF DONATED AND PROCURED COMMODITIES TO SUPPORT
PROJECTS AND ACTIVITIES AND TO RELIEVE SHORTAGES OF MEDICINES AND
SUPPLIES THROUGH OUR HEALTH PARTNERS, INCLUDING ENOUGH MEDICINE TO FILL
MORE THAN 9 MILLION PRESCRIPTIONS AND MORE THAN 3.2 MILLION UNITS OF
SUPPLIES. THROUGH MEDICINE ALONE, WE ESTIMATE THAT WE IMPROVED THE
HEALTH OF 1.9 MILLION PEOPLE.

FORM 990 PART III, LINE 4A:

ACCESS TO MEDICINE

TO IMPROVE HEALTH OUTCOMES FOR PATIENTS AND COMMUNITIES, AMERICARES
INCREASES ACCESSIBILITY, AVAILABILITY, AFFORDABILITY AND ACCEPTABILITY
OF MEDICINE AND SUPPLIES FOR PARTNER HEALTH PROVIDERS. IN A MEDICINE
SECURE COMMUNITY, EVERY CLINIC, HEALTH WORKER AND PATIENT HAS RELIABLE,
EQUITABLE ACCESS TO MEDICINES AND MEDICAL SUPPLIES.

A STRONG NETWORK OF PHARMACEUTICAL AND MEDICAL SUPPLY CORPORATIONS

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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DONATES THESE MEDICINES, MEDICAL SUPPLIES, PERSONAL CARE PRODUCTS, MEDICAL EQUIPMENT AND TECHNOLOGY. WE DISTRIBUTE THESE DONATIONS TO OUR GLOBAL PARTNER NETWORK THROUGH TWO INITIATIVES:

1. THE GLOBAL ACCESS TO MEDICINE PROGRAM, WHICH DISTRIBUTES HIGH-QUALITY MEDICINES DIRECTLY TO A NETWORK OF PARTNERS, REACHING 34 COUNTRIES IN FY25. PARTNERS ARE SELECTED FOR THEIR CAPACITY TO SECURELY AND EFFECTIVELY PROCESS AND UTILIZE AMERICARES MEDICAL AND SUPPLY DONATIONS.

AMERICARES ALSO SUPPORTS VOLUNTEER MEDICAL TEAMS AS THEY PROVIDE PRIMARY CARE, PERFORM SURGERIES, RESPOND TO HEALTH EMERGENCIES AND STRENGTHEN LOCAL HEALTH CARE CAPACITY IN COMMUNITIES WHERE BASIC MEDICAL CARE IS OFTEN NON-EXISTENT OR INACCESSIBLE. LAST YEAR AMERICARES PROVIDED THESE TEAMS WITH \$63 MILLION IN DONATED MEDICINES AND SUPPLIES AS WELL AS MEDICAL TRAINING TOOLS AND RESOURCES WHICH THEY USED TO PROVIDE CARE IN 80 COUNTRIES.

2. THE U.S. PROGRAM, WHICH LAST YEAR SERVED A NETWORK OF 919 SAFETY NET HEALTH CARE PROVIDERS THROUGHOUT THE CONTINENTAL U.S. AND PUERTO RICO. AGAIN, PARTNERS ARE SELECTED FOR THEIR CAPACITY TO SECURELY AND EFFECTIVELY PROCESS AND UTILIZE AMERICARES MEDICAL AND SUPPLY DONATIONS.

IN ALL, AMERICARES PROVIDED AID VALUED AT \$1.76 BILLION THROUGH OUR MEDICINE SECURITY PROGRAM, INCLUDING ENOUGH MEDICINE TO FILL 8.9 MILLION PRESCRIPTIONS AND 3 MILLION MEDICAL SUPPLIES. WE ESTIMATE THAT 1.88 MILLION PEOPLE BENEFITED FROM THE MEDICINE PROVIDED BY AMERICARES MEDICINE SECURITY PROGRAM.

HIGHLIGHTS FROM FY25 ACTIVITIES INCLUDE:

- U.S. CLINICS ORDER ONLINE: THROUGH AMERICARES U.S. ACCESS WEBSITE, 919 FREE AND CHARITABLE PARTNER CLINICS SELECTED AND RECEIVED ENOUGH MEDICINE TO FILL MORE THAN 2.4 MILLION PRESCRIPTIONS AS WELL AS 546,240 SUPPLIES.

- MEDICINE REACHES PATIENTS IN HAITI: IN FY25, AMERICARES HAITI CONTINUED ITS EIGHT-YEAR PARTNERSHIP WITH PESTEL HEALTH CENTER, A PUBLIC PRIMARY HEALTH CARE FACILITY THAT SERVES AN AVERAGE OF 10,000 PATIENTS ANNUALLY IN THE GRAND' ANSE DEPARTMENT. IN FY25, AMERICARES CONTRIBUTED A SIX-MONTH SUPPLY OF MEDICINE; PURCHASED A MOTORCYCLE AND PROTECTIVE GEAR SO STAFF CAN TRAVEL TO REMOTE LOCATIONS TO DELIVER MEDICINE AND CARE; AND PROVIDED INFRASTRUCTURE IMPROVEMENTS AND TRAINING TO IMPROVE MANAGEMENT OF MEDICINE.

- BETTER HEALTH IN GHANA: IN GHANA, AMERICARES PARTNERS WITH WOMEN'S HEALTH TO WEALTH, AND IN FY25 PROVIDED WOMEN'S HEALTH TO WEALTH WITH ENOUGH MEDICINE TO FILL 219,178 PRESCRIPTIONS. THANKS TO MEDICINE PROVIDED BY AMERICARES PARTNERSHIP TO LEGACY HOSPITAL IN ASOKORE MAMPONG, ASHANTI REGION, THE HOSPITAL'S MEDICINE SUPERINTENDENT REPORTED THAT 212 PATIENTS LOWERED THEIR BLOOD PRESSURE TO A SAFE RANGE, PREVENTING AN ESTIMATED 18 HEALTH CRISES.

FORM 990 PART III, LINE 4B:
EMERGENCY PROGRAMS

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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AMERICARES RESPONDS TO DISASTERS AND HUMANITARIAN CRISES WORLDWIDE, ESTABLISHES LONG-TERM RECOVERY PROJECTS AND BRINGS PREPAREDNESS PROGRAMS TO COMMUNITIES VULNERABLE TO DISASTERS.

AMERICARES MAINTAINS A CONSTANT STATE OF READINESS, SO WE CAN DEPLOY QUICKLY WHEN DISASTER STRIKES. OUR RELIEF WORKERS ARE AMONG THE FIRST TO RESPOND TO EMERGENCIES, HELPING TO RESTORE HEALTH SERVICES FOR SURVIVORS. AFTER DISASTERS, WE OFTEN STAY FOR MONTHS - OR YEARS - HELPING COMMUNITIES RECOVER.

FROM JULY 2024 TO JUNE 2025, AMERICARES RESPONDED TO 30 NATURAL DISASTERS AND HUMANITARIAN CRISES IN 22 COUNTRIES, INCLUDING THE UNITED STATES, WITH TECHNICAL ASSISTANCE, SHIPMENTS OF MEDICINES AND EMERGENCY SUPPLIES AS WELL AS PREPAREDNESS, RESPONSE AND RECOVERY PROJECTS.

ACROSS ALL EMERGENCIES IN FY25, AMERICARES EMERGENCY PROGRAMS DELIVERED \$50.5 MILLION IN EMERGENCY AND DISASTER AID, INCLUDING SHIPMENTS OF MEDICINES AND RELIEF SUPPLIES. IN EMERGENCY SETTINGS, AMERICARES PROVIDED GRANTS AND SUPPORT FOR 157 PROJECTS, WHICH DIRECTLY BENEFITED MORE THAN 680,000 PEOPLE.

AMERICARES EMERGENCY PROGRAMS RELY ON THE CLOSE PARTNERSHIPS WE SHARE WITH OUR BROAD NETWORK OF HEALTH CARE PROVIDERS. BY INVESTING IN LOCAL CAPACITY, AMERICARES IS HELPING COMMUNITIES RESPOND EFFECTIVELY TO EMERGENCIES, ENGAGE IN LONG-TERM RECOVERIES AND INTEGRATE DISASTER PREPAREDNESS INTO THEIR ONGOING OPERATIONS.

IN OUR FISCAL YEAR 2025, AMERICARES RESPONDED TO EMERGENCIES IN THE FOLLOWING COUNTRIES:

- BANGLADESH
- BRAZIL
- COLOMBIA
- DEMOCRATIC REPUBLIC OF THE CONGO
- EGYPT
- EL SALVADOR
- HONDURAS
- JAMAICA
- JORDAN
- LEBANON
- MYANMAR
- NEPAL
- PALESTINIAN TERRITORIES
- PHILIPPINES
- POLAND
- SOMALIA
- SUDAN
- SYRIA
- TURKIYE
- UKRAINE
- UNITED STATES
- YEMEN

HIGHLIGHTS FROM FY25 ACTIVITIES INCLUDE RESPONSES TO:

HURRICANE HELENE: HURRICANE HELENE MADE LANDFALL ON SEPT. 26, 2024, ON

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FLORIDA'S GULF COAST AS A POWERFUL CATEGORY 4 STORM, THEN SWEEPED THROUGH GEORGIA, NORTH CAROLINA, SOUTH CAROLINA AND TENNESSEE. FROM INDIANA TO FLORIDA, MORE THAN 230 PEOPLE DIED AS A RESULT OF THE STORM. AMERICARES RESPONDED IMMEDIATELY, WITH RESPONSE TEAMS MEETING WITH PARTNERS IN FIVE STATES. OVER THE NEXT YEAR, AMERICARES PROVIDED 17 TONS OF MEDICINE AND RELIEF SUPPLIES, INCLUDING MORE THAN 5,000 DOSES OF TETANUS VACCINE, TO PROTECT SURVIVORS CLEANING UP DEBRIS; A MOBILE CLINIC THAT PARTNERED WITH COMMUNITY GROUPS TO PROVIDE DIRECT CARE IN 5 COUNTIES OVER 17 DAYS; INSTALLATION OF FOUR WATER PURIFICATION SYSTEMS IN ASHEVILLE, N.C., EACH ABLE TO PROVIDE 17,000 GALLONS OF SAFE DRINKING WATER DAILY; \$1 MILLION IN EMERGENCY FUNDS TO 35 CLINICS AND COMMUNITY ORGANIZATIONS ACROSS THE REGION; AND MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT FOR MORE THAN 500 PEOPLE, INCLUDING HEALTH WORKERS WHO LIVED THROUGH THE STORM AND NOW HELP OTHER SURVIVORS.

GAZA HUMANITARIAN CRISIS: SINCE THE ESCALATION OF HOSTILITIES IN GAZA IN OCTOBER 2023 AND THE END OF FY25, AMERICARES DELIVERED 35 TONS OF MEDICINE AND MEDICAL SUPPLIES AND AWARDED \$845,000 IN EMERGENCY FUNDING TO MEET URGENT HEALTH NEEDS. FUNDS HAVE BEEN PROVIDED FOR MENTAL HEALTH SUPPORT, MEDICATION AND MEDICAL TEAMS PROVIDING ESSENTIAL HEALTH CARE SERVICES IN GAZA. AMERICARES SUPPORT CONTINUES.

UKRAINE WAR: AMERICARES IS MEETING THE PHYSICAL AND MENTAL HEALTH NEEDS OF CHILDREN AND ADULTS AFFECTED BY RUSSIA'S INVASION OF UKRAINE THROUGH ITS SUPPORT OF LOCAL ORGANIZATIONS. IN TOTAL, IN THREE YEARS AFTER RUSSIA'S INVASION ON FEB. 24, 2022, AMERICARES PROVIDED AID VALUED AT MORE THAN \$147 MILLION TO 83 LOCAL ORGANIZATIONS ASSISTING THOSE AFFECTED BY THE WAR. AID INCLUDES GRANTS AND SHIPMENTS OF MEDICINE AND MEDICAL SUPPLIES, INCLUDING THOSE DELIVERED BY VOLUNTEER MEDICAL OUTREACH TEAMS. BY FEBRUARY 2025, AMERICARES HAD ALSO AWARDED 141 EMERGENCY GRANTS VALUED AT MORE THAN \$6.6 MILLION TO 62 ORGANIZATIONS WORKING TO IMPROVE THE PHYSICAL AND MENTAL HEALTH OF THOSE AFFECTED BY THE INVASION OF AND CONTINUING VIOLENCE IN UKRAINE.

LOS ANGELES WILDFIRES: AFTER WILDFIRES DESTROYED THOUSANDS OF HOMES AND BUSINESSES, DECIMATING ENTIRE COMMUNITIES IN LOS ANGELES COUNTY IN JANUARY 2025, AMERICARES RESPONDED WITH A COMPREHENSIVE PROGRAM TO SUPPORT PEOPLE IN NEED. THE RESPONSE INCLUDED \$1 MILLION IN CASH ASSISTANCE TO HELP MORE THAN 5,500 SURVIVORS. MORE THAN HALF THE HOUSEHOLDS RECEIVING AMERICARES CASH ASSISTANCE LOST THEIR HOMES IN THE FIRES, AND A THIRD LOST INCOME; FAMILIES RECEIVING THE CARDS INCLUDED MORE THAN 1,800 CHILDREN UNDER AGE 17. THE CASH CARDS WERE AVAILABLE TO FAMILIES AND INDIVIDUALS LIVING WITH LOW-INCOMES AND DIRECTLY AFFECTED BY THE WILDFIRES THROUGH EVACUATION, LOSS OF PROPERTY OR LOSS OF EMPLOYMENT. AMERICARES ALSO PROVIDED EMERGENCY FUNDING FOR MOBILE CLINICS PROVIDING CARE IN FIRE-AFFECTED COMMUNITIES WHERE HEALTH NEEDS ARE URGENT. CLINICS ALSO RECEIVED MEDICINE FROM AMERICARES - ENOUGH TO FILL MORE THAN 1,500 PRESCRIPTIONS. AMERICARES PROVIDED EMERGENCY FUNDING TO LOCAL PARTNERS PROVIDING MENTAL HEALTH SERVICES. PEOPLE AFFECTED BY THE FIRES - WHO LOST THEIR HOME, JOB, OR WERE PERHAPS FORCED TO MOVE BECAUSE OF TOXIC ASH - RECEIVED 2,200 HYGIENE AND RECOVERY KITS PROVIDED BY AMERICARES THROUGH LOCAL HEALTH PARTNERS. THE KITS CONTAIN TOOTHBRUSHES, TOOTHPASTE, SOAP, SHAMPOO, AND MUCH MORE EACH ITEM TO MAINTAIN AND PROTECT HEALTH AND EASE FINANCIAL STRESS FOR PEOPLE LIVING ON LOW-INCOMES EVEN BEFORE THE FIRES. TO PROTECT PEOPLE ACROSS THE REGION FROM THE EFFECTS OF TOXIC SMOKE AND ASH, AMERICARES

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ALSO PROVIDED LOCAL PARTNERS WITH MORE THAN 14,000 N-95 MASKS AND RESPIRATORY MEDICINE. \$350K IN EMERGENCY FUNDING.

PHILIPPINES VOLCANO ERUPTION: AFTER ERUPTING IN DECEMBER 2024 AND FORCING THOUSANDS OF PEOPLE TO FLEE THEIR HOMES, MT. KANLOAN WAS ACTIVE ONCE AGAIN ON MAY 13, 2025, SENDING UP A MASSIVE ASH PLUME, WHICH THEN BLANKETED NEARBY TOWNS IN ASHFALL, PROMPTING MORE EVACUATIONS. AMERICARES EMERGENCY RESPONSE TEAMS HAVE BEEN ACTIVE IN THE AREA SINCE DECEMBER, PROVIDING LOCAL HEALTH PROVIDERS WITH NEBULIZERS AND OXYGEN REGULATORS AND DISTRIBUTING 2,000 N95 MASKS, AS WELL AS HUNDREDS OF HYGIENE KITS, TO FAMILIES. THE TEAM ALSO HELD HANDWASHING DEMONSTRATIONS. TO EASE THE STRESS OF TRAUMA AND LOSS, AMERICARES DEPLOYED A MENTAL HEALTH AND PSYCHOSOCIAL TEAM, WHICH PROVIDED ACTIVITIES FOR ADULTS AND MORE THAN 500 CHILDREN AT THREE EVACUATION CENTERS. AMERICARES PHILIPPINES EMERGENCY RESPONSE TEAM WILL CONTINUE TO MONITOR THE VOLCANO AND THE THREATS IT POSES TO THE HEALTH OF NEARBY COMMUNITIES.

FORM 990 PART III, LINE 4C:
CLINICAL SERVICES AND COMMUNITY HEALTH

AMERICARES DELIVERS AND SUPPORTS QUALITY HEALTH SERVICES AT AMERICARES-RUN CLINICS AND PARTNERS WITH LOCAL HEALTH CENTERS TO ADDRESS THE UNIQUE HEALTH NEEDS OF THEIR COMMUNITIES, FOCUSING ON THE ROOT CAUSES OF ILLNESS AND DISEASE. THROUGH WORK IN OUR OWN CLINICS AND THAT OF OUR PARTNERS, AMERICARES PROVIDED MORE THAN \$47.8 MILLION THROUGH OUR CLINICAL SERVICES AND COMMUNITY HEALTH SERVICES WORK.

TO STRENGTHEN HEALTH SYSTEMS AND IMPROVE HEALTH EQUITY, AMERICARES FOCUSES OUR HEALTH PROJECTS IN THE AREAS OF CLIMATE CHANGE AND DISASTER RESILIENCE; INFECTIOUS DISEASE; MENTAL HEALTH; REPRODUCTIVE, MATERNAL AND CHILDREN'S HEALTH; AND SAFE WATER, SANITATION AND HYGIENE (WASH).

IN FISCAL YEAR 2025, AMERICARES CLINIC IN EL SALVADOR, CLINICA INTEGRAL DE ATENCION FAMILIAR, PROVIDED 82,788 CLINICAL CONSULTATIONS. OUR CLINICS IN COLOMBIA PROVIDED 27,609 PATIENT CONSULTATIONS. IN ADDITION, OUR PARTNERS AMERICARES INDIA AND AMERICARES FREE CLINICS, IN CONNECTICUT, PROVIDED AN ADDITIONAL 281,680 CLINICAL CONSULTATIONS.

IN FY25, AMERICARES SUPPORTED NEARLY 37,300 SURGERIES PERFORMED BY U.S.-BASED MEDICAL VOLUNTEERS ON 680 SHORT-TERM MEDICAL OUTREACH TRIPS TO 80 COUNTRIES. SOME TEAMS ALSO BROUGHT PULSE OXIMETERS AND SAFE SURGERY CHECKLISTS DONATED BY AMERICARES, TRAINED LOCAL STAFF IN THEIR USE AND DONATED THEM TO THE HOST FACILITY. SINCE 2015, THE TEAMS HAVE DISTRIBUTED 4,131 PULSE OXIMETERS IN 68 COUNTRIES, AND 99 PERCENT OF RESPONDENTS TO A SURVEY REPORTED USING THE INSTRUMENTS DURING SURGERY.

AMERICARES ALSO PROVIDES RESOURCES AND TRAINING SO HEALTH WORKERS CAN BETTER SERVE THEIR COMMUNITIES AND IMPROVE THE HEALTH OF LOW-INCOME PATIENTS. IN FY25, AMERICARES CAPACITY-BUILDING TRAINING REACHED 15,889 HEALTH CARE WORKERS AROUND THE WORLD.

IN OUR HEALTH SERVICES PROGRAM, WE ADDRESS THE ROOT CAUSES OF ILLNESS AND DISEASE, EMPLOYING AN INTEGRATED APPROACH THAT LINKS TREATMENT SERVICES TO DISEASE PREVENTION EFFORTS AND HEALTH EDUCATION. ALL PROGRAMS PROMOTE EVIDENCE-BASED BEST PRACTICES AND ARE DESIGNED TO THE

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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HIGHEST STANDARDS OF PROJECT PLANNING, IMPLEMENTATION AND MONITORING AND EVALUATION.

HEALTH SERVICES PROJECTS INCLUDE:

PHILIPPINES CLIMATE TOOLKIT: AMERICARES DEVELOPED A RESOURCE TO HELP HEALTH CENTERS PROTECT PATIENTS' HEALTH DURING EXTREME WEATHER, THE CLIMATE RESILIENCE TOOLKIT FOR HEALTH CENTERS IN THE PHILIPPINES. AVAILABLE IN FOUR LANGUAGES ENGLISH, TAGALOG, ILOCANO AND CEBUANO THE TOOLKIT PROVIDES CRITICAL INFORMATION TO REDUCE THE HEALTH IMPACTS FROM EXTREME HEAT, FLOODS AND TYPHOONS. IN FY25, 10 CLINICS PILOTEED THE TOOLKIT'S EXTREME HEAT MODULE, WHICH INCLUDES PRACTICAL TOOLS AND RESOURCES, INCLUDING RISK ASSESSMENTS FOR PATIENTS AND HEAT MANAGEMENT PLANS FOR HIGH-RISK POPULATIONS. THE PROVIDER MATERIALS INCLUDE VISUALS THAT CAN BE DISPLAYED IN HEALTH CENTERS AND THE PATIENT EDUCATION MATERIALS INCLUDE ILLUSTRATED GUIDES AND POSTERS THAT EXPLAIN THE HEALTH RISKS FROM HEAT OR FLOODS AND WHAT TO DO DURING AN EMERGENCY. COMMUNITY-FACING MATERIALS EXPLAIN THE ROLE FAMILIES AND NEIGHBORS CAN PLAY DURING HEATWAVES AND TYPHOONS. PILOT HEALTH CENTERS ARE ALSO MAKING IMPROVEMENTS TO THEIR FACILITIES TO MEET INCREASED PATIENT DEMAND DURING EXTREME WEATHER EVENTS, INCLUDING AIR CONDITIONERS, PROTECTIVE GEAR FOR HEALTH WORKERS AND POSTERS AND BANNERS FOR PATIENT AND COMMUNITY EDUCATION.

EL SALVADOR POVERTY ACCESS PROGRAM: AMERICARES CLINIC IN EL SALVADOR, LA CLINICA INTEGRAL DE ATENCION FAMILIAR, PROVIDES COMPREHENSIVE HEALTH CARE TO LOW-INCOME SALVADORANS. FOR PEOPLE IN POVERTY, FOR WHOM THE CLINIC'S LOW-COST SERVICES ARE OUT OF REACH, AMERICARES CONDUCTS THE PROGRAM FOR ACCESS TO COMPREHENSIVE HEALTH SERVICES (PISIS). THE PROGRAM IS COMMUNITY-BASED: SIXTY-TWO TRAINED HEALTH PROMOTORS REGULARLY VISIT 38 COMMUNITIES TO MONITOR HEALTH AND BRING REFILLS FOR MEDICINE. THE CLINIC PROVIDES TRANSPORTATION TO THE CLINIC, WHERE PATIENTS CAN SEE DOCTORS. IN FY25, 1,710 PEOPLE WERE HELPED BY THE PISIS PROGRAM.

LIBERIA REPRODUCTIVE, MATERNAL, NEWBORN AND CHILD HEALTH PROJECT: THIS PROJECT CONTRIBUTES TO DECREASED MATERNAL AND NEWBORN MORTALITY IN PARTNERSHIP WITH THE GRAND BASSA COUNTY HEALTH TEAM BY SUPPORTING IMPROVED QUALITY OF CARE IN MATERNAL AND NEWBORN HEALTH (FOCUSED ON ANTENATAL CARE, ESSENTIAL NEWBORN CARE, POSTPARTUM HEMORRHAGE, AND POSTPARTUM CARE). THE PROJECT SEEKS TO IMPROVE CARE-SEEKING BEHAVIORS AND INCREASE THE DEMAND FOR ANTENATAL CARE AND SKILLED BIRTH ATTENDANCE. IN FY25, THE PROJECT EXPANDED FROM SIX FACILITIES TO 12 HEALTH FACILITIES IN GRAND BASSA COUNTY. AT THE SIX NEW FACILITIES, AMERICARES TRAINED 25 HEALTH PROVIDERS IN ANTENATAL CARE, 27 HEALTH PROVIDERS IN ESSENTIAL NEWBORN CARE, AND 23 HEALTH PROVIDERS IN POSTPARTUM CARE. ACROSS ALL 12 FACILITIES, ACTIVITIES INCLUDED MENTORING IN POSTPARTUM CARE, ANTENATAL CARE AND ESSENTIAL NEWBORN CARE; TRAINING TO PROMOTE EARLY DETECTION OF POSTPARTUM HEMORRHAGE; COMMUNITY ENGAGEMENT WITH AND THROUGH TRAINED TRADITIONAL MIDWIVES (TTMS), WITH MONTHLY MEETINGS TO LEARN MATERNAL AND NEWBORN HEALTH LESSONS, DISCUSS SUCCESSES, LESSONS LEARNED AND CHALLENGES AND NETWORK AND TRAIN WITH OTHER TTMS AND FACILITY STAFF.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:
EL SALVADOR, HAITI, LIBERIA, NEPAL,

Name of the organization AMERICARES FOUNDATION, INC. PHILIPPINES, TANZANIA, COLOMBIA	Employer identification number 06-1008595
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FORM 990, PART VI, SECTION B, LINE 11B:

990 REVIEW PROCESS

THE FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE FORM 990 IS SUBJECT TO A DETAILED REVIEW BY THE CHIEF FINANCIAL OFFICER AND AMERICARES' LEGAL COUNSEL PRIOR TO ITS SUBMISSION TO THE AUDIT COMMITTEE. THE FORM 990 IS PRESENTED TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS BY MANAGEMENT AND ITS EXTERNAL ACCOUNTING FIRM; ONCE REVIEWED AND ACCEPTED BY THE AUDIT COMMITTEE, THE 990 IS DISTRIBUTED TO THE FULL BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENT.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY

SECTION 1. POLICY.

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.

SECTION 2. DISCLOSURE.

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.

SECTION 3. REVIEW OF POLICY.

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, SECTION B, LINE 15:

PROCESS FOR DETERMINING COMPENSATION

AMERICARES PURSUES A RIGOROUS PROCESS TO ENSURE THAT THE COMPENSATION IT PAYS IS COMMENSURATE WITH THE NOT-FOR-PROFIT INDUSTRY IN WHICH IT OPERATES. AMERICARES HAS A COMPENSATION COMMITTEE IN PLACE THAT DETERMINES THE PRESIDENT & CEO'S COMPENSATION BASED ON COMPENSATION SURVEY RESULTS CONDUCTED BY AN INDEPENDENT THIRD PARTY CONSULTANT. THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ULTIMATELY RATIFIED THE PRESIDENT AND CEO'S COMPENSATION.

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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FOR ALL OTHER INDIVIDUALS REPORTED ON THE 990 (AS WELL AS ALL AMERICARES STAFF), THE PRESIDENT & CHIEF EXECUTIVE OFFICER, IN CONSULTATION WITH THE CHIEF PEOPLE OFFICER, DETERMINES COMPENSATION UTILIZING AVAILABLE MARKET DATA, SALARY SURVEY RESULTS AND OTHER AVAILABLE TOOLS TO SUBSTANTIATE DECISIONS. AMERICARES, LIKEWISE, COMMISSIONED A SEPARATE COMPENSATION STUDY IN OCTOBER OF 2022 TO COVER ALL STAFF.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OR,PA,RI,SC,TN,VA
WV,WI

FORM 990, PART VI, SECTION C, LINE 19:
PUBLIC DISCLOSURE OF DOCUMENTS
THE FOUNDATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS AND ON ITS WEBSITE. THE FORM 990 IS LIKEWISE PUBLISHED ON THE INTERNET AT WWW.GUIDESTAR.ORG. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE AND BY REQUEST. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT ORDINARILY MADE AVAILABLE TO THE PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGES IN SPLIT-INTEREST AGREEMENTS	-391,259.
LOSS ON FOREIGN CURRENCY	-19,378.
OTHER ADJUSTMENTS	2,003.
TOTAL TO FORM 990, PART XI, LINE 9	-408,634.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization <p align="center">AMERICARES FOUNDATION, INC.</p>	Employer identification number <p align="center">06-1008595</p>
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AMERICARES FREE CLINICS, INC. - 06-1422741 88 HAMILTON AVENUE STAMFORD, CT 06902	HEALTH CARE	CONNECTICUT	501(C)(3)	LINE 7	N/A	X	
AMERICARES FOUNDATION TANZANIA EKACLIFF BUILD., 2ND FL, ISAMILO PLOT # 117, BLOCK D, BALEW, TANZANIA	RELIEF/AID	TANZANIA			AMERICARES	X	
AMERICARES LIMITED 4 HENDERSON STREET, DEVELOPMENT HOUSE FL 6, R, BLANTYRE, MALAWI	RELIEF/AID	MALAWI			AMERICARES	X	

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

Schedule R (Form 990) (Rev. 1-2025)

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICARES TANZANIA	B	1,482,069.	COST
(2) AMERICARES FREE CLINICS, INC.	B	1,832,711.	FMV (GOODS)
(3) AMERICARES FREE CLINICS, INC.	Q	344,301.	COST
(4) AMERICARES FREE CLINICS, INC.	O	1,179,693.	COMP PAID TO EXECS ON AFC
(5)			
(6)			

