Form	990	

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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

OMB No. 1545-0047 6 O Open to Public

	ternal Reve				Information					-	00/10	5/111990.			Dection	
A	For th	e 201	9 cale	ndar year, or t	tax year begi	inning	0'	7/01, 201	9, and e	nding				5/30 ,20		
_			C Nam	e of organization							1	D Employer id	entifi	cation numbe	er	
в	Check if ap	plicable:	AM	ERICARES F	OUNDATION	I, INC.										
Γ	Addre chang	ess	Doin	g Business As								06-1008	359	5		
F		change	Num	ber and street (or	P.O. box if mail is	s not delivered	to street addr	ess)	Room/s	uite	E	E Telephone n	umbe	er		
F		return	88	HAMILTON	AVENITE							(203) 65	8 - 0	9500		
┢				or town, state or p		and ZIP or for	aign noetal co	de			_	(205) 05		500		
┝	Termi Amen			-	-		agri postal co	ue				• • •		1 4 6 1 0	г <u>л</u> г	0.0
╞	return	n		AMFORD, CT							_	G Gross receip			· · · · · · · · · · · · · · · · · · ·	
L	Applic pendi	ng		e and address of p			STINE S	-	_		"	H(a) Is this a group subordinates			res X	No
			88	HAMILTON	AVENUE, S	STAMFORD	, CT 06	902-3105	<u> </u>	1	ŀ	H(b) Are all subord	linates i	included?	/es	No
I	Tax-ex	empt st	atus:	X 501(c)(3)	501(c) () ┥ (in	isert no.)	4947(a)(1)	or	527		If "No," attac	ch a lis	st. (see instructio	ns)	
J	Websi	te: 🕨	WWW.	AMERICARES	.ORG						ŀ	H(c) Group exem	ption r	number 🕨		
κ	Form o	of orgar	nization:	X Corporation	Trust	Association	Other	•	LY	ear of for	matio	on: 1979 M	State	e of legal domi	icile:	СТ
	Part I	Su	mmary	/												
		Briefly	v descr	ibe the organizat	tion's mission	or most signif	icant activiti	es: AMERI	CARES	IS A	HE	ALTH-FOC	USE	D RELIE	F &	
				MENT ORGAN												
	and and			STER WITH												
													. <u> </u>			
	-			ox ▶ 🔄 if the	-		•	•					1 1			23.
	ອັ 3 ສ			oting members o									3			
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			dependent votin									4			22.
3	Activities &	Total	numbe	r of individuals e	mployed in ca	lendar year 2	019 (Part V	line 2a)					5			08.
;	€   <del>[</del>	Total	numbe	r of volunteers (e	stimate if neces	ssary)							6			31.
1	◄ 7a	Total	unrelat	ed business reve	nue from Part	VIII, column (	C), line 12						7a			0
	b	Net u	nrelate	d business taxab	le income from	Form 990-T	, line 34 🔒						7b			0
												Prior Year		Curre	nt Year	•
	. 8	Contr	ibutions	and grants (Part	t VIII, line 1h)						97	73,977,09	97.	1,438,4	445,6	554
				vice revenue (Par					PY FOR			1,053,81	9.		935,	004
	a 10			ncome (Part VIII,					NSPECT			1,611,44	19.	1,	741,0	641
1	2 11			ie (Part VIII, colu								-294,46			371,9	
				e - add lines 8 th							97	76,347,90				
				imilar amounts p	- ·							36,264,94		1,024,		
												,201,91	0.	1,021,	,,,,,,	
	45			to or for membe							2	23,086,59		25	469,3	314
				er compensation								1,601,96			495,	
		Prote	ssionai	fundraising fees	(Part IX, colum	n (A), line 11	e)	950 450		••		1,001,90	· · ·	<u> </u>	IJJ,.	
				sing expenses (P									7.4	105		070
				ses (Part IX, colu						••		56,736,27				
				es. Add lines 13						· · ⊢		77,689,77				
	19	Rever	nue les	s expenses. Sub	tract line 18 fro	m line 12						)1,341,87		192,		320
S O	20 21 22 22									Be		ing of Current		End of		
sset	<u>a</u> 20	Total	assets	(Part X, line 16)						• • <b> </b>		26,198,36		421,8		
ţĂ	월 21	Total	liabilitie	es (Part X, line 26	)							L0,150,82			420,0	
ž	22	Net as	ssets o	r fund balances.	Subtract line 2	1 from line 20	0	<u></u>			21	L6,047,53	86.	407,4	403,	535
	Part II	Si	gnatur	e Block												
L	Jnder per	nalties of	of perjur	y, I declare that I h te. Declaration of pr	have examined t	his return, incl	uding accom	panying sched	lules and	statement	ts, an	d to the best of	f my	knowledge ar	nd belie	f, it is
	rue, corre	lici, anu	complet			an onicer) is ba	ised on all ini	ormation of wi	nen prepa	iei nas ai	IY KIIU	owiedge.				
_																
	ign		Signatu	ire of officer								Date				
H	ere															
			Type or	print name and title	e											
		Print/	Type pr	eparer's name		Preparer's s	ignature		Date			Check	if	PTIN		
Pa	aid	SCO	TT TF	HOMPSETT		Seth 8	Magne		03	/22/2	202	1 self-employ		P007414	190	
	reparer		s name	► GRANT I	HORNTON		1		I					-6055558		
U	se Only	-		s > 757 THIRD				017_2012						2-599-01		
М	av the II			his return with the									4	X Yes		Ne
_				tion Act Notice,							• •			•	990 (2	<u>No</u>
. (	u rapel		NEUUC	HOLL ACTIVOLICE.	ace une separa	ແຮງກາວແມ່ນປະເທດ								FUIT	J J U (4	ະບາສ)

For Paperwork Reduction Act Notice, see the separate instructions.

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

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

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

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

Type or	Name of exempt organization or other filer, see in	nstructions.		Taxpayer identification nu	mber (TIN)	)	
print	AMERICARES FOUNDATION, INC.			06-1008595	5		
- File by the	Number, street, and room or suite no. If a P.O. bo	x see instru	ctions	00 1000393	<i>.</i>		
due date for	88 HAMILTON AVENUE						
filing your return. See	City, town or post office, state, and ZIP code. For	r a foreign ad	dress, see instructions.				
instructions.	STAMFORD, CT 06902-3105	a renengin ad					
Enter the R	eturn Code for the return that this application	is for (file	a separate application for	each return)		01	
Application	I	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation	n)		07	
Form 990-B	3L	02	Form 1041-A	,		08	
Form 4720	(individual)	03	Form 4720 (other than	individual)		09	
Form 990-P	۶	04	Form 5227	,		10	
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T	Form 990-T (trust other than above) 06 Form 8870						
	RICHARD K. TROW	BRIDGE,	JR.				
The book	Ks are in the care of ► 88 HAMILTON AVE	NUE STAI	MFORD CT 06902-31	05			
• If this is f for the who a list with th	anization does not have an office or place of for a Group Return, enter the organization's fo le group, check this box he names and TINs of all members the extens	ur digit Gro f it is for pa ion is for.	oup Exemption Number (G art of the group, check th	GEN) is box ▶ [	. If and a	this is attach	
	est an automatic 6-month extension of time u	-		1, to file the exempt	organiza	ation return	
for the	e organization named above. The extension is	for the ore	ganization's return for:				
2 If the t	calendar year 20 or tax year beginning 07/0 tax year entered in line 1 is for less than 12 m						
	Change in accounting period application is for Forms 990-BL, 990-PF, 9	00 T 472	) or 6060 optor the tr	antativa tax laga any			
	fundable credits. See instructions.	90-1, 4720		entative tax, less any	3a \$	0.	
<b>b</b> If this	application is for Forms 990-PF, 990-T,	4720. o	r 6069. enter anv ref	undable credits and	••• •		
	ated tax payments made. Include any prior yea		-		3b \$	0.	
	ce due. Subtract line 3b from line 3a. Include			uired, by using EFTPS			
	ronic Federal Tax Payment System). See instru	• • •	<i>,</i> , ,		3c \$	0.	
	ou are going to make an electronic funds withdrawa		it) with this Form 8868, see	Form 8453-EO and Form	<b>T</b>	for payment	
instructions.			. , ,				
For Privacy	Act and Paperwork Reduction Act Notice, see inst	ructions.			Form 886	8 (Rev. 1-2020	

	AMERICARES	FOUNDATION,	INC
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<u> </u>	n 990 (2019) Page
Pa	Int III         Statement of Program Service Accomplishments           Obsets if Schedule O contains a montants are units in this Dart III
1	Check if Schedule O contains a response or note to any line in this Part III X Briefly describe the organization's mission:
•	ATTACHMENT 1
	Did the experiention undertake on similiant means continue during the user which users not listed on the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured b
-	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 1,176,267,409. including grants of \$ 995,067,719. ) (Revenue \$ 0. )
	ATTACHMENT 2
4b	(Code: ) (Expenses \$ 42,053,363. including grants of \$ 27,620,745. ) (Revenue \$ 5,110. )
	ATTACHMENT 3
4c	(Code:) (Expenses \$ 10,487,999. including grants of \$2,087,837. ) (Revenue \$929,894. )
	ATTACHMENT 4
_	
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ including grants of \$ ) (Revenue \$ )
JSA	Total program service expenses ►         1,228,808,771.           Prom 990 (2019)
9E1	^{220 2.000} V 19-7.9F 0178001-00004 PAGE

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			37
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40 -	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	4.0-		v
<b>b</b>	Schedule D, Parts XI and XII.	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	4.0%	Х	
10	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	12b	21	X
13	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
U	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Form 990 (2019)

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Form 990 (2019)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			37
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			77
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			v
~~	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
U	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•••	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	-		
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b> 0.	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4-	Х	
JSA	reportable gaming (gambling) winnings to prize winners?	Eorm		(2019)
9E1030	^{2.000} 7714IN 700J V 19-7.9F 0178001-00004	. 0111		(2019) AGE 4

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 208			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country $\blacktriangleright$ <u>ATTACHMENT</u> 5			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<b> </b>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders.			
	Gross income from members or shareholders			
b	against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1		-
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes." complete Form 4720. Schedule Q.			

Form **990** (2019)

Form 990 (2019)

Form §	90 (2019) AMERICARES FOUNDATION, INC. 06-100	8595		Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI	See II	istruc	X
0				A
Sect	on A. Governing Body and Management		Yes	No
	Enter the number of vetting members of the governing hedge the end of the tax year $1a$ 2.	>	Tes	NO
1a		<u>'</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.	,		
b		-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			x
	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		x
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	0		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		x
	one or more members of the governing body?	10		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		x
	stockholders, or persons other than the governing body?	10		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:	8a	x	
a L	The governing body?	8b	x	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	,)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in 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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in 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?	16a		X
b	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?	16b		
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 6			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (Sec	tion 5	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 inte	rest p	oolicy,
	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 recorr RICHARD K. TROWBRIDGE, JR. 88 HAMILTON AVENUE STAMFORD, CT 06902-3105 203-658-9500	ds 🕨		
JSA			990	(2019)
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Part VII	Compensation of	f Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	anc
	Independent Cont	ractors								

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

(**a**)

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

					C)					
(A)	(B)	(-1			ition			(D)	(E)	(F)
Name and title	Average					e than c is both		Reportable	Reportable	Estimated amount
	hours per week			•		or/trust		compensation from the	compensation from related	of other compensation
	(list any		_				,	organization	organizations	from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	mplo	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related organizations	dual ecto	utior	эr	mpl	ist o	er			related organizations
	below	r trus	ial tr		byee	mp				
	dotted line)	stee	uste			ens				
			ĕ			Highest compensated employee				
(1) MICHAEL J. NYENHUIS	40.00									
PRESIDENT/CEO (THRU 03/2020)	1.00	X		Х				438,323.	0.	61,433.
(2) CHRISTINE SQUIRES	40.00									
PRESIDENT/CEO (AS OF 03/2020)	0.	Х		Х				314,627.	0.	55,195.
(3) RICHARD K. TROWBRIDGE, JR.	40.00									
CFO, TREASURER, SVP, GIK OPS	1.00			Х				265,442.	0.	56,665.
(4)JED SELKOWITZ	40.00									
CMO & SVP, COMMUNICATIONS	0.			Х				265,075.	0.	16,784.
(5) E. ANNE PETERSON, MD, MPH	40.00									
SVP GLOBAL PROG (THRU 06/2020)	1.00			Х				250,143.	0.	30,413.
(6)KEVIN GILRAIN	40.00									
SENIOR V.P., HUMAN RESOURCES	0.			Х				220,581.	0.	42,206.
(7) JENNY GOLDSTEIN (AS OF 03/2020	40.00								_	
SVP & CHIEF DEVELOPMENT OFFIC.	0.			Х				165,514.	0.	51,674.
(8) DIANA MAGUIRE	40.00							155 050	0	E1 10E
V.P., INSTITUTIONAL RELATIONS	0.						Х	155,950.	0.	51,125.
(9) RACHEL GRANGER	40.00							100 014	0	20 416
V.P. INT'L PARTNRSHPS&PROGRAMS	0.					X		177,714.	0.	22,416.
(10) GEOFF KNEISEL	40.00						v	124 600	0	10 000
V.P., CORPORATE RELATIONS	40.00						X	134,688.	0.	48,869.
(11) SUSAN WILLETT SR. DIRECTOR, CONTROLLER	40.00					x		168,503.	0.	13,703.
(12) MEGIN WOLFMAN	40.00							100,505.	0.	13,703.
$\frac{(12)^{\text{MOLTMAX}}}{\text{SVP & COS (AS OF 04/2020)}}$	10.00			х				136,805.	0.	43,141.
(13) JULIE VARUGHESE	40.00							100,000.	0.	
VP TECH UNIT AND CMO	0.					x		161,836.	0.	16,812.
(14) VISH JAIN	40.00				-			,0001		
VP INFORMATION TECHNOLOGY	0.					x		167,962.	0.	10,668.
					I			-	1	· · · · ·

Form 990 (2019)

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JSA

(A) Name and title A WOOLFORD LEADERSHIP GIFTS A KENNARD OBAL PROG OPS BETH P. ALLEN OR	(B) Average hours per week (list any hours for related organizations below dotted line) 40.00 0. 40.00 0.	offict offiction or director	not ch unles er and	s per d a di	tion more son	e than c is both or/trust employee employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
LEADERSHIP GIFTS KENNARD OBAL PROG OPS SETH P. ALLEN	organizations below dotted line) 40.00 0. 40.00 0.	-	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	•	(W-2/1099-MISC)	organization and related
LEADERSHIP GIFTS KENNARD OBAL PROG OPS SETH P. ALLEN	0. 40.00 0.	-								
KENNARD OBAL PROG OPS SETH P. ALLEN	40.00									
OBAL PROG OPS SETH P. ALLEN	0.					Х		158,286.	0.	10,5
ETH P. ALLEN										
							Х	145,785.	0.	9,3
'OR	1.00									
	0.	X						0.	0.	
AL BARRETTO-KO	1.00									
OR (AS OF 01/2020)	0.	X						0.	0.	
B. BAUER	1.00									
OR (THRU 06/2020)	1.00	X						0.	0.	
M. BAYLIS	1.00									
'OR	0.	X						0.	0.	
Y T. BECKER	1.00									
'OR	0.	X						0.	0.	
INE CLOSE, MD	1.00									
'OR	0.	X						0.	0.	
'A CONROY	1.00									
'OR	0.	x						0.	0.	
BETH F. FRANK	1.00									
'OR	0.	x						0.	0.	
N GALLUCCI	1.00									
'OR	0.	x						0.	0.	
								3,327,234.	0.	540,97
	Section A	• • •	• • •			• • •		0.	0.	
								3,327,234.	0.	540,97
	OR       (THRU 06/2020)         M. BAYLIS         OR         Y T. BECKER         OR         INE CLOSE, MD         OR         YA CONROY         OR         SETH F. FRANK         OR         IN GALLUCCI         OR         Herrison         OR         Ines 1b and 1c)         OB	OR (THRU 06/2020)       1.00         'M. BAYLIS       1.00         'OR       0.         'Y T. BECKER       1.00         'OR       0.         'Y T. BECKER       1.00         'OR       0.         'INE CLOSE, MD       1.00         'OR       0.         'A CONROY       1.00         'OR       0.         'OR       0.	OR         (THRU 06/2020)         1.00         X           'M. BAYLIS         1.00             'OR         0.         X           'Y T. BECKER         1.00            'OR         0.         X           'Y T. BECKER         1.00            'OR         0.         X           'INE CLOSE, MD         1.00            'OR         0.         X           'A CONROY         1.00            'OR         0.         X           'SETH F. FRANK         1.00            'OR         0.         X           'N GALLUCCI         1.00            'OR         0.         X           'N GALLUCCI         1.00            'OR         0.         X           'N entimetable including but not limited to those	OR (THRU 06/2020)       1.00       x         Y M. BAYLIS       1.00         OR       0. X         Y T. BECKER       1.00         OR       0. X         Y T. BECKER       1.00         OR       0. X         POR       0. X	OR (THRU 06/2020)       1.00       X         Y M. BAYLIS       1.00       X         OR       0. X       X         Y T. BECKER       1.00       X         OR       0. X       X         Y T. BECKER       1.00       X         OR       0. X       X         POR       0. X       X         PA CONROY       1.00       X         POR       0. X       X         POR       0. X<	OR (THRU 06/2020)       1.00       x         M. BAYLIS       1.00       x         OR       0. x       x         Y T. BECKER       1.00       x         OR       0. x       x         Y T. BECKER       1.00       x         OR       0. x       x         POR       0. x	OR (THRU 06/2020)       1.00       x         M. BAYLIS       1.00       x         OR       0. X       x         Y T. BECKER       1.00       x         OR       0. X       x         Y T. BECKER       1.00       x         OR       0. X       x         POR       0. X	OR (THRU 06/2020)       1.00       X         Y M. BAYLIS       1.00       X         OR       0. X       X         Y T. BECKER       1.00       X         OR       0. X       X         Y T. BECKER       1.00       X         OR       0. X       X         POR       X	OR (THRU 06/2020)       1.00       X       0.         Y M. BAYLIS       1.00       X       0.         OR       0. X       0.       0.         Y T. BECKER       1.00       X       0.         Y T. BECKER       0. X       0.       0.         Y T. BECKER       1.00       X       0.         Y T. BECKER       0. X       0.       0.         Y T. BECKER       1.00       X       0.         Y T. BECKER       1.00       X       0.         Y T. BECKER       0. X       0.       0.         Y T. BECKER       1.00       X       0.         Y T. BECKER       0. X       0.       0.         Y A CONROY       1.00       X       0.         YOR       0. X       0.       0.         Y M GALLUCCI       1.00       X       0.         Y M GALLUCCI       0. X       0.       3.327.234.         M d lines 1b and 1c)       0.       3.327.234.       0.	OR (THRU 06/2020)       1.00       x       0.       0.       0.         'M. BAYLIS       1.00       x       0.       0.       0.         'OR       0.       x       0.       0.       0.         'Y T. BECKER       1.00       x       0.       0.       0.         'OR       0.       x       0.       0.       0.         'INE CLOSE, MD       1.00       x       0.       0.       0.         'OR       0.       x       0.       0.       0.       0.         'A CONROY       1.00       x       0.       0.       0.       0.         'OR       0.       x       0.       0.       0.       0.       0.         'OR       0.       x       0.       0.       0.       0.       0.       0.         'OR       0.       x       0.       0.       0.       0.       0.       0.         'N GALLUCCI       1.00       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 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	<b>(C)</b> Compensation
ATTACHMENT 7		
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 10	e listed above) who received	

(A)	(B)			(C	;)		(D)	(E)	(F)
Name and title	Average hours per week (list any	`	not ch	Posit eck r	tion more	than one s both a	Reportable compensation	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	office of Individual trustee or director				or/trustee Highest compensated employee		organizations (W-2/1099-MISC)	compensation from the organization and related organizations
5) TONY GOLDWYN DIRECTOR	1.00 0.	x					0	. 0.	
7) SUSAN GROSSMAN DIRECTOR	1.00	x					0	. 0.	
3) BRYAN C. HANSON DIRECTOR (THRU 06/2020)	1.00	x					0	. 0.	
9) SAMHITA JAYANTI VICE CHAIRMAN	1.00	x		x			0	. 0.	
DIRECTOR	1.00	X					0	0.	
DIRECTOR	1.00	X		$\uparrow$			0	0.	
2) JERRY P. LEAMON CHAIRMAN	1.00	X		x			0	0.	
3) MEHDI MAHMUD DIRECTOR	1.00	X					0	0.	
<pre>JINSTON 4) JOSEPH J. RUCCI, JR., ESQ. DIR. &amp; SECRETARY(THRU 06/2020)</pre>	1.00	X		x			0	0.	
5) ALAN RWAMBUYA DIRECTOR	1.00	x					0	. 0.	
5) STEPHEN SADOVE DIRECTOR	1.00	X					0	0.	
b Sub-total		•••	•••	•••			0.	0.	
<ul> <li>c Total from continuation sheets to Part VII, So</li> <li>d Total (add lines 1b and 1c)</li> <li>c Total number of individuals (including but not reportable compensation from the organization)</li> </ul>	limited to t		listec	d ab	ove	) who	received more than	\$100,000 of	
Did the organization list any former offic employee on line 1a? If "Yes," complete Schede									Yes N 3 X
For any individual listed on line 1a, is the solution and related organizations grain individual.	eater than	\$15	50,00	)0?	lf	"Yes,"	complete Schedu	le J for such	<b>4</b> X
Did any person listed on line 1a receive or for services rendered to the organization? If "Ye Detien P. Independent Content of the organization?									5 2
Section B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report c year.									
(A) Name and business add	ress						(B) Description of se	ervices (	<b>(C)</b> Compensation

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

Page	8
Faue	υ

Part VII Section A. Officers, Directors, Tru		ey ⊑n	рю			and r	ligi			yees (co	ontinue		
(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe	erson	e than c is both	an	<b>(D)</b> Reportable compensation from	(E) Reporta compensati relate	on from ed	am (	(F) timated ount of other	
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	or/true Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099		fro orga and	pensatic om the anizatior I related nization	ר 
7) SARAH SAINT-AMAND DIRECTOR	1.00	x						0		0.			C
8) MICHAEL ULLMANN DIRECTOR	1.00 0.	x						0		0.			C
		-											
		_											
		_											
		-											
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A				• •			0.		0.			0
2 Total number of individuals (including but not reportable compensation from the organizatio	limited to t		liste				o re	ceived more than	\$100,000	of			
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	Yes X	No
4 For any individual listed on line 1a, is the organization and related organizations grand individual.	eater than	\$15	50,0	00?	p If	"Yes	s," (	complete Schedu	ile J for	such	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on f	from	n any	un	related organization	on or indiv	idual	5		Х
Section B. Independent Contractors													
<ol> <li>Complete this table for your five highest com compensation from the organization. Report of year.</li> </ol>													
(A) Name and business add	dress							<b>(B)</b> Description of se	ervices	Co	(C) ompens	ation	
							F						
													_

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

(

(

	VII	Statement of F				FOUNDATION,	21101		06-1008	595 Page
					respo	nse or note to any	y line in this Part V	/111		
							(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclude from tax under sections 512-51
Its	1a	Federated campaigns			1a	91,610.				
- Ing	b	Membership dues			1b					
and Other Similar Amounts	с	Fundraising events .			1c	2,184,711.				
ar	d	Related organizations			1d					
ii	е	Government grants (c	ontribu	itions)	1e	4,668,930.				
S	f	All other contributions,	gifts,	grants,						
Jer		and similar amounts not	include	d above .	1f	1,431,500,403.				
đ	g	Noncash contributions	s inclu	ded in						
P		lines 1a-1f			1g	\$1,368,252,483.				
a	h	Total. Add lines 1a-1f		<u></u>		. <u></u>	1,438,445,654.			
						Business Code				
Revenue	2a	PATIENT SERVICE REV	ENUE			621400	935,004.	935,004.		
e	b									
ent	с									
é	d									
<u>, ar</u>	е									
	f	All other program serv	vice rev	enue						
	g	Total. Add lines 2a-2f			•	935,004.				
	3	Investment income (including dividends, interest, and				interest, and				
		other similar amounts)			►	1,251,213.			1,251,213	
	4	Income from investment of tax-exempt bond			I proceeds  🕨	0.				
	5	Royalties	<u></u>				0.			
				(i) Re	eal	(ii) Personal				
	6a	Gross rents	6a	18	4,338.					
	b	Less: rental expenses	6b	19	4,695.					
	с	Rental income or (loss)	6c	-1	0,357.					
	d	Net rental income or (I	oss) .	<u></u>		. <u></u>	-10,357.			-10,35
	7a	Gross amount from		(i) Secu	rities	(ii) Other				
		sales of assets								
		sales of assets other than inventory		18,72	1,422.	179,085.				
ъ	b		7a	18,72	1,422.	179,085.				
ъ	b	other than inventory	7a		1,422. 0,079.					
ъ	b c	other than inventory Less: cost or other basis and sales expenses	7a 7b	18,22	·	190,000.				
ъ		other than inventory Less: cost or other basis	7a 7b 7c	18,22	0,079. 1,343.	190,000. -10,915.	490,428.			490,423
ъ	c d	other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	7a 7b 7c	18,22 50	0,079.	190,000. -10,915.	490,428.			490,42
	c	other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from	7a 7b 7c m f	18,22	0,079. 1,343.	190,000. -10,915.	490,428.			490,42
ъ	c d	other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income fro events (not including s	7a 7b 7c 0m f	18,22 50 undraising 2,184,711	0,079. 1,343.	190,000. -10,915.	490,428.			490,42
ъ	c d	other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income fro events (not including so of contributions rep	7a 7b 7c  7c	18,22 50 undraising 2,184,711 on line	0,079. 1,343.	190,000. -10,915.	490,428.			490,428
ъ	c d 8a	other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income fro events (not including s of contributions re 1c). See Part IV, line 1	7a 7b 7c 7c 0m f 52 00rted 8	18,22 50 undraising 2,184,711 on line	0,079. 1,343.	190,000. -10,915.	490,428.			490,42
ъ	c d 8a b	other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income fro events (not including s of contributions re 1c). See Part IV, line 1 Less: direct expenses	<b>7a</b> <b>7b</b> <b>7c</b> om f <b>b</b> 2 ported 8	18,22 50 undraising 2,184,711 on line	0,079. 1,343. 8 8a 8b	190,000. -10,915. ► 134,560. 770,256.	490,428.			
ъ	c d 8a	other than inventory Less: cost or other basis and sales expenses . Gain or (loss) Net gain or (loss) Gross income fro events (not including s of contributions rep 1c). See Part IV, line 1 Less: direct expenses Net income or (loss) f	<b>7a</b> <b>7b</b> <b>7c</b> om f <b>b</b> 2 ported 8	18,22 50 undraising 2,184,711 on line	0,079. 1,343. 8a 8b events	190,000. -10,915. ► 134,560. 770,256.				490,428 -635,694

10a b c						
	Net gain or (loss)		490,428.		490,428.	
Othe	8a	Gross income from fundraising events (not including \$2,184,711.				
		of contributions reported on line				
		1c). See Part IV, line 18 8a	134,560.			
	b	Less: direct expenses	770,256.			
	c	Net income or (loss) from fundraising events.	<u></u>	-635,696.		-635,696.
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.			
	c	Less: direct expenses	0.	0.		
10	10a	Gross sales of inventory, less returns and allowances 10a	996,403.			
		Less: cost of goods sold	932,201.	<i>ct</i> 000		
	C	Net income or (loss) from sales of inventory		64,203.		64,203.
ns			Business Code			
le Ö	11a	EL SALVADOR CAFETERIA INCOME	900099	196,473.		196,473.
laneous enue	b	MISCELLANEOUS INCOME	900099	13,435.		13,435.
e v ell	c					
lisc R	d	All other revenue				
b c 10a b c snoen 11a	Total. Add lines 11a-11d		209,908.			
	12	Total revenue. See instructions		1,440,750,357.	935,004.	1,369,699.

0178001-00004

#### Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 242,341,914 242,341,914. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 530,609,961. 530,609,961. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 251,824,426. 251,824,426. 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, 1,860,001. 622,937. 787,414 449,650. trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and 327,114 156,570 170,544. persons described in section 4958(c)(3)(B) 11,533,974. 17,370,399. 2,477,735 3,358,690. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 738,972. 475,408. 117,411 146,153. section 401(k) and 403(b) employer contributions) 2,930,782. 422,375 610,787. 3,963,944 9 Other employee benefits 1,208,884. 665,679. 241,747. 301,458. Payroll taxes 10 11 Fees for services (nonemployees): 2,814,259. 2,292,854. 330,751 190,654. a Management 220,381. 119,542. 85,740 15,099. b Legal 281,361. 78,844. 202,517 c Accounting 0 d Lobbying 2,495,149. 2,495,149. e Professional fundraising services. See Part IV, line 17. 101,015 101,015 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 1,566,964. 865,399. 305,829 395,736. (A) amount, list line 11g expenses on Schedule O.) 247,265 7,787 1,842,196. 2,097,248. 12 Advertising and promotion 470,073. 441,903. 23,531. 4,639 13 Office expenses 677,422. 1,500,587. 264,660. 558,505. 14 Information technology 0 15 Royalties 2,510,838. 2,009,403. 180,408 321,027. Occupancy 16 1,870,710. 1,621,737. 55,898 193,075. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 74,848 68,846. 1,925 4,077. 19 Conferences, conventions, and meetings 1,126 969. 157. 20 0 21 Payments to affiliates 543,530. 434,249. 59,463 49,818. 22 Depreciation, depletion, and amortization 442,190. 317,867. 34,181. 90,142. 23 Insurance 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.) aCOST OF EXPIRED GOODS 170,300,968. 170,300,968. **b**POSTAGE AND FREIGHT 8,574,460. 7,543,839. 5,082 1,025,539. 347,416. c MISCELLANEOUS 1,885,715. 1,039,587. 498,712. d e All other expenses 1,247,997,037. 1,228,808,771. 6,328,807 12,859,459. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and

fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720)

0

if

n 990 (: <b>art X</b>				Page *
	Check if Schedule O contains a response or note to any line in this P	art X		
		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	30,085.	1	37,95
2	Savings and temporary cash investments.	17,108,061.	2	23,828,094
3	Pledges and grants receivable, net	5,532,942.	3	3,519,11
4	Accounts receivable, net.	806,587.	4	558,48
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	0.	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)	0.	6	
7	Notes and loans receivable, net	0.	7	
7 8 9	Inventories for sale or use	165,303,544.	8	347,318,60
9	Prepaid expenses and deferred charges	4,598,534.	9	6,154,59
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D <b>10a</b> 8, 393, 266.			
b	Less: accumulated depreciation <b>10b</b> 5,889,330.	2,135,853.	10c	2,503,93
11	Investments - publicly traded securities	26,998,121.	11	34,585,07
12	Investments - other securities. See Part IV, line 11	0.	12	
13	Investments - program-related. See Part IV, line 11	0.	13	
14	Intangible assets	0.	14	
15	Other assets. See Part IV, line 11	3,684,638.	15	3,318,31
16	Total assets. Add lines 1 through 15 (must equal line 33)	226,198,365.	16	421,824,15
17	Accounts payable and accrued expenses	6,030,223.	17	6,044,27
18	Grants payable	1,000,759.	18	430,91
19	Deferred revenue.	202,445.	19	3,696,06
20	Tax-exempt bond liabilities.	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	22	
23	Secured mortgages and notes payable to unrelated third parties	0.	23	
24	Unsecured notes and loans payable to unrelated third parties	0.	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	2,917,402.	25	4,249,37
26	Total liabilities. Add lines 17 through 25	10,150,829.	26	14,420,62
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	64,990,415.	27	47,095,71
28	Net assets with donor restrictions.	151,057,121.	28	360,307,82
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ► 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	
1	Retained earnings, endowment, accumulated income, or other funds		31	
31				
31 32	Total net assets or fund balances	216,047,536.	32	407,403,53

Form **990** (2019)

Form 99	90 (2019)				Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			50,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2			97,0	
3	Revenue less expenses. Subtract line 2 from line 1	3			53,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			47,5	
5	Net unrealized gains (losses) on investments	5		-1,0	37,6	597.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O).	9		-3	59,6	524.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	4	07,4	03,5	35.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:	-				
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiah	t of			
-	the audit, review, or compilation of its financial statements and selection of an independent accounta	•		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.		•			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
Ju	Single Audit Act and OMB Circular A-133?			3a	Х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lerao	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•		3b	Х	

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

# Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

		evenue Service		Go to www.irs.gov	//Form990 for instruction	ons and t	he latest i	nformation.	Inspection
Nam	e of t	he organization						Employer identifi	cation number
AME	RI	CARES FOUNI	DATION, I	NC.				06-10085	95
Pa	't I	Reason for	r Public Cha	rity Status (All c	organizations must o	complet	e this pa	art.) See instructions	
The	orga	anization is not	a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1					tion of churches desc				
2					. (Attach Schedule E	-			
3		-	-		rganization described				
4			-	-	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
_		hospital's nam	-						
5		section 170(b	)(1)(A)(iv). (C	Complete Part II.)	-				ental unit described in
6			-	-	rnmental unit describe		-		
7	Х	-		=		pport fr	om a go	vernmental unit or fro	om the general public
_				(1)(A)(vi). (Compl					
8					<b>b)(1)(A)(vi).</b> (Complete				
9		-		-	ed in section 170(b)(1		-	-	
			or a non-land-	grant college of ag	priculture (see instruct	ions). E	nter the i	name, city, and state o	f the college or
		university:					(		
10		receipts from support from acquired by th	activities rela gross investm ne organizatio	ted to its exempt f nent income and u n after June 30, 19	ore than 331/3 % of its functions - subject to nrelated business tax 975. See <b>section 509</b>	certain e able inco ( <b>a)(2).</b> (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3% of its
11		•	•		usively to test for publi	•			
12		-	-		-	-			carry out the purposes
									ee section 509(a)(3).
	_			-				-	nes 12e, 12f, and 12g.
а					, supervised, or contr				
			-		regularly appoint or e		ajority of	the directors or truste	es of the
			-		e Part IV, Sections A				
b					ed or controlled in co				
			-		rganization vested in	the sam	e person	is that control or man	age the supported
		_ ~	( )	•	, Sections A and C.				
С	L				ng organization opera				ly integrated with,
			-		s). You must comple				
d			-		porting organization of				
			-		nization generally mus				an allentiveness
		-	-		omplete Part IV, Sect				
е			-		a written determinatio				і, туре ш
f	Fn	•	•	•••	ionally integrated sup		•	юп.	
g				-	orted organization(s).				•••••
		ame of supported of		(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(.,		sigan_ation	(,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
					above (see instructions))	docu Yes	ment? No	instructions)	instructions)
						103			
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	ıl								

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

Schedule A (Form 990 or 990-EZ) 2019

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

Sec	tion A. Public Support					1	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	(b) 2016	(c) 2017	<b>(d)</b> 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	914,486,587.	2,379,130,027.	1,042,283,235.	973,977,098.	1,438,445,654.	6,748,322,601.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	914,486,587.	2,379,130,027.	1,042,283,235.	973,977,098.	1,438,445,654.	6,748,322,601.
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)						3,229,167,156.
$\frac{6}{2}$	Public support. Subtract line 5 from line 4						3,519,155,445.
	tion B. Total Support	(-) 2015	(1) 2010	(-) 2017	(-1) 2019	(2) 2010	
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	914,488,587. 960,491.	837,326.	1,042,283,235.	973,977,098.	1,438,445,654.	6,748,322,601. 5,889,998.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>	1,141,371.	1,199,482.	1,468,057.	1,477,410.	1,340,871.	6,627,191.
11	Total support. Add lines 7 through 10						6,760,839,790.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	4,507,628.
13	First five years. If the Form 990 is for organization, check this box and stop here	or the organizat	tion's first, secor	nd, third, fourth,	or fifth tax ye	ar as a section	
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2019 (lin	ne 6, column (f	) divided by line	11, column (f)).		14	52.05%
15	Public support percentage from 2018	Schedule A, Pa	art II, line 14			15	50.52%
	<b>331/3% support test - 2019.</b> If the orgoin box and <b>stop here.</b> The organization que	Jalifies as a pub	olicly supported	organization			▶ X
b	331/3% support test - 2018. If the org this box and stop here. The organization						
17a	<b>10%-facts-and-circumstances test - 2</b> 10% or more, and if the organization	meets the "fa	cts-and-circums	tances" test, ch	eck this box a	nd stop here. E	Explain in
h	Part VI how the organization meets t organization						▶
2	15 is 10% or more, and if the orga Explain in Part VI how the organization	nization meets	s the "facts-and	d-circumstances	" test, check t	his box and <b>st</b>	op here.
18	supported organization						▶
	instructions						

Schedule A (Form 990 or 990-EZ) 2019

Page 3

# Schedule A (Form 990 or 990-EZ) 2019

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b							
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С							
8	•• 、						
		(-) 2015	(1) 2010	(-) 2017	(4) 2019	(-) 2010	
		(a) 2015	0102 (d)	(C) 2017	( <b>a)</b> 2018	(e) 2019	(f) Totai
9 10 a	E E E E E E E E E E E E E E E E E E E						
IVa	payments received on securities loans,						
	rents, royalties, and income from similar						
	-						
b	· ·						
	,						
	· · ·						
	-						
11							
12	0						
	-						
13							
13							
14	, L	or the organiza	tion's first soco	nd third fourth	or fifth tax w	l ar as a section	501(c)(3)
14	-	•					
Sec							
15	· · · · · · · · · · · · · · · · · · ·	•	•	ımn (f))		15	%
16			•				
Sec							
17	-			13. column (f))		17	%
18	sold or services performed a tabilities investment purpose						
		-					
b		-	-				
~							
20	-		•	•			
JSA							
9E122	7714IN 700J		V 19-7.9F	0			

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

JSA

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Has the organization accepted a gift or contribution from any of the following persons?

	The are organization accepted a given contribution normally of the relieving percent.			i i
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in</i> <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			

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

# Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions,
а	The organization satisfied the Activities Test. Complete <b>line 2</b> below

- The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c ____ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- Yes No 2 Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more b of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer (a) and (b) below. 3 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b

b

Schedule A (Form 990 or 990-EZ) 2019

Part IV

11

Supporting Organizations (continued)

Yes No

1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organi			
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		
<b>6</b> 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	0	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets			
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2019

Part Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish experience			
2	Amounts paid to perform activity that directly furthers exer		ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Page 8

# Schedule A (Form 990 or 990-EZ) 2019

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

SCHEDULE A, PART II -	OTHER INCOM	Ē			ATTACHMENT 1	
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
SPECIAL EVENTS	125,700.	141,760.	152,000.	128,160.	134,560.	682,180.
SALES OF INVENTORY	923,890.	973,607.	1,105,452.	1,135,435.	996,403.	5,134,787.
MISCELLANEOUS	91,781.	84,115.	210,605.	213,815.	209,908.	810,224.
TOTALS	1,141,371.	1,199,482.	1,468,057.	1,477,410.	1,340,871.	6,627,191.

# Schedule B

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

# Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

Name of the organization AMERICARES FOUNDATION, INC.

06-1008595

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

# General Rule

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

# **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA 9E1251 1.000

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		\$219,309,152.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$180,902,634.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$96,642,690.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4		\$223,390,584.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$31,564,673.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$45,265,873.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)		

Page 2

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$128,562,426.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$96,713,433.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$\$2,222,984.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Name of organization AMERICARES FOUNDATION, INC.

Employer identification number 06-1008595

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	MEDICINE, MEDICAL SUPPLIES AND RELATED		
1	HEALTHCARE GOODS		
		\$\$\$\$	VAR
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	MEDICINE, MEDICAL SUPPLIES AND RELATED		
2	HEALTHCARE GOODS		
		\$\$	VAR
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	MEDICINE, MEDICAL SUPPLIES AND RELATED		
3	HEALTHCARE GOODS		
		\$96,642,690.	VAR
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	MEDICINE, MEDICAL SUPPLIES AND RELATED		
4	HEALTHCARE GOODS		
		\$223,390,584.	VAR
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	MEDICINE, MEDICAL SUPPLIES AND RELATED		
5	HEALTHCARE GOODS		
		\$31,564,673.	VAR
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	MEDICINE, MEDICAL SUPPLIES AND RELATED		
6	HEALTHCARE GOODS		
_			
		45,265,873.	VAR

Name of organization AMERICARES FOUNDATION, INC.

Employer identification number 06-1008595

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS		
		\$128,562,426.	VAR
) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS		
		\$96,713,433.	VAR
a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS		
		\$42,222,984.	VAR
) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	·		
		\$	

	(Form 990, 990-EZ, or 990-PF) (2019)			Page 4	
Name of o	organization AMERICARES FOUNDATION,	INC.		Employer identification number	
Part III		the year from any ions completing Par e year. (Enter this in	one contributor. t III, enter the tota formation once.	Complete columns (a) through (e) and al of <i>exclusively</i> religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held	
	Transferee's name, address, ar	(e) Transf nd ZIP + 4		ionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Transf	er of aift		
	Transferee's name, address, ar			ionship of transferor to transferee	
(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, a			ionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Transf	er of aift		
	Transferee's name, address, ar			ionship of transferor to transferee	
JSA	-			Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	

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SCHEE	DULE D
(Form	990)

Department of the Treasury

# 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.

**Open to Public** Inspection

2

OMB No. 1545-0047

19

	nal Revenue Service	► Go to www.irs.gov/	<i>Form990</i> for instructions and the latest inform		Inspection
	e of the organization			Employer identification	ation number
AME	RICARES FOUND			06-10085	95
Pa			sed Funds or Other Similar Funds of	r Accounts.	
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds and	l other accounts
1	Total number at e	nd of year			
2	Aggregate value c	of contributions to (during year)			
3	Aggregate value c	of grants from (during year)			
4		at end of year			
5	-		advisors in writing that the assets held		
	-		organization's exclusive legal control?		Yes No
6	-	-	nd donor advisors in writing that grant f		
	-		it of the donor or donor advisor, or for a		
					Yes No
Pa		tion Easements.	"Vac" on Form 000 Dort IV line 7		
1			"Yes" on Form 990, Part IV, line 7. organization (check all that apply).		
•		n of land for public use (for example		of a historically im	portant land area
		of natural habitat		of a certified histo	•
		n of open space		of a certified filste	
2			eld a qualified conservation contribution ir	the form of a cor	servation
-	-	last day of the tax year.			End of the Tax Year
а				2a	
b			· · · · · · · · · · · · · · · · · · ·	2b	
c			historic structure included in (a)	2c	
d			) acquired after 7/25/06, and not on a		
				2d	
3		-	nsferred, released, extinguished, or term	inated by the org	anization during the
	tax year 🕨			, ,	0
4	Number of states	where property subject to conse	rvation easement is located ►		
5	Does the organiz	ation have a written policy reg	arding the periodic monitoring, inspect	tion, handling of	
	violations, and enf	orcement of the conservation eas	sements it holds?		Yes No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations, and enforcing	conservation easen	nents during the year
	▶				
7	Amount of expens	ses incurred in monitoring, inspect	ing, handling of violations, and enforcing c	conservation easen	nents during the year
	▶\$				
8			2(d) above satisfy the requirements of sect		
_					└── Yes └── No
9		•	conservation easements in its revenue an		
		counting for conservation easeme	f the footnote to the organization's financ	cial statements that	describes the
D۵			of Art, Historical Treasures, or Othe	r Similar Assots	
1 0			"Yes" on Form 990, Part IV, line 8.	a Shinar Assets	•
1a				in statement and	alance cheet works
Ia	of art, historical f	treasures, or other similar asset	SB ASC 958, not to report in its revenus held for public exhibition, education,	or research in fu	urtherance of public
	service, provide in	Part XIII the text of the footnote	to its financial statements that describes t	hese items.	
b			ASB ASC 958, to report in its revenue s		
		sures, or other similar assets hell ing amounts relating to these iter	d for public exhibition, education, or res ns:	search in furtheran	ce of public service,
	•	•		▶ \$	
2			t, historical treasures, or other similar	+	
-	-		ASB ASC 958 relating to these items:		
а	-			▶ \$	
b	Assets included in	n Form 990, Part X			
For I	Paperwork Reduction	n Act Notice, see the Instructions for	Form 990.	Sch	edule D (Form 990) 2019

Scheo	dule D (Form 990) 2019			-							Page <b>2</b>
Ра	rt III Organizations Maintaini	ng Collections of	Art, H	istorical Tr	easures	s, or Othe	er Similar	Assets (a	continu	əd)	
3	Using the organization's acquisition collection items (check all that app		other r	ecords, cheo	k any o	f the follo	wing that	make sigr	nificant	use c	of its
а	Public exhibition	<i>.</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	d		or excha	ange progr	am				
-			e	Othe		inge progr	am				
b	Scholarly research	entione	е								
C	Preservation for future gener						. ,.				<b>-</b> .
4	Provide a description of the organ XIII.	nization's collections	and e	explain how	they fur	ther the c	organizatior	n's exemp	t purpos	se in	Part
5	During the year, did the organization	n solicit or receive d	Ionatio	ns of art, his	torical tr	easures, o	r other sim	ilar			
	assets to be sold to raise funds rath	er than to be mainta	ained a	s part of the	organiza	ation's colle	ection?	[	Yes		No
Pa	rt IV Escrow and Custodial A			•							
	Complete if the organiza 990, Part X, line 21.		s" on	Form 990,	Part IV,	line 9, or	reported a	an amour	nt on Fo	orm	
1a	Is the organization an agent, truste	e custodian or othe	r inter	mediary for	contribut	ions or oth	er assets n	ot			
ia				-				_	Yes		No
	included on Form 990, Part X?							•••• [	les		
b	If "Yes," explain the arrangement in	h Part XIII and comp	plete th	ie following ta	DIE:			• •			
								Amount			
С	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an am	ount on Form 990, I	Part X,	line 21, for	escrow d	or custodia	al account li	ability?	Yes		No
b	If "Yes," explain the arrangement in										1
	rt V Endowment Funds.									-	
I U	Complete if the organiza	tion answered "Ye	es" on	Form 990	Part IV	line 10					
		(a) Current year		) Prior year		o years back	(d) Three	years back	(e) Fou	Voare	back
						566,608					
1a	Beginning of year balance	4,521,288.		,748,813.				20,481.	±,	/51,	764.
b	Contributions	1,125,000.	2	,851,375.	-	225,000	• 4	15,000.			
С	Net investment earnings, gains,										
	and losses	58,848.		85,278.		133,053	. 20	6,768.		-31,	283.
d	Grants or scholarships										
	Other expenditures for facilities										
Ũ	and programs			158,000.		170,000	. 10	00,000.		300,	.000
f	Administrative expenses	18,144.		6,178.		5,848		5,641.			
	-	5,686,992.	4	,521,288.	1,	748,813	. 1,56	6,608.	1,	420,	481.
g	End of year balance				-						
2	Provide the estimated percentage Board designated or quasi-endown	on the current year $68$ 3500		lance (line 10	, column	(a)) neid a	45.				
a k	<b>e</b> 1	5400 %	_ /0								
b	· · · · · · · · · · · · · · · · · · ·										
С	· · · · · · · · · · · · · · · · · · ·										
_	The percentages on lines 2a, 2b, a										
3a	Are there endowment funds not in	the possession of th	ne orga	anization that	are hele	d and adm	inistered to	r the	г		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)	Х	
	(ii) Related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as re	quired on Sc	nedule R	?			3b		
4	Describe in Part XIII the intended u	ises of the organiza	tion's e	endowment fu	ınds.						
Ра	rt VI Land, Buildings, and Equ Complete if the organization	lipment.				line 11a.	. See Forn	n 990, Pa	rt X, lin	e 10	
	Description of property	(a) Cost or	other ba	sis (b) Cost	or other ba	asis (c) A	ccumulated	1	) Book va		
		(invest	tment)	`	other)		preciation				000
1a	Land				175,00						00.
b	Buildings	••••			148,05		636,886				.66.
С	Leasehold improvements				613,60		948,317		6	65,2	286.
d	Equipment			4,	456,61	.1. 3,	304,127	•	1,1	52,4	184.
е	Other										
	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990. I	Part X, colun	nn (B). lin	ne 10c.)		•	2,5	03,9	936.
-	<b>U</b> ,	· · ·				/ • •					

Schedule D (Form 990) 2019

chedule D (Form 9	00) 2010			Page
	estments - Other Securities.			Fayı
		d "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part	X, line 12.
(a) De	escription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu	
Financial der	ivatives			
Closely held	equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nust equal Form 990, Part X, col. (B) line 12.) 🔒 🕨			
	estments - Program Related. mplete if the organization answered	d "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 valu	
)			-	
)				
)				
)				
)				
)				
5)				
)				
	nust equal Form 990, Part X, col. (B) line 13.)			
	ner Assets.	l "Vaa" an Earm 000	Part IV line 11d See Form 000 Part	V line 15
0	• •		, Part IV, line 11d. See Form 990, Part	
<u>,</u>	(a) De	escription	3)	o) Book value
)				
)				
)				
)				
)				
)				
)				
)				
	(b) must equal Form 990, Part X, col. (B)	line 15.)		
	er Liabilities.			
	molete if the organization answere	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990	0, Part X,
Co	$\approx 25.$			
Col line	25. (a) Descri	ption of liability	(1	<b>)</b> Book value
Colline	e 25. (a) Descri come taxes		(t	
Colline ) Federal inc ) SPLIT IN	e 25. (a) Descrip come taxes NTEREST AGREEMENTS		(t	4,179,87
Colline ) Federal inc ) SPLIT IN ) CAPITAL	e 25. (a) Descri come taxes		(t	4,179,87
Colline ) Federal inc ) SPLIT IN ) CAPITAL	e 25. (a) Descrip come taxes NTEREST AGREEMENTS		(t	4,179,8
Colline ) Federalinc ) SPLIT IN ) CAPITALI )	e 25. (a) Descrip come taxes NTEREST AGREEMENTS		(t	4,179,8
Colline ) Federalino ) SPLIT IN ) CAPITALI ) )	e 25. (a) Descrip come taxes NTEREST AGREEMENTS		(t	b) Book value 4,179,87 69,50
Colline ) Federalino ) SPLIT IN ) CAPITALI ) ) )	e 25. (a) Descrip come taxes NTEREST AGREEMENTS		(t	4,179,87
Colline ) Federalinc ) SPLIT IN ) CAPITALI ) )	e 25. (a) Descrip come taxes NTEREST AGREEMENTS		(t	4,179,87

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 Schedule D (Form 990) 2019

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Schedu	le D (Form 990) 2019				Page <b>4</b>
Part				n.	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	1441680436.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-1,037,697.		
b	Donated services and use of facilities	2b	531,264.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		-359,624.		
е	Add lines 2a through 2d			2e	-866,057.
3	Subtract line 2e from line 1			3	1442546493.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	101,015.		
b	Other (Describe in Part XIII.)		-1,897,151.	1	
c	Add lines 4a and 4b			4c	-1,796,136.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )			5	1440750357.
Part	XII Reconciliation of Expenses per Audited Financial Statements V	Vith E	xpenses per Retu	irn.	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line	e 12a.		
1	Total expenses and losses per audited financial statements			1	1250324437.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	531,264.		
b	Prior year adjustments	2b			
c	Other losses.	2c			
d	Other (Describe in Part XIII.)	2d	1,897,151.	1	
e	Add lines 2a through 2d			2e	2,428,415.
3	Subtract line 2e from line 1			3	1247896022.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ÍÍÍ			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	101,015.		
b	Other (Describe in Part XIII.)	4b		1	
c Add lines 4a and 4b				4c	101,015.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1247997037.
Part	XIII Supplemental Information.				

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

#### ENDOWMENT FUNDS

#### FORM 990, SCHEDULE D, PART V, LINE 4

Part XIII Supplemental Information (continued)

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. DURING TAX YEAR ENDING 2015, THE FOUNDATION APPROPRIATED \$400,000 (OF WHICH \$300,000 AND \$100,000 WERE WITHDRAWN IN 2015 AND 2016, RESPECTIVELY, FROM ITS ENDOWMENT FOR EXPENDITURES TO SUPPORT THE RECONFIGURATION OF ITS DISTRIBUTION CENTER IN STAMFORD, CT.

DURING THE TAX YEARS ENDING 2017 AND 2018, \$170,000 AND \$158,000, RESPECTIVELY, WAS WITHDRAWN FROM ITS ENDOWMENT TO SUPPORT THE IMPLEMENTATION OF A NEW ENTERPRISE RESOURCE PLANNING ("ERP") SYSTEM.

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. IN TAX YEARS ENDING 2019 AND 2018, RESPECTIVELY, MANAGEMENT DESIGNATED \$1.1 MILLION AND \$2.7 MILLION OF GIFTS WITHOUT DONOR RESTRICTIONS FOR LONG-TERM INVESTMENT IN THE QUASI-ENDOWMENT (I.E. WITHOUT DONOR RESTRICTIONS). MANAGEMENT HAS ACCESS TO SUCH FUNDS AND MAY USE THEM

# Part XIII Supplemental Information (continued)

WITHOUT A RESOLUTION FROM THE BOARD OF DIRECTORS.

INCOME TAXES

FORM 990, SCHEDULE D, PART X

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

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

Schedule [	D (Form 990) 2019	
	, ,	

# Part XIII Supplemental Information (continued)

# RECONCILIATION

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

REVENUE ON BOOKS NOT ON RETURN	
FORM 990, SCHEDULE D, PART XI, LINE 2D	
CHANGES IN SPLIT-INTEREST AGREEMENTS	(\$359,624)
TOTAL REVENUE ADJUSTMENTS FOR LINE 2D	(\$359,624)
FORM 990, SCHEDULE D, PART XI, LINE 4B	
RENTAL EXPENSES RECLASSED TO OFFSET	
RENTAL INCOME	(\$194,695)
DIRECT FUNDRAISING EXPENSE	(\$770,256)
COST OF GOODS SOLD	(\$932,201)
TOTAL REVENUE ADJUSTMENTS FOR LINE 4B	(\$1,897,152)
EXPENSES ON BOOKS NOT ON RETURN	
RENTAL EXPENSE RECLASSED TO OFFSET	
RENTAL INCOME	\$194,695

RENIAL INCOME	ŞI94,695
DIRECT FUNDRAISING EXPENSE	\$770,256
COST OF GOODS SOLD	\$932,201

Schedule D (Form 990) 2019

_____

TOTAL

_ _ _ _ _

\$1,897,152

SCHEDULE F	Statement of Activities Outside the United St	ates	OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 14</li> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>	5, or 16.	20 <b>19</b> Open to Public Inspection
Name of the organization		Employer ide	ntification number
AMERICARES FOUND	DATION, INC.	06-100	08595
	formation on Activities Outside the United States. Complete if the Part IV, line 14b.	organizati	on answered "Yes" on
•	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to	

- 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.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 2

<b>(a)</b> Region	<b>(b)</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
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	6,526,386
(2) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	1,103,496
(3) EUROPE	0.	0.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	116,653
(4) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	483,648
(5) RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	98,843
(6) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	3,930,787.
(7) NORTH AMERICA	0.	0.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	5,649.
(8) SOUTH ASIA	0.	0.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	187,215
(9) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	1,189,163.
10) CENTRAL AMERICA/CARIBBEAN	4.	143.	GRANTMAKING		115,057,353.
11) EAST ASIA AND THE PACIFIC	1.	10.	GRANTMAKING		6,609,427.
12) EUROPE	0.	1.	GRANTMAKING		843,820.
13) MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		36,741,139.
14) NORTH AMERICA	0.	0.	GRANTMAKING		1,940,661.
15) RUSSIA/INDEPENDENT STATES	0.	0.	GRANTMAKING		39,344,936
16) SOUTH AMERICA	2.	115.	GRANTMAKING		6,333,064.
17) SOUTH ASIA	1.	7.	GRANTMAKING		11,268,721
3a         Subtotal           b         Total         from         continuation	8.	276.			231,780,961.
sheets to Part I c Totals (add lines 3a and 3b)	3.	11. 287.			33,685,305.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 9E1274 1.000 7714IN 700J

SCHEDULE F	Statement of Activities Outside the United St	ates 🛓	OMB No. 1545-0047		
▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest Name of the organization		Open to			
Name of the organization		Employer ider	ntification number		
AMERICARES FOUND	DATION, INC.	06-100	)8595		
	990)       ► Complete if the organization answered "Yes" on Form 990, Part IV, lin         t of the Treasury renue Service       ► Go to www.irs.gov/Form990 for instructions and the latest infor         e organization       ► Go to www.irs.gov/Form990 for instructions and the latest infor         PARES FOUNDATION, INC.       Eneral Information on Activities Outside the United States. Complete Form 990, Part IV, line 14b.         grantmakers. Does the organization maintain records to substantiate the amounter assistance, the grantees' eligibility for the grants or assistance, and the selection	organizatio	on answered "Yes" on		
other assistance,	the grantees' eligibility for the grants or assistance, and the selection crite	eria used to			

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

(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
(1) SUB-SAHARAN AFRICA	3.	11.	GRANTMAKING		33,685,305.
_(2)					
_(3)					
_(4)					
_(5)					
_(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<ul> <li>3a Subtotal</li> <li>b Total from continuation sheets to Part I</li> </ul>					
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see	e the Instruction	s for Form 990.		Schedule	e F (Form 990) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 9E1274 1.000 7714IN 700J

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			eived more than \$5,000.						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	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
(1)			CENT. AMERICA/CARIBBEAN	PARTNER SUPP	9,203.	WIRE			
(2)			CENT. AMERICA/CARIBBEAN	PARTNER SUPP	9,326.	WIRE			
(3)			EAST ASIA/PACIFIC	EARTHQUAKE R	11,208.	WIRE			
(4)			CENT. AMERICA/CARIBBEAN	PARTNER SUPP	15,000.	WIRE			
(5)			CENT. AMERICA/CARIBBEAN	PARTNER SUPP	15,000.	WIRE			
(6)			CENT. AMERICA/CARIBBEAN	PARTNER SUPP	15,000.	WIRE			
(7)			SOUTH ASIA	CYCLONE RELI	15,000.	WIRE			
(8)			CENT. AMERICA/CARIBBEAN	PARTNER SUPP	16,652.	WIRE			
(9)			CENT. AMERICA/CARIBBEAN	PARTNER SUPP	18,000.	WIRE			
(10)			CENT. AMERICA/CARIBBEAN	PARTNER SUPP	24,500.	WIRE			
(11)			CENT. AMERICA/CARIBBEAN	PARTNER SUPP	24,500.	WIRE			
(12)			CENT. AMERICA/CARIBBEAN	PARTNER SUPP	24,500.	WIRE			
(13)			SOUTH ASIA	FLOODING REL	25,000.	WIRE			
(14)			SOUTH ASIA	PARTNER SUPP	37,365.	WIRE			
(15)			CENT. AMERICA/CARIBBEAN	PARTNER SUPP	42,000.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	REFUGEE CRIS	59,750.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2019

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Part II	Grants and Other Assist Part IV, line 15, for any re							ered "Yes" on	Form 990,
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	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	REFUGEE CRIS	60,000.	WIRE			
(2)			SOUTH ASIA	FLOODING REL	70,000.	WIRE			
(3)			EAST ASIA/PACIFIC	BREAST CANCE	75,000.	WIRE			
(4)			SOUTH ASIA	FLOODING REL	102,686.	WIRE			
(5)			EAST ASIA/PACIFIC	PEDIATRIC NU	135,000.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	REFUGEE CRIS	202,600.	WIRE			
(7)			SOUTH ASIA	COVID RESPON	207,500.	WIRE			
(8)			SOUTH ASIA	COVID RESPON	210,000.	WIRE			
(9)			SOUTH ASIA	COVID RESPON	400,000.	WIRE			
(10)			SOUTH ASIA	PARTNER SUPP	23,773.	WIRE			
(11)			SOUTH ASIA	PARTNER SUPP	126,933.	WIRE			
(12)			SOUTH ASIA	PARTNER SUPP	42,772.	WIRE			
(13)			SOUTH ASIA	PARTNER SUPP	34,700.	WIRE			
(14)			SOUTH ASIA	PARTNER SUPP	33,698.	WIRE			
(15)			SOUTH ASIA	PARTNER SUPP	29,456.	WIRE			
(16)			SOUTH ASIA	PARTNER SUPP	38,000.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

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	Part IV, line 15, for a								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> 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)
(1)			SOUTH ASIA	INFECTION PR	43,610.	WIRE			
(2)			SOUTH ASIA	PARTNER SUPP	21,000.	WIRE			
(3)			SOUTH ASIA	PARTNER SUPP	30,000.	WIRE			
(4)			SOUTH ASIA	PARTNER SUPP	62,108.	WIRE			
(5)			SOUTH ASIA	PARTNER SUPP	59,695.	WIRE			
(6)			SOUTH ASIA	PARTNER SUPP	7,131.	WIRE			
(7)			SOUTH ASIA	PARTNER SUPP	7,011.	WIRE			
(8)			SOUTH ASIA	PARTNER SUPP	11,798.	WIRE			
(9)			SOUTH ASIA	PARTNER SUPP	49,801.	WIRE			
(10)			SOUTH ASIA	PARTNER SUPP	16,075.	WIRE			
(11)			SOUTH ASIA	PARTNER SUPP	41,552.	WIRE			
(12)			SOUTH ASIA	PARTNER SUPP	52,588.	WIRE			
(13)			SOUTH ASIA	PARTNER SUPP	12,123.	WIRE			
(14)			SOUTH ASIA	PARTNER SUPP	13,320.	WIRE			
<u>(15)</u>			SOUTH ASIA	PARTNER SUPP	20,820.	WIRE			
(16)			SOUTH ASIA	PARTNER SUPP	49,539.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990 Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Purpose of (f) Manner of 1 (a) Name of (b) IRS code (c) Region (e) Amount of (g) Amount of (h) Description (i) Method of organization section and EIN cash grant cash noncash of noncash valuation grant disbursement (if applicable) (book, FMV, assistance assistance appraisal, other) (1) SOUTH ASIA PARTNER SUPP 14,619. WIRE (2) SOUTH ASIA PARTNER SUPP 30,000. WIRE (3) CENTRAL AMERICA AND THE EMERGENCY 20,873. MED. SUPPL. FMV (4) EMERGENCY 275,185. MED. SUPPL. CENTRAL AMERICA AND THE FMV (5) 2,096,754. MED. SUPPL. CENTRAL AMERICA AND THE EMERGENCY FMV (6) CENTRAL AMERICA AND THE EMERGENCY 174,921. MED. SUPPL. FMV (7) CENTRAL AMERICA AND THE EMERGENCY 6,428. MED. SUPPL. FMV (8) CENTRAL AMERICA AND THE EMERGENCY 53,603. MED. SUPPL. FMV (9) CENTRAL AMERICA AND THE ON-GOING 6,696,613. MED. SUPPL. FMV (10)CENTRAL AMERICA AND THE ON-GOING 5,229,348. MED. SUPPL. FMV (11)144,737. MED. SUPPL. CENTRAL AMERICA AND THE EMERGENCY FMV

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2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

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by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2019

FMV

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FMV

1,126,285.

1,119,150.

829,095.

51,522,237. MED. SUPPL.

819,257. MED. SUPPL.

MED. SUPPL.

MED. SUPPL.

MED. SUPPL.

(12)

(13)

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Page **2** 

Part II			ations or Entities Outsid						
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> 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)
(1)			CENTRAL AMERICA AND THE	ON-GOING			10,684,745.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			1,784,498.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			4,895,251.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			1,688,059.	MED. SUPPL.	FMV
(5)			EAST ASIA AND THE PACIFI	EMERGENCY			88,190.	MED. SUPPL.	FMV
(6)			EAST ASIA AND THE PACIFI	EMERGENCY			139,049.	MED. SUPPL.	FMV
(7)			EAST ASIA AND THE PACIFI	EMERGENCY			55,665.	MED. SUPPL.	FMV
(8)			EAST ASIA AND THE PACIFI	EMERGENCY			8,519.	MED. SUPPL.	FMV
(9)			EAST ASIA AND THE PACIFI	ON-GOING			1,987,361.	MED. SUPPL.	FMV
(10)			EAST ASIA AND THE PACIFI	ON-GOING			182,952.	MED. SUPPL.	FMV
(11)			EUROPE	EMERGENCY			59,323.	MED. SUPPL.	FMV
(12)			EUROPE	EMERGENCY			145,259.	MED. SUPPL.	FMV
(13)			EUROPE	EMERGENCY			159,534.	MED. SUPPL.	FMV
(14)			EUROPE	ON-GOING			149,134.	MED. SUPPL.	FMV
(15)			MIDDLE EAST AND NORTH AF	EMERGENCY			25,051.	MED. SUPPL.	FMV
(16)			MIDDLE EAST AND NORTH AF	EMERGENCY			74,114.	MED. SUPPL.	FMV

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3 Enter total number of other organizations or entities

Schedule F (Form 990) 2019

Page 2

Part II	Grants and Other Assis Part IV, line 15, for any							ed "Yes" on	Form 990,
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	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST AND NORTH AF	EMERGENCY			146,795.	MED. SUPPL.	FMV
(2)			MIDDLE EAST AND NORTH AF	EMERGENCY			88,519.	MED. SUPPL.	FMV
(3)			MIDDLE EAST AND NORTH AF	EMERGENCY			153,759.	MED. SUPPL.	FMV
(4)			MIDDLE EAST AND NORTH AF	ON-GOING			305,592.	MED. SUPPL.	FMV
(5)			MIDDLE EAST AND NORTH AF	ON-GOING			22,222,313.	MED. SUPPL.	FMV
(6)			MIDDLE EAST AND NORTH AF	ON-GOING			13,206,226.	MED. SUPPL.	FMV
(7)			RUSSIA AND THE NEWLY IND	ON-GOING			5,977,187.	MED. SUPPL.	FMV
(8)			RUSSIA AND THE NEWLY IND	ON-GOING			3,309,793.	MED. SUPPL.	FMV
(9)			RUSSIA AND THE NEWLY IND	ON-GOING			4,162,633.	MED. SUPPL.	FMV
(10)			RUSSIA AND THE NEWLY IND	ON-GOING			25,891,324.	MED. SUPPL.	FMV
(11)			SOUTH AMERICA	EMERGENCY			97,608.	MED. SUPPL.	FMV
(12)			SOUTH AMERICA	EMERGENCY			6,323.	MED. SUPPL.	FMV
(13)			SOUTH AMERICA	ON-GOING			782,815.	MED. SUPPL.	FMV
(14)			SOUTH AMERICA	ON-GOING			2,881,811.	MED. SUPPL.	FMV
(15)			SOUTH ASIA	ON-GOING			8,664,818.	MED. SUPPL.	FMV
(16)			SUB-SAHARAN AFRICA	EMERGENCY			169,448.	MED. SUPPL.	FMV

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Schedule F (Form 990) 2019

Page 2

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> 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)
(1)			SUB-SAHARAN AFRICA	EMERGENCY			120,613.	MED. SUPPL.	FMV
(2)			SUB-SAHARAN AFRICA	EMERGENCY			181,156.	MED. SUPPL.	FMV
(3)			SUB-SAHARAN AFRICA	EMERGENCY			26,923.	MED. SUPPL.	FMV
(4)			SUB-SAHARAN AFRICA	EMERGENCY			121,971.	MED. SUPPL.	FMV
(5)			SUB-SAHARAN AFRICA	ON-GOING			4,625,468.	MED. SUPPL.	FMV
(6)			SUB-SAHARAN AFRICA	ON-GOING			161,603.	MED. SUPPL.	FMV
(7)			SUB-SAHARAN AFRICA	ON-GOING			3,516,941.	MED. SUPPL.	FMV
(8)			SUB-SAHARAN AFRICA	ON-GOING			407,530.	MED. SUPPL.	FMV
(9)			SUB-SAHARAN AFRICA	ON-GOING			7,916,180.	MED. SUPPL.	FMV
(10)			SUB-SAHARAN AFRICA	ON-GOING			536,845.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	ON-GOING			18,280.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	EMERGENCY			20,517.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			38,047.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			12,859.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			57,215.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			65,757.	MED. SUPPL.	FMV

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Schedule F (Form 990) 2019

Page **2** 

Part II	Grants and Other Ass Part IV, line 15, for any							ed "Yes" on	Form 990
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)
(1)			CENTRAL AMERICA AND THE	ON-GOING			6,499.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			7,276.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			7,680.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			8,830.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	ON-GOING			11,244.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	ON-GOING			24,442.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	ON-GOING			24,520.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	ON-GOING			28,182.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	ON-GOING			28,504.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	ON-GOING			42,754.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	ON-GOING			51,831.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			57,654.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			63,612.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			65,197.	MED. SUPPL.	FMV
<u>(</u> 15)			CENTRAL AMERICA AND THE	ON-GOING			71,803.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			72,902.	MED. SUPPL.	FMV

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Schedule F (Form 990) 2019

Page **2** 

Part II	Grants and Other Ass Part IV, line 15, for any							ed "Yes" on	Form 990,
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)
(1)			CENTRAL AMERICA AND THE	ON-GOING			77,193.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			83,409.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			85,526.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			108,198.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	ON-GOING			137,990.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	ON-GOING			160,979.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	ON-GOING			166,864.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	ON-GOING			197,883.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	ON-GOING			293,874.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	ON-GOING			310,176.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	ON-GOING			353,995.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			400,596.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			1,161,381.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			7,561.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			5,426.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			6,262.	MED. SUPPL.	FMV

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Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

Page 2

Part II			tions or Entities Outsi ved more than \$5,000. F					ed "Yes" on	Form 990,
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)
(1)			CENTRAL AMERICA AND THE	ON-GOING			6,298.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			7,181.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			7,254.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			8,919.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	ON-GOING			9,248.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	ON-GOING			9,997.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	ON-GOING			11,010.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	ON-GOING			12,994.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	ON-GOING			14,173.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	ON-GOING			15,765.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	ON-GOING			17,036.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			18,294.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			19,168.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			22,971.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			23,557.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			25,353.	MED. SUPPL.	FMV

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Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

Page 2

1	(a) Name of	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
	organization	section and EIN (if applicable)	(*)	grant	cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other
(1)			CENTRAL AMERICA AND THE	ON-GOING			27,535.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			29,310.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			32,455.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			40,030.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	ON-GOING			46,580.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	ON-GOING			49,303.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	ON-GOING			49,525.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	ON-GOING			62,840.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	ON-GOING			86,828.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	ON-GOING			100,451.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	ON-GOING			103,185.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			106,137.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			112,055.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			120,550.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			124,158.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			139,119.	MED. SUPPL.	FMV

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Schedule F (Form 990) 2019

Page **2** 

Part II			ations or Entities Outsi ived more than \$5,000. I					red "Yes" on	Form 990
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
(1)			CENTRAL AMERICA AND THE	ON-GOING			154,697.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			160,025.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			170,146.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			172,292.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	ON-GOING			198,409.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	ON-GOING			221,203.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	ON-GOING			242,582.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	ON-GOING			248,638.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	ON-GOING			429,909.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	ON-GOING			723,608.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	ON-GOING			5,377.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			6,268.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			7,910.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			11,188.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			14,948.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			16,764.	MED. SUPPL.	FMV

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Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

Page 2

Part II			tions or Entities Outsi ved more than \$5,000. I					red "Yes" on	Form 990,
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)
(1)			CENTRAL AMERICA AND THE	ON-GOING			18,860.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			21,677.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			31,333.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			33,340.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	ON-GOING			40,690.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	ON-GOING			44,618.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	ON-GOING			52,918.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	ON-GOING			59,062.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	ON-GOING			64,740.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	ON-GOING			79,252.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	ON-GOING			87,346.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			105,522.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			106,251.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			107,882.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			149,312.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			167,601.	MED. SUPPL.	FMV

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Schedule F (Form 990) 2019

Page **2** 

Part II	art 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	Part IV, line 15, for any re (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	Cart II can be ( (d) Purpose of grant	duplicated if addition (e) Amount of cash grant	Onal Space IS (f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
(1)			CENTRAL AMERICA AND THE	ON-GOING			198,753.	MED. SUPPL.	FMV	
(2)			CENTRAL AMERICA AND THE	ON-GOING			260,628.	MED. SUPPL.	FMV	
(3)			CENTRAL AMERICA AND THE	ON-GOING			262,868.	MED. SUPPL.	FMV	
(4)			CENTRAL AMERICA AND THE	ON-GOING			341,844.	MED. SUPPL.	FMV	
(5)			CENTRAL AMERICA AND THE	ON-GOING			484,681.	MED. SUPPL.	FMV	
(6)			CENTRAL AMERICA AND THE	ON-GOING			712,714.	MED. SUPPL.	FMV	
(7)			CENTRAL AMERICA AND THE	ON-GOING			1,023,634.	MED. SUPPL.	FMV	
(8)			CENTRAL AMERICA AND THE	ON-GOING			1,070,702.	MED. SUPPL.	FMV	
(9)			CENTRAL AMERICA AND THE	ON-GOING			1,175,174.	MED. SUPPL.	FMV	
(10)			CENTRAL AMERICA AND THE	ON-GOING			1,547,530.	MED. SUPPL.	FMV	
<u>(11)</u>			CENTRAL AMERICA AND THE	ON-GOING			1,818,083.	MED. SUPPL.	FMV	
(12)			CENTRAL AMERICA AND THE	ON-GOING			2,325,680.	MED. SUPPL.	FMV	
(13)			CENTRAL AMERICA AND THE	ON-GOING			5,335.	MED. SUPPL.	FMV	
(14)			CENTRAL AMERICA AND THE	ON-GOING			6,057.	MED. SUPPL.	FMV	
<u>(15)</u> (16)			CENTRAL AMERICA AND THE	ON-GOING ON-GOING			6,312.	MED. SUPPL.	FMV	
				1	I					

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

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3 Enter total number of other organizations or entities

Schedule F (Form 990) 2019

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Part II	Grants and Other Ass Part IV, line 15, for any							ed "Yes" on	Form 990,
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)
(1)			CENTRAL AMERICA AND THE	ON-GOING			6,774.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			7,663.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			9,143.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			9,419.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	ON-GOING			9,427.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	ON-GOING			9,571.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	ON-GOING			10,260.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	ON-GOING			10,509.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	ON-GOING			10,546.	MED. SUPPL.	FMV
<u>(10)</u>			CENTRAL AMERICA AND THE	ON-GOING			11,455.	MED. SUPPL.	FMV
<u>(11)</u>			CENTRAL AMERICA AND THE	ON-GOING			13,142.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			13,890.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			15,293.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			16,044.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			18,875.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			20,745.	MED. SUPPL.	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

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3 Enter total number of other organizations or entities

Schedule F (Form 990) 2019

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Page 2

Part II			ations or Entities Outsi ived more than \$5,000. I					ed "Yes" on	Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> 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)
(1)			CENTRAL AMERICA AND THE	ON-GOING			29,103.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			31,787.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			32,668.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			33,399.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	ON-GOING			34,144.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	ON-GOING			34,631.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	ON-GOING			42,491.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	ON-GOING			47,199.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	ON-GOING			52,222.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	ON-GOING			54,160.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	ON-GOING			55,248.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			67,810.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			73,107.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			76,351.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			84,855.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			87,040.	MED. SUPPL.	FMV

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Schedule F (Form 990) 2019

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Part II	Grants and Other Assis Part IV, line 15, for any i								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> 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
(1)			CENTRAL AMERICA AND THE	ON-GOING			87,714.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			91,507.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			115,724.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			124,453.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	ON-GOING			204,549.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	ON-GOING			304,290.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	ON-GOING			310,410.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	ON-GOING			342,739.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	ON-GOING			369,808.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	ON-GOING			612,464.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	ON-GOING			9,797.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			16,806.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			44,273.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			106,361.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			162,104.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			227,974.	MED. SUPPL.	FMV

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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)			
(1)			CENTRAL AMERICA AND THE	ON-GOING			28,190.	MED. SUPPL.	FMV			
(2)			CENTRAL AMERICA AND THE	ON-GOING			101,726.	MED. SUPPL.	FMV			
(3)			CENTRAL AMERICA AND THE	ON-GOING			5,688.	MED. SUPPL.	FMV			
(4)			CENTRAL AMERICA AND THE	ON-GOING			7,471.	MED. SUPPL.	FMV			
(5)			EAST ASIA AND THE PACIFI	ON-GOING			10,382.	MED. SUPPL.	FMV			
(6)			EAST ASIA AND THE PACIFI	ON-GOING			11,951.	MED. SUPPL.	FMV			
(7)			EAST ASIA AND THE PACIFI	ON-GOING			19,001.	MED. SUPPL.	FMV			
(8)			EAST ASIA AND THE PACIFI	ON-GOING			64,655.	MED. SUPPL.	FMV			
(9)			EAST ASIA AND THE PACIFI	ON-GOING			242,102.	MED. SUPPL.	FMV			
(10)			EAST ASIA AND THE PACIFI	ON-GOING			16,811.	MED. SUPPL.	FMV			
(11)			EAST ASIA AND THE PACIFI	ON-GOING			125,744.	MED. SUPPL.	FMV			
(12)			EAST ASIA AND THE PACIFI	ON-GOING			9,600.	MED. SUPPL.	FMV			
(13)			EAST ASIA AND THE PACIFI	ON-GOING			14,162.	MED. SUPPL.	FMV			
(14)			EAST ASIA AND THE PACIFI	ON-GOING			34,119.	MED. SUPPL.	FMV			
(15)			EAST ASIA AND THE PACIFI	ON-GOING			40,603.	MED. SUPPL.	FMV			
(16)			EAST ASIA AND THE PACIFI	ON-GOING			244,834.	MED. SUPPL.	FMV			

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Schedule F (Form 990) 2019

Page **2** 

Part II	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.								
	Part IV, line 15, for any re	ecipient who recei	ived more than \$5,000. F	Part II can be	duplicated if additi	onal space is	needed.	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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA AND THE PACIFI	ON-GOING			125,816.	MED. SUPPL.	FMV
(2)			EAST ASIA AND THE PACIFI	ON-GOING			1,067,711.	MED. SUPPL.	FMV
(3)			EAST ASIA AND THE PACIFI	ON-GOING			5,221.	MED. SUPPL.	FMV
(4)			EAST ASIA AND THE PACIFI	ON-GOING			5,428.	MED. SUPPL.	FMV
(5)			EAST ASIA AND THE PACIFI	ON-GOING			6,080.	MED. SUPPL.	FMV
(6)			EAST ASIA AND THE PACIFI	ON-GOING			9,342.	MED. SUPPL.	FMV
(7)			EAST ASIA AND THE PACIFI	ON-GOING			9,901.	MED. SUPPL.	FMV
(8)			EAST ASIA AND THE PACIFI	ON-GOING			10,192.	MED. SUPPL.	FMV
(9)			EAST ASIA AND THE PACIFI	ON-GOING			12,003.	MED. SUPPL.	FMV
(10)			EAST ASIA AND THE PACIFI	ON-GOING			17,941.	MED. SUPPL.	FMV
(11)			EAST ASIA AND THE PACIFI	ON-GOING			20,056.	MED. SUPPL.	FMV
(12)			EAST ASIA AND THE PACIFI	ON-GOING			21,709.	MED. SUPPL.	FMV
(13)			EAST ASIA AND THE PACIFI	ON-GOING			30,656.	MED. SUPPL.	FMV
(14)			EAST ASIA AND THE PACIFI	ON-GOING			45,615.	MED. SUPPL.	FMV
(15)			EAST ASIA AND THE PACIFI	ON-GOING			68,141.	MED. SUPPL.	FMV
(16)			EAST ASIA AND THE PACIFI	ON-GOING			69,165.	MED. SUPPL.	FMV

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Part II									
	Part IV, line 15, for any re	ecipient who recei	ved more than \$5,000. F	Part II can be	duplicated if addition	onal space is	needed.		
1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA AND THE PACIFI	ON-GOING			71,286.	MED. SUPPL.	FMV
(2)			EAST ASIA AND THE PACIFI	ON-GOING			85,225.	MED. SUPPL.	FMV
(3)			EAST ASIA AND THE PACIFI	ON-GOING			110,022.	MED. SUPPL.	FMV
(4)			EAST ASIA AND THE PACIFI	ON-GOING			136,773.	MED. SUPPL.	FMV
(5)			EAST ASIA AND THE PACIFI	ON-GOING			153,393.	MED. SUPPL.	FMV
(6)			EAST ASIA AND THE PACIFI	ON-GOING			184,893.	MED. SUPPL.	FMV
(7)			EAST ASIA AND THE PACIFI	ON-GOING			311,199.	MED. SUPPL.	FMV
(8)			EAST ASIA AND THE PACIFI	ON-GOING			333,739.	MED. SUPPL.	FMV
(9)			EAST ASIA AND THE PACIFI	ON-GOING			44,459.	MED. SUPPL.	FMV
(10)			EAST ASIA AND THE PACIFI	ON-GOING			31,161.	MED. SUPPL.	FMV
<u>(11)</u>			EUROPE	ON-GOING			327,322.	MED. SUPPL.	FMV
(12)			MIDDLE EAST AND NORTH AF	ON-GOING			21,778.	MED. SUPPL.	FMV
(13)			MIDDLE EAST AND NORTH AF	ON-GOING			33,765.	MED. SUPPL.	FMV
(14)			MIDDLE EAST AND NORTH AF	ON-GOING			76,651.	MED. SUPPL.	FMV
(15)			MIDDLE EAST AND NORTH AF	EMERGENCY			12,485.	MED. SUPPL.	FMV
(16)			MIDDLE EAST AND NORTH AF	EMERGENCY			26,802.	MED. SUPPL.	FMV

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3 Enter total number of other organizations or entities

Schedule F (Form 990) 2019

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990 Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Purpose of (f) Manner of 1 (a) Name of (b) IRS code (c) Region (e) Amount of (h) Description (i) Method of (g) Amount of section and EIN organization cash grant cash noncash of noncash valuation grant disbursement (if applicable) (book, FMV, assistance assistance appraisal, other) (1) ON-GOING 28,305. MED. SUPPL. MIDDLE EAST AND NORTH AF FMV (2) NORTH AMERICA ON-GOING 7,908. MED. SUPPL. FMV (3) NORTH AMERICA ON-GOING 102,075. MED. SUPPL. FMV (4) ON-GOING 105,409. MED. SUPPL. NORTH AMERICA FMV (5) 113,324. MED. SUPPL. NORTH AMERICA ON-GOING FMV (6) NORTH AMERICA ON-GOING 124,400. MED. SUPPL. FMV (7) 136,745. MED. SUPPL. NORTH AMERICA ON-GOING FMV (8) NORTH AMERICA ON-GOING 161,362. MED. SUPPL. FMV (9) NORTH AMERICA ON-GOING 167,546. MED. SUPPL. FMV (10)NORTH AMERICA ON-GOING 190,249. MED. SUPPL. FMV (11)242,070. NORTH AMERICA ON-GOING MED. SUPPL. FMV (12)267,491. MED. SUPPL. NORTH AMERICA ON-GOING FMV (13)NORTH AMERICA ON-GOING 310,758. MED. SUPPL. FMV (14)ON-GOING 16,753. MED. SUPPL. SOUTH AMERICA FMV 32,193. (15)SOUTH AMERICA ON-GOING MED. SUPPL. FMV

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SOUTH AMERICA

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FMV

36,071. MED. SUPPL.

(16)

ON-GOING

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990 Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Purpose of (f) Manner of 1 (a) Name of (b) IRS code (c) Region (e) Amount of (h) Description (i) Method of (g) Amount of organization section and EIN cash grant cash noncash of noncash valuation grant disbursement (if applicable) (book, FMV assistance assistance appraisal, other) (1) ON-GOING 44,776. MED. SUPPL. SOUTH AMERICA FMV (2) SOUTH AMERICA ON-GOING 13,403. MED. SUPPL. FMV (3) SOUTH AMERICA ON-GOING 69,128. MED. SUPPL. FMV (4) ON-GOING 149,628. MED. SUPPL. SOUTH AMERICA FMV (5) 6,180. SOUTH AMERICA ON-GOING MED. SUPPL. FMV (6) SOUTH AMERICA ON-GOING 160,364. MED. SUPPL. FMV (7) 16,975. MED. SUPPL. SOUTH AMERICA ON-GOING FMV (8) SOUTH AMERICA ON-GOING 52,705. MED. SUPPL. FMV (9) SOUTH AMERICA ON-GOING 53,294. MED. SUPPL. FMV (10)SOUTH AMERICA ON-GOING 53,986. MED. SUPPL. FMV (11)MED. SUPPL. SOUTH AMERICA ON-GOING 341,548. FMV (12)413,508. MED. SUPPL. SOUTH AMERICA ON-GOING FMV (13)SOUTH AMERICA ON-GOING 5,250. MED. SUPPL. FMV (14)ON-GOING 5,258. MED. SUPPL. SOUTH AMERICA FMV 5,712. (15)SOUTH AMERICA ON-GOING MED. SUPPL. FMV (16)ON-GOING 6,160. MED. SUPPL. SOUTH AMERICA FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

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Schedule F (Form 990) 2019

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Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990 Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Purpose of (f) Manner of 1 (a) Name of (b) IRS code (c) Region (e) Amount of (h) Description (i) Method of (g) Amount of section and EIN organization cash grant cash noncash of noncash valuation grant disbursement (if applicable) (book, FMV assistance assistance appraisal, other) (1) ON-GOING 12,300. MED. SUPPL. SOUTH AMERICA FMV 14,017. (2) SOUTH AMERICA ON-GOING MED. SUPPL. FMV 20,920. (3) SOUTH AMERICA ON-GOING MED. SUPPL. FMV (4) ON-GOING 25,169. MED. SUPPL. SOUTH AMERICA FMV (5) 55,341. MED. SUPPL. SOUTH AMERICA ON-GOING FMV (6) SOUTH AMERICA ON-GOING 67,085. MED. SUPPL. FMV (7) SOUTH AMERICA ON-GOING 83,501. MED. SUPPL. FMV (8) SOUTH AMERICA ON-GOING 164,687. MED. SUPPL. FMV (9) SOUTH AMERICA ON-GOING 241,577. MED. SUPPL. FMV (10)SOUTH ASIA ON-GOING 99,522. MED. SUPPL. FMV (11)139,798. MED. SUPPL. SOUTH ASIA ON-GOING FMV (12)SOUTH ASIA 151,016. MED. SUPPL. ON-GOING FMV (13)SOUTH ASIA ON-GOING 164,432. MED. SUPPL. FMV (14)SOUTH ASIA ON-GOING 5,029. MED. SUPPL. FMV (15)19,422. SOUTH ASIA ON-GOING MED. SUPPL. FMV (16)SOUTH ASIA ON-GOING 109,737. MED. SUPPL. FMV

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Schedule F (Form 990) 2019

Page **2** 

Part II	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	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
(1)			SUB-SAHARAN AFRICA	ON-GOING			33,665.	MED. SUPPL.	FMV	
(2)			SUB-SAHARAN AFRICA	ON-GOING			168,560.	MED. SUPPL.	FMV	
(3)			SUB-SAHARAN AFRICA	ON-GOING			340,601.	MED. SUPPL.	FMV	
(4)			SUB-SAHARAN AFRICA	ON-GOING			5,295.	MED. SUPPL.	FMV	
(5)			SUB-SAHARAN AFRICA	ON-GOING			21,979.	MED. SUPPL.	FMV	
(6)			SUB-SAHARAN AFRICA	ON-GOING			65,499.	MED. SUPPL.	FMV	
(7)			SUB-SAHARAN AFRICA	ON-GOING			71,334.	MED. SUPPL.	FMV	
(8)			SUB-SAHARAN AFRICA	ON-GOING			160,959.	MED. SUPPL.	FMV	
(9)			SUB-SAHARAN AFRICA	ON-GOING			339,054.	MED. SUPPL.	FMV	
(10)			SUB-SAHARAN AFRICA	ON-GOING			6,943.	MED. SUPPL.	FMV	
(11)			SUB-SAHARAN AFRICA	ON-GOING			9,177.	MED. SUPPL.	FMV	
(12)			SUB-SAHARAN AFRICA	ON-GOING			14,991.	MED. SUPPL.	FMV	
(13)			SUB-SAHARAN AFRICA	ON-GOING			30,704.	MED. SUPPL.	FMV	
(14)			SUB-SAHARAN AFRICA	ON-GOING			84,442.	MED. SUPPL.	FMV	
(15)			SUB-SAHARAN AFRICA	ON-GOING			94,365.	MED. SUPPL.	FMV	
(16)			SUB-SAHARAN AFRICA	ON-GOING			129,178.	MED. SUPPL.	FMV	

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Schedule F (Form 990) 2019

Page **2** 

Part II	Grants and Other Assist Part IV, line 15, for any re							ed "Yes" on	Form 990,
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)
(1)			SUB-SAHARAN AFRICA	ON-GOING			246,357.	MED. SUPPL.	FMV
(2)			SUB-SAHARAN AFRICA	ON-GOING			5,214.	MED. SUPPL.	FMV
(3)			SUB-SAHARAN AFRICA	ON-GOING			5,755.	MED. SUPPL.	FMV
(4)			SUB-SAHARAN AFRICA	ON-GOING			16,796.	MED. SUPPL.	FMV
(5)			SUB-SAHARAN AFRICA	ON-GOING			42,621.	MED. SUPPL.	FMV
(6)			SUB-SAHARAN AFRICA	ON-GOING			68,484.	MED. SUPPL.	FMV
(7)			SUB-SAHARAN AFRICA	ON-GOING			110,063.	MED. SUPPL.	FMV
(8)			SUB-SAHARAN AFRICA	ON-GOING			214,155.	MED. SUPPL.	FMV
(9)			SUB-SAHARAN AFRICA	ON-GOING			904,399.	MED. SUPPL.	FMV
(10)			SUB-SAHARAN AFRICA	ON-GOING			22,974.	MED. SUPPL.	FMV
(11)			SUB-SAHARAN AFRICA	ON-GOING			30,557.	MED. SUPPL.	FMV
(12)			SUB-SAHARAN AFRICA	ON-GOING			37,243.	MED. SUPPL.	FMV
(13)			SUB-SAHARAN AFRICA	ON-GOING			59,992.	MED. SUPPL.	FMV
(14)			SUB-SAHARAN AFRICA	ON-GOING			83,549.	MED. SUPPL.	FMV
(15)			SUB-SAHARAN AFRICA	ON-GOING			108,866.	MED. SUPPL.	FMV
(16)			SUB-SAHARAN AFRICA	ON-GOING			20,147.	MED. SUPPL.	FMV

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3 Enter total number of other organizations or entities

Schedule F (Form 990) 2019

Page **2** 

Part II	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	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
(1)			SUB-SAHARAN AFRICA	ON-GOING			87,932.	MED. SUPPL.	FMV		
(2)			SUB-SAHARAN AFRICA	ON-GOING			7,332.	MED. SUPPL.	FMV		
(3)			SUB-SAHARAN AFRICA	ON-GOING			9,638.	MED. SUPPL.	FMV		
(4)			SUB-SAHARAN AFRICA	ON-GOING			10,364.	MED. SUPPL.	FMV		
(5)			SUB-SAHARAN AFRICA	ON-GOING			10,515.	MED. SUPPL.	FMV		
(6)			SUB-SAHARAN AFRICA	ON-GOING			11,898.	MED. SUPPL.	FMV		
(7)			SUB-SAHARAN AFRICA	ON-GOING			12,572.	MED. SUPPL.	FMV		
(8)			SUB-SAHARAN AFRICA	ON-GOING			13,495.	MED. SUPPL.	FMV		
(9)			SUB-SAHARAN AFRICA	ON-GOING			15,622.	MED. SUPPL.	FMV		
(10)			SUB-SAHARAN AFRICA	ON-GOING			17,193.	MED. SUPPL.	FMV		
(11)			SUB-SAHARAN AFRICA	ON-GOING			20,972.	MED. SUPPL.	FMV		
(12)			SUB-SAHARAN AFRICA	ON-GOING			30,422.	MED. SUPPL.	FMV		
(13)			SUB-SAHARAN AFRICA	ON-GOING			36,461.	MED. SUPPL.	FMV		
(14)			SUB-SAHARAN AFRICA	ON-GOING			50,903.	MED. SUPPL.	FMV		
(15)			SUB-SAHARAN AFRICA	ON-GOING			53,576.	MED. SUPPL.	FMV		
(16)			SUB-SAHARAN AFRICA	ON-GOING			53,677.	MED. SUPPL.	FMV		

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Schedule F (Form 990) 2019

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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)		
(1)			SUB-SAHARAN AFRICA	ON-GOING			55,137.	MED. SUPPL.	FMV		
(2)			SUB-SAHARAN AFRICA	ON-GOING			56,250.	MED. SUPPL.	FMV		
(3)			SUB-SAHARAN AFRICA	ON-GOING			58,130.	MED. SUPPL.	FMV		
(4)			SUB-SAHARAN AFRICA	ON-GOING			58,572.	MED. SUPPL.	FMV		
(5)			SUB-SAHARAN AFRICA	ON-GOING			59,276.	MED. SUPPL.	FMV		
(6)			SUB-SAHARAN AFRICA	ON-GOING			65,992.	MED. SUPPL.	FMV		
(7)			SUB-SAHARAN AFRICA	ON-GOING			66,869.	MED. SUPPL.	FMV		
(8)			SUB-SAHARAN AFRICA	ON-GOING			78,736.	MED. SUPPL.	FMV		
(9)			SUB-SAHARAN AFRICA	ON-GOING			83,622.	MED. SUPPL.	FMV		
(10)			SUB-SAHARAN AFRICA	ON-GOING			91,058.	MED. SUPPL.	FMV		
(11)			SUB-SAHARAN AFRICA	ON-GOING			92,060.	MED. SUPPL.	FMV		
(12)			SUB-SAHARAN AFRICA	ON-GOING			96,636.	MED. SUPPL.	FMV		
<u>(13)</u>			SUB-SAHARAN AFRICA	ON-GOING			99,512.	MED. SUPPL.	FMV		
<u>(14)</u>			SUB-SAHARAN AFRICA	ON-GOING			101,390.	MED. SUPPL.	FMV		
(15)			SUB-SAHARAN AFRICA	ON-GOING			104,679.	MED. SUPPL.	FMV		
(16)			SUB-SAHARAN AFRICA	ON-GOING			115,537.	MED. SUPPL.	FMV		

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Schedule F (Form 990) 2019

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1	(a) Name of organization	<b>(b)</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)		
(1)			SUB-SAHARAN AFRICA	ON-GOING			121,687.	MED. SUPPL.	FMV		
(2)			SUB-SAHARAN AFRICA	ON-GOING			121,863.	MED. SUPPL.	FMV		
(3)			SUB-SAHARAN AFRICA	ON-GOING			140,170.	MED. SUPPL.	FMV		
(4)			SUB-SAHARAN AFRICA	ON-GOING			156,174.	MED. SUPPL.	FMV		
(5)			SUB-SAHARAN AFRICA	ON-GOING			184,643.	MED. SUPPL.	FMV		
(6)			SUB-SAHARAN AFRICA	ON-GOING			187,757.	MED. SUPPL.	FMV		
(7)			SUB-SAHARAN AFRICA	ON-GOING			191,175.	MED. SUPPL.	FMV		
(8)			SUB-SAHARAN AFRICA	ON-GOING			230,026.	MED. SUPPL.	FMV		
(9)			SUB-SAHARAN AFRICA	ON-GOING			231,299.	MED. SUPPL.	FMV		
(10)			SUB-SAHARAN AFRICA	ON-GOING			231,664.	MED. SUPPL.	FMV		
(11)			SUB-SAHARAN AFRICA	ON-GOING			239,398.	MED. SUPPL.	FMV		
(12)			SUB-SAHARAN AFRICA	ON-GOING			240,516.	MED. SUPPL.	FMV		
(13)			SUB-SAHARAN AFRICA	ON-GOING			266,611.	MED. SUPPL.	FMV		
(14)			SUB-SAHARAN AFRICA	ON-GOING			267,183.	MED. SUPPL.	FMV		
<u>(15)</u>			SUB-SAHARAN AFRICA	ON-GOING			269,641.	MED. SUPPL.	FMV		
(16)			SUB-SAHARAN AFRICA	ON-GOING			309,550.	MED. SUPPL.	FMV		

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Schedule F (Form 990) 2019

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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	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
(1)			SUB-SAHARAN AFRICA	ON-GOING			329,681.	MED. SUPPL.	FMV		
(2)			SUB-SAHARAN AFRICA	ON-GOING			386,668.	MED. SUPPL.	FMV		
(3)			SUB-SAHARAN AFRICA	ON-GOING			397,563.	MED. SUPPL.	FMV		
(4)			SUB-SAHARAN AFRICA	ON-GOING			398,747.	MED. SUPPL.	FMV		
(5)			SUB-SAHARAN AFRICA	ON-GOING			426,922.	MED. SUPPL.	FMV		
(6)			SUB-SAHARAN AFRICA	ON-GOING			768,381.	MED. SUPPL.	FMV		
(7)			SUB-SAHARAN AFRICA	ON-GOING			779,652.	MED. SUPPL.	FMV		
(8)			SUB-SAHARAN AFRICA	ON-GOING			1,184,606.	MED. SUPPL.	FMV		
(9)			SUB-SAHARAN AFRICA	ON-GOING			6,439.	MED. SUPPL.	FMV		
(10)			SUB-SAHARAN AFRICA	ON-GOING			19,610.	MED. SUPPL.	FMV		
(11)			SUB-SAHARAN AFRICA	ON-GOING			11,314.	MED. SUPPL.	FMV		
(12)			SUB-SAHARAN AFRICA	ON-GOING			13,519.	MED. SUPPL.	FMV		
(13)			SUB-SAHARAN AFRICA	ON-GOING			37,553.	MED. SUPPL.	FMV		
(14)			SUB-SAHARAN AFRICA	ON-GOING			250,894.	MED. SUPPL.	FMV		
(15)			SUB-SAHARAN AFRICA	ON-GOING			361,468.	MED. SUPPL.	FMV		
(16)			SUB-SAHARAN AFRICA	ON-GOING			34,554.	MED. SUPPL.	FMV		

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Schedule F (Form 990) 2019

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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)		
(1)			SUB-SAHARAN AFRICA	ON-GOING			34,826.	MED. SUPPL.	FMV		
(2)			SUB-SAHARAN AFRICA	ON-GOING			146,610.	MED. SUPPL.	FMV		
(3)			SUB-SAHARAN AFRICA	ON-GOING			290,662.	MED. SUPPL.	FMV		
(4)			SUB-SAHARAN AFRICA	ON-GOING			6,804.	MED. SUPPL.	FMV		
(5)			SUB-SAHARAN AFRICA	ON-GOING			8,142.	MED. SUPPL.	FMV		
(6)			SUB-SAHARAN AFRICA	ON-GOING			82,718.	MED. SUPPL.	FMV		
(7)			SUB-SAHARAN AFRICA	ON-GOING			13,918.	MED. SUPPL.	FMV		
(8)			SUB-SAHARAN AFRICA	ON-GOING			42,294.	MED. SUPPL.	FMV		
(9)			SUB-SAHARAN AFRICA	ON-GOING			140,469.	MED. SUPPL.	FMV		
(10)			SUB-SAHARAN AFRICA	ON-GOING			5,323.	MED. SUPPL.	FMV		
<u>(11)</u>			SUB-SAHARAN AFRICA	ON-GOING			5,405.	MED. SUPPL.	FMV		
(12)			SUB-SAHARAN AFRICA	ON-GOING			9,065.	MED. SUPPL.	FMV		
(13)			SUB-SAHARAN AFRICA	ON-GOING			12,555.	MED. SUPPL.	FMV		
(14)			SUB-SAHARAN AFRICA	ON-GOING			23,304.	MED. SUPPL.	FMV		
(15)			SUB-SAHARAN AFRICA	ON-GOING			23,541.	MED. SUPPL.	FMV		
(16)			SUB-SAHARAN AFRICA	ON-GOING			121,374.	MED. SUPPL.	FMV		

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Schedule F (Form 990) 2019

Page **2** 

1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> 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
(1)			SUB-SAHARAN AFRICA	ON-GOING			213,047.	MED. SUPPL.	FMV
(2)			SUB-SAHARAN AFRICA	ON-GOING			260,169.	MED. SUPPL.	FMV
(3)			SUB-SAHARAN AFRICA	ON-GOING			10,156.	MED. SUPPL.	FMV
(4)			SUB-SAHARAN AFRICA	ON-GOING			12,666.	MED. SUPPL.	FMV
(5)			SUB-SAHARAN AFRICA	ON-GOING			103,253.	MED. SUPPL.	FMV
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

485.

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2019

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## Schedule F (Form 990) 2019

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15)							
16)							
17)							
18)							

Schedule F (Form 990) 2019

AMERICARES FOUNDATION, INC.

Schedu	le F (Form 990) 2019		Page <b>4</b>
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X 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? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

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Schedule F (Form 990) 2019

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).

## FORM 990, SCHEDULE F, PART I, LINE 2

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

SCHEDULE G (Form 990 or 990-EZ) 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.						OMB No. 1545-0047			
Department of the Treasury Internal Revenue Service	► G	o to www.irs.gov/Form	990 for inst	uctions and	the latest information.		Inspection		
Name of the organization		Employer identificati	on number						
AMERICARES FOUN		06-1008595							
	g Activities. Comp				Yes" on Form 99	90, Part IV, line 1	7.		
	EZ filers are not re	1 1							
	the organization rais	0		0		,			
	tions email solicitations	e f			non-government g government grants				
<b>b</b> A Internet and <b>c</b> X Phone solic		g			ising events	5			
d X In-person so		y			Ising events				
2a Did the organiza		r oral agreement w	vith any inv	dividual (ir	cluding officers d	lirectors trustees			
or key employee <b>b</b> If "Yes," list the	is listed in Form 990 10 highest paid indir least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	X Yes No fundraiser is to be		
<b>(i)</b> Name and addi or entity (fu		<b>(ii)</b> Activity	custody o	i) Did fundraiser have sustody or control of contributions?		(v) Amount paid to (or retained by) fundraiser listed in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization		
			Yes	No					
1									
ATTACHMENT 1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
	which the organiza				14,722,568.		12,227,419.		
registration or lic AL, AK, AR, CA, CO, C KS, KY, LA, ME, MD, I	ensing. CT,DC,FL,GA,HI	,IL,IN,							
OK, OR, PA, RI, SC,				, 011,					
For Paperwork Reduction A	ct Notice, see the Instruc	ions for Form 990 or 9	90-EZ.			Schedule G (Fo	rm 990 or 990-EZ) 2019		

	edule G (Form 990 or 99	,				Page 2
Ра	more tha		te if the organization aising event contributi eater than \$5,000.			
			(a) Event #1 AIRLIFT BENEFIT	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Ð			(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipt	s	2,319,271.			2,319,271
Å	2 Less: Contrib	utions	2,184,711.			2,184,711
		ne (line 1 minus	134,560.			134,560
	5 Noncash prize	es				
sesue	6 Rent/facility	costs	140,187.			140,187
Direct Expenses	7 Food and bev	erages	138,299.			138,299
Direc	8 Entertainmen	t	258,325.			258,325
	9 Other direct e	expenses	233,445.			233,445
	10 Direct expen	se summary. Add lin	nes 4 through 9 in colu	mn (d)	►	770,256
	11 Net income s	summary. Subtract li	ine 10 from line 3, colu	ımn (d)	<u></u>	-635,696
Pa		Complete if the org on Form 990-EZ, lir	anization answered "` ne 6a.	Yes" on Form 990,	Part IV, line 19, or	r reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue	e				
enses	2 Cash prizes					
xpen	3 Noncash prize	es				
Direct Exp	4 Rent/facility	costs				
ō	5 Other direct e	expenses				
	6 Volunteer lab	or	Yes %	│	۶ Yes % No	6
	7 Direct expen	se summary. Add lin	nes 2 through 5 in colu	mn (d)		
	8 Net gaming i	ncome summary. Si	ubtract line 7 from line			
9			anization conducts ga			
a k			nduct gaming activities			Yes No
<b>0</b> a			g licenses revoked, sus			Yes No
k	If "Yes," explain:	:				

JSA 9E1282 1.000 7714IN 700J

V 19-7.9F 0178001-00004

Schedule G (Form 990 or 990-EZ) 2019

AMERICARES FOUNDATION, INC

		00 100		
	ule G (Form 990 or 990-EZ) 2019 Does the organization conduct gaming activities with nonmembers?		Vee	Page 3
11 12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enti		Yes	No
12	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13a		%
	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events bool			
	records:			
	Name ►			
	Address			
15 a	Does the organization have a contract with a third party from whom the organization receives			<b></b>
			Yes	No
a	If "Yes," enter the amount of gaming revenue received by the organization ► \$ amount of gaming revenue retained by the third party ► \$	and the		
c	If "Yes," enter name and address of the third party:			
U	in res, enter name and address of the third party.			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name			
	Coming manager componention <b>b</b> ⁶			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro-			
_	retain the state gaming license?	• • • • •	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt org or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$	anizations	6	
Part		(iii) and	(v) and	
T al	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition			
	(see instructions).			
SCH	EDULE G, PART I - FUNDRAISING CONSULTANTS			
THE	AMOUNTS PAID BY AMERICARES TO THE FUNDRAISING CONSULTANTS LISTED IN			
SCH	EDULE G ARE REPORTED (AS REQUIRED BY THE FORM 990) ON A FISCAL YEAR			
BAS	IS. THESE CONSULTANTS MAY BE REPRESENTED IN PART VII, SECTION B AS TOP			
нта	HLY PAID INDEPENDENT CONTRACTORS. THE AMOUNTS REPORTED IN PART VII ARE			
111.01	THE INDELENDENT CONTRACTORS. THE AMOUNTS REPORTED IN PART VIL ARE			
REP	ORTED ON A CALENDAR-YEAR BASIS, THEREFORE THEY MAY DIFFER FROM AMOUNTS			
REP	ORTED ON SCHEDULE G. PER ALL CONTRACTS, EXPENSES ARE BUDGETED AND			

Schedule G (Form 990 or 990-EZ) 2019

	AMERICARES FOUNDATION, INC.	06-1008	595	
Sched	lule G (Form 990 or 990-EZ) 2019			Page <b>3</b>
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 entit			
	formed to administer charitable gaming?	[	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	s and		
	Name ►			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives	gaming		
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$	and the		
	amount of gaming revenue retained by the third party ► \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
10				
	Name			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming pro	ceeds to		
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga			
	or spent in the organization's own exempt activities during the tax year 🕨 \$			
Par	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition	( )		
	(see instructions).			
APP	ROVED SEPARATELY FROM CONSULTING FEES.			
IN I	FISCAL YEAR 2020, IN ADDITION TO THE CONSULTING FEES LISTED IN			
SCH	EDULE G, PART I, AMERICARES PAID OTHER NON-CONSULTING FUNDRAISING			

EXPENSES TO THE HARRINGTON AGENCY, LLC. OF \$3,443.

Schedule G (Form 990 or 990-EZ) 2019

06-1008595

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	CUSTODY	DRAISER HAVE OR CONTROL RIBUTIONS? NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
THE HARRINGTON AGENCY 325 DICKINSON AVENUE SWARTHMORE PA 19081	FUNDRAISING COUNSEL		Х	14,671,012.	2,457,986.	12,213,026.
MDS COMMUNICATIONS CORP 545 W JUANITA AVENUE MESA AZ 85210	PROF'L SOLICITOR		Х	51,556.	37,163.	14,393.

SCHEDULE I Grants and Other Assistance to Organizations,									
(Form 990) Go	vernme	nts, and Ir	ndividuals ii	n the Unite	d States		2019		
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
► Attach to Form 990. Open to Pu									
Department of the Treasury         Internal Revenue Service         ► Go to www.irs.gov/Form990 for the latest information.									
Name of the organization Employer identification number									
AMERICARES FOUNDATION, INC. 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 grant			-	-			X Yes No		
2 Describe in Part IV the organization's proceed									
Part II Grants and Other Assistance to D					nlete if the organiz	zation answered	Ves" on Form 990		
Part IV, line 21, for any recipient th		-							
			,000. Fait il call i		•				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistant			
(1) 12TH STREET HEALTH AND WELLNESS CENTER									
4301 W. MARKHAM LITTLE ROCK, AR 72205	71-6046242	501(C)(3)		255,479.	FMV	MEDICAL SUPPLIES	ON-GOING		
(2) A COMMUNITY CLINIC, INC									
344 MARKET STREET SUNBURY, PA 17801	20-4051982	501(C)(3)		162,336.	FMV	MEDICAL SUPPLIES	ON-GOING		
(3) A PROMISE TO HELP									
1332 WINOLA LANE BIRMINGHAM, AL 35235	26-4401185	501(C)(3)		593,815.	FMV	MEDICAL SUPPLIES	ON-GOING		
(4) ABILENE-TAYLOR COUNTY PUBLIC HEALTH DIST.									
850 N. 6TH STREET ABILENE, TX 79601	75-6000440	OTHER		729,840.	FMV	MEDICAL SUPPLIES	ON-GOING		
(5) ADVANTAGE BEHAVIORAL HEALTH SYSTEMS									
240 MITCHELL BRIDGE RD ATHENS, GA 30606	58-2112427	OTHER		390,337.	FMV	MEDICAL SUPPLIES	ON-GOING		
(6) ADVENTHEALTH WATERMAN COMMUNITY CLINIC									
2300 KURT STREET EUSTIS, FL 32726	59-3140669	501(C)(3)		308,300.	FMV	MEDICAL SUPPLIES	ON-GOING		
(7) AFRICAN SERVICES COMMITTEE									
429 WEST 127TH ST. NEW YORK, NY 10027	13-3749744	501(C)(3)		6,551.	FMV	MEDICAL SUPPLIES	ON-GOING		
(8) AGAPE CLINIC									
4104 JUNIUS STREET DALLAS, TX 75246	14-1847977	501(C)(3)		7,646,253.	FMV	MEDICAL SUPPLIES	ON-GOING		
(9) ALABAMA FREE CLINIC									
212 COURTHOUSE SQUARE BAY MINETTE, AL 36507	63-1247879	501(C)(3)		319,816.	FMV	MEDICAL SUPPLIES	ON-GOING		
(10) ALAMEDA COUNTY HEALTH CARE FOR THE HOMELESS	_								
1404 FRANKLIN STREET #200 OAKLAND, CA 94612	94-6000501	OTHER		63,190.	FMV	MEDICAL SUPPLIES	EMERGENCY		
(11) ALBEMARLE HOSPITAL FOUNDATION									
918 GREENLEAF ST ELIZABETH CITY, NC 27909	43-2031990	501(C)(3)		63,337.	FMV	MEDICAL SUPPLIES	ON-GOING		
(12) ALL FOR HEALTH, HEALTH FOR ALL	4								
519 EAST BROADWAY GLENDALE, CA 91205	95-4773684			218,286.		MEDICAL SUPPLIES	ON-GOING		
2 Enter total number of section 501(c)(3) and	•	•					▶		
3 Enter total number of other organizations list	ted in the line	1 table					•		

SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) 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										
Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information.										
Internal Revenue Service       Inspection         Name of the organization       Employer identification number										
AMERICARES FOUNDATION, INC. 06-1008595										
Part I General Information on Grants and Assistance										
<ol> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and</li> </ol>										
the selection criteria used to award the gran						13 01 assistance, a	X Yes No			
2 Describe in Part IV the organization's proce							• 📖 📖			
					a plata if the argoniz	ration annuarad	"Vee" on Ferm 000			
Part II Grants and Other Assistance to D		-					res on Form 990,			
Part IV, line 21, for any recipient t	nat received	more than \$5	,000. Part II can r	be auplicated if a	additional space is	needed.				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistanc				
(1) AMERICAN ACADEMY OF PEDIATRICS										
2900 CARR. 834 GUAYNABO, PR 00971	66-0556540	501(C)(3)		7,151.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(2) AMERICARES FREE CLINIC OF BRIDGEPORT										
115 HIGHLAND AVENUE BRIDGEPORT, CT 06604	06-1422741	501(C)(3)		464,113.	FMV	MEDICAL SUPPLIES	ON-GOING			
(3) AMERICARES FREE CLINIC OF DANBURY										
76 WEST STREET DANBURY, CT 06810	06-1422741	501(C)(3)		501,649.	FMV	MEDICAL SUPPLIES	ON-GOING			
(4) AMERICARES FREE CLINIC OF NORWALK										
98 SOUTH MAIN STREET NORWALK, CT 06854	06-1422741	501(C)(3)		378,031.	FMV	MEDICAL SUPPLIES	ON-GOING			
(5) AMERICARES FREE CLINIC OF STAMFORD										
88 HAMILTON AVENUE STAMFORD, CT 06902	06-1422741	501(C)(3)		85,640.	FMV	MEDICAL SUPPLIES	ON-GOING			
(6) AMISTAD COMMUNITY HEALTH CENTER										
1533 S. BROWNLEE CORPUS CHRISTI, TX 78404	20-3008507	501(C)(3)		96,223.	FMV	MEDICAL SUPPLIES	ON-GOING			
(7) ANCHOR MENTAL HEALTH, INC.										
1001 LAWRENCE STREET WASHINGTON, DC 20017	52-0824835	501(C)(3)		469,019.	FMV	MEDICAL SUPPLIES	ON-GOING			
(8) ANDERSON FREE CLINIC										
414 N FANT ST ANDERSON, SC 29621	57-0787584	501(C)(3)		26,669.	FMV	MEDICAL SUPPLIES	ON-GOING			
(9) ANDREWS CENTER										
2323 WEST FRONT STREET TYLER, TX 75702	75-1281410	501(C)(3)		567,868.	FMV	MEDICAL SUPPLIES	ON-GOING			
(10) ARKANSAS FOOD BANK	_									
4301 W 65TH ST LITTLE ROCK, AR 72209	71-0596734	501(C)(3)		14,310.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(11) ARLINGTON FREE CLINIC										
2921 SOUTH 11TH STREET ARLINGTON, VA 22204	54-1671883	501(C)(3)		683,069.	FMV	MEDICAL SUPPLIES	ON-GOING			
(12) ARTHUR NAGEL COMMUNITY CLINIC	4									
1116 12TH ST BANDERA, TX 78003	77-0697361			251,238.		MEDICAL SUPPLIES	ON-GOING			
2 Enter total number of section 501(c)(3) and	•	•					►			
3 Enter total number of other organizations listed in the line 1 table										

SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) 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.										
Department of the Treasury										
Internal Revenue Service       Inspection         Name of the organization       Employer identification number										
AMERICARES FOUNDATION, INC. 06-1008595 Part General Information on Grants and Assistance										
						is of assistance, ar	X Yes No			
<ul><li>the selection criteria used to award the grant</li><li>2 Describe in Part IV the organization's process</li></ul>										
Part II Grants and Other Assistance to D		-					"Yes" on Form 990,			
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is	needed.				
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
(1) ARUBAH COMMUNITY CLINIC										
1021 W MAIN COLLINSVILLE, OK 74021	27-3865132	501(C)(3)		65,764.	FMV	MEDICAL SUPPLIES	ON-GOING			
(2) ASCENSION SETON CENTRAL OUTPATIENT PHARMACY										
1500 RED RIVER ST 14052 AUSTIN, TX 78701	74-1109643	501(C)(3)		26,394.	FMV	MEDICAL SUPPLIES	ON-GOING			
(3) ASIAN AMER HEALTH COALITION DBA HOPE CLINIC										
7001 CORPORATE DRIVE HOUSTON, TX 77036	31-1756818	501(C)(3)		84,567.	FMV	MEDICAL SUPPLIES	ON-GOING			
(4) ATHENS NURSES CLINIC										
PO BOX 1732 ATHENS, GA 30601	58-2490925	501(C)(3)		190,697.	FMV	MEDICAL SUPPLIES	ON-GOING			
(5) AVICENNA COMMUNITY HEALTH CENTER										
PO BOX 218 URBANA, IL 61803	27-0267757	501(C)(3)		16,667.	FMV	MEDICAL SUPPLIES	ON-GOING			
(6) AVICENNA FREE CLINIC										
1838 FRANKFORD AVE PANAMA CITY, FL 32405	82-2554695	501(C)(3)		815,000.	FMV	MEDICAL SUPPLIES	ON-GOING			
(7) AVITA COMMUNITY PARTNERS										
4331 THURMON TAN FLOWERY BRANCH, GA 30542	58-2109706	OTHER		102,402.	FMV	MEDICAL SUPPLIES	ON-GOING			
(8) AZ PACH										
2902 W CLARENDON AVE PHOENIX, AZ 85017	46-0650798	501(C)(3)		40,378.	FMV	MEDICAL SUPPLIES	ON-GOING			
(9) AZZARELLI OUTREACH CLINIC										
341 N ST JOSEPH AVE KANKAKEE, IL 60901	36-2312493	501(C)(3)		462,198.	FMV	MEDICAL SUPPLIES	ON-GOING			
(10) BAAL PARAZIM WELLNESS, INC.	_									
3353 SOUTH MORGAN STREET CHICAGO, IL 60608	46-5746945	501(C)(3)		1,562,226.	FMV	MEDICAL SUPPLIES	ON-GOING			
(11) BAPTIST COMMUNITY HEALTH SERVICES	_									
4960 ST. CLAUDE NEW ORLEANS, LA 70117	45-3792193	501(C)(3)		33,530.	FMV	MEDICAL SUPPLIES	ON-GOING			
(12) BAPTIST HEALTH FOLLOW UP CARE	_									
151 NW 11TH ST HOMESTEAD, FL 33030	20-5155995	1		2,090,210.		MEDICAL SUPPLIES	ON-GOING			
2 Enter total number of section 501(c)(3) and							•			
3 Enter total number of other organizations list	ed in the line	1 table			<u></u>					

SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States									
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury									
► Go to www.irs.gov/Form990 for the latest information.       Inspection									
Name of the organization Employer identification number									
AMERICARES FOUNDATION, INC. 06-1008595									
Part I General Information on Grants and Assistance									
1 Does the organization maintain records to su						ts or assistance, ar	X Yes No		
the selection criteria used to award the grant						• • • • • • • • • •			
2 Describe in Part IV the organization's proceed			5						
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered	"Yes" on Form 990,		
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is	needed.			
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) BAPTIST HOSPITALS/SMARTHEALTH CLINIC									
810 HOSPITAL DRIVE BEAUMONT, TX 77701	74-1303730	501(C)(3)		125,039.	FMV	MEDICAL SUPPLIES	ON-GOING		
(2) BARTZ-ALTADONNA COMMUNITY HEALTH CENTER									
43322 GINGHAM AVE. LANCASTER, CA 93535	27-3261289	501(C)(3)		240,130.	FMV	MEDICAL SUPPLIES	ON-GOING		
(3) BEACON CHARITABLE PHARMACY, INC.									
408 NINTH STREET SW CANTON, OH 44707	20-0797475	501(C)(3)		140,813.	FMV	MEDICAL SUPPLIES	ON-GOING		
(4) BEACON CLINIC FOR HEALTH AND HOPE									
BEACON CLINIC HARRISBURG, PA 17110	46-3507570	501(C)(3)		158,719.	FMV	MEDICAL SUPPLIES	ON-GOING		
(5) BECKLEY HEALTH RIGHT INC									
111 RANDOLPH STREET BECKLEY, WV 25801	55-0774466	501(C)(3)		8,679.	FMV	MEDICAL SUPPLIES	ON-GOING		
(6) BEERSHEBA SPRINGS MEDICAL CLINIC									
PO BOX 112 BEERSHEBA SPRINGS, TN 37305	26-4579813	501(C)(3)		1,622,064.	FMV	MEDICAL SUPPLIES	ON-GOING		
(7) BENNINGTON FREE CLINIC									
121 DEPOT STREET BENNINGTON, VT 05201	03-0369844	501(C)(3)		35,992.	FMV	MEDICAL SUPPLIES	ON-GOING		
(8) BETHESDA COMMUNITY CLINIC, INC									
111 MOUNTAIN BROOK CANTON, GA 30115	27-4923001	501(C)(3)		148,421.	FMV	MEDICAL SUPPLIES	ON-GOING		
(9) BETHESDA HEALTH CLINIC									
409 WEST FERGUSON TYLER, TX 75702	26-0036674	501(C)(3)		304,251.	FMV	MEDICAL SUPPLIES	ON-GOING		
(10) BILLINGS URBAN INDIAN HEALTH AND WELLNESS C	_								
17 NORTH 26TH STREET BILLINGS, MT 59101	81-0512124	501(C)(3)		109,931.	FMV	MEDICAL SUPPLIES	ON-GOING		
(11) BLACK HAWK GRUNDY MENTAL HEALTH CENTER	_								
3251 WEST 9TH STREET WATERLOO, IA 50702	42-0733463	501(C)(3)		293,798.	FMV	MEDICAL SUPPLIES	ON-GOING		
(12) BLUEBONNET TRAILS COMMUNITY SERVICES	4								
1009 N. GEORGETOWN ST. ROUND ROCK, TX 78664	74-2795332	1		165,036.		MEDICAL SUPPLIES	ON-GOING		
2 Enter total number of section 501(c)(3) and							•		
3 Enter total number of other organizations list	ed in the line	1 table			<u></u>				

SCHEDULE I Grants and Other Assistance to Organizations,										
(Form 990) Go	vernme	nts, and Ir	ndividuals in	n the Unite	d States		2019			
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
► Attach to Form 990. Ope										
Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information. Inspection										
Name of the organization Employer identification number										
AMERICARES FOUNDATION, INC. 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 grant			-	-			X Yes No			
2 Describe in Part IV the organization's proceed										
Part II Grants and Other Assistance to D					nlete if the organiz	vation answered	"Ves" on Form 990			
Part IV, line 21, for any recipient th		-								
			,000. Fait ii cait t		•					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description o noncash assistand				
(1) BOLINGBROOK CHRISTIAN HEALTH CENTER										
151 E BRIARCLIFF RD BOLINGBROOK, IL 60440	36-4401468	501(C)(3)		963,867.	FMV	MEDICAL SUPPLIES	ON-GOING			
(2) BORLAND FREE CLINIC										
3550 SW BORLAND RD TUALATIN, OR 97062	46-1070038	501(C)(3)		374,182.	FMV	MEDICAL SUPPLIES	ON-GOING			
(3) BOSTON MEDICAL CENTER										
750 ALBANY ST. BOSTON, MA 02118	04-3314093	501(C)(3)		325,000.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(4) BRAZOS COUNTY HEALTH DISTRICT										
201 NORTH TEXAS AVENUE BRYAN, TX 77803	74-6000433	OTHER		11,238.	FMV	MEDICAL SUPPLIES	ON-GOING			
(5) BREAD OF HEALING CLINIC										
1821 N 16TH ST MILWAUKEE, WI 53205	81-0669867	501(C)(3)		560,087.	FMV	MEDICAL SUPPLIES	ON-GOING			
(6) BRIDGES TO HEALTH										
119 S WASHINGTON ST MARION, IN 46952	20-5405181	501(C)(3)		139,135.	FMV	MEDICAL SUPPLIES	ON-GOING			
(7) BROAD STREET CLINIC										
534 N. 35TH STREET MOREHEAD CITY, NC 28557	56-1853604	501(C)(3)		44,601.	FMV	MEDICAL SUPPLIES	ON-GOING			
(8) BROTHER BILLS HELPING HAND										
3906 N. WESTMORELAND RD. DALLAS, TX 75212	75-6027740	501(C)(3)		979,785.	FMV	MEDICAL SUPPLIES	ON-GOING			
(9) BROWARD HEALTH CORAL SPRINGS	_									
1608 SE 3RD AVE, SUITE 507	59-6012065	501(C)(3)		10,202.	FMV	MEDICAL SUPPLIES	ON-GOING			
(10) BROWARD HEALTH NORTH HOSPITAL RETAIL PHARMA	_									
201 E SAMPLE ROAD DEERFIELD BEACH, FL 33064	59-6012065	501(C)(3)		305,558.	FMV	MEDICAL SUPPLIES	ON-GOING			
(11) BROWNSVILLE COMMUNITY HEALTH CENTER	4									
191 EAST PRICE ROAD BROWNSVILLE, TX 78521	74-2176836	501(C)(3)		255,482.	FMV	MEDICAL SUPPLIES	ON-GOING			
(12) BROWNSVILLE MEDICAL CENTER INC.	4									
2400 NW 54TH STREET MIAMI, FL 33142	20-3856290	1		2,522,333.		MEDICAL SUPPLIES	ON-GOING			
2 Enter total number of section 501(c)(3) and	•	•					▶			
3 Enter total number of other organizations list	ted in the line	1 table			<u></u>		•			

SCHEDULE I Grants and Other Assistance to Organizations,										
(Form 990) GC	vernme	nts, and Ir	ndividuals i	n the Unite	d States		2019			
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
► Attach to Form 990.										
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.										
Name of the organization Employer identification number										
AMERICARES FOUNDATION, INC. 06-1008595										
Part I General Information on Grants and Assistance										
1 Does the organization maintain records to se	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	s' eligibility for the gran	ts or assistance, a	nd			
the selection criteria used to award the grant			-	-			X Yes No			
2 Describe in Part IV the organization's proceed	dures for mor	nitoring the use	of grant funds in the	e United States.						
Part II Grants and Other Assistance to D			<u> </u>		nlete if the organiz	zation answered	"Yes" on Form 990			
Part IV, line 21, for any recipient th		-								
			· 		•					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description o noncash assistanc				
(1) BUDDHIST TZU CHI MEDICAL CENTER										
1000 S. GARFIELD ALHAMBRA, CA 91801	95-4457939	501(C)(3)		580,719.	FMV	MEDICAL SUPPLIES	ON-GOING			
(2) CABRINI CLINIC										
1234 PORTER STREET DETROIT, MI 48226	38-3129349	501(C)(3)		119,181.	FMV	MEDICAL SUPPLIES	ON-GOING			
(3) CACHE VALLEY COMMUNITY HEALTH CENTER										
1515 N 400 E SUITE 104 N.LOGAN, UT 84341	81-0587644	OTHER		1,705,449.	FMV	MEDICAL SUPPLIES	ON-GOING			
(4) CACHE VALLEY COMMUNITY HEALTH CENTER - SOUT										
517 WEST 100 N PROVIDENCE, UT 84332	81-0587644	115		611,249.	FMV	MEDICAL SUPPLIES	ON-GOING			
(5) CACTUS HEALTH SERVICES										
700 N MAIN ST FORT STOCKTON, TX 79735	16-1663081	501(C)(3)		33,704.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(6) CACTUS HEALTH SERVICES										
700 N MAIN ST FORT STOCKTON, TX 79735	16-1663081	501(C)(3)		190,524.	FMV	MEDICAL SUPPLIES	ON-GOING			
(7) CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY S										
3650 SCHRIEVER AVE MATHER, CA 95655	68-0278801	115		325,000.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(8) CALVARY COMMUNITY CLINIC	_									
3401 E LOUISIANA AVENUE TAMPA, FL 33610	47-1252154	501(C)(3)		395,965.	FMV	MEDICAL SUPPLIES	ON-GOING			
(9) CAMILLUS HEALTH CONCERN	_									
336 NW 5TH ST MIAMI, FL 33128	65-0063921	501(C)(3)		772,247.	FMV	MEDICAL SUPPLIES	ON-GOING			
(10) CAMINO COMMUNITY DEVELOPMENT CORPORATION IN	_									
133 STETSON DR. CHARLOTTE, NC 28262	56-2015959	501(C)(3)		887,631.	FMV	MEDICAL SUPPLIES	ON-GOING			
(11) CAMP TAPAWINGO	_									
707 SW GAINES ST RM 1133 PORTLAND, OR 97239	93-0551733	501(C)(3)		48,825.	FMV	MEDICAL SUPPLIES	ON-GOING			
(12) CAMPBELL UNIVERSITY COMMUNITY CARE CLINIC	_									
CAMPBELL SCHOOL OF MED LILLINGTON, NC 27546	68-0620773			16,692.		MEDICAL SUPPLIES	ON-GOING			
2 Enter total number of section 501(c)(3) and	•	•					►			
3 Enter total number of other organizations lis	ted in the line	1 table			<u></u>		•			

			Assistance t			F	OMB No. 1545-0047				
(Form 990) GC	vernme	nts, and Ir	ndividuals ii	n the Unite	d States		2019				
Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.						
Department of the Treasury		► At	ttach to Form 990				Open to Public				
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	า.		Inspection				
Name of the organization						Employer identit	ication number				
AMERICARES FOUNDATION, INC.						06-100	8595				
Part I General Information on Grants an	d Assistanc	e									
1 Does the organization maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	s' eligibility for the gran	ts or assistance, a	and				
the selection criteria used to award the grants or assistance?											
2 Describe in Part IV the organization's proceed	dures for mor	nitoring the use	of grant funds in the	e United States.							
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		1	1	1	1						
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistant					
(1) CANYON COUNTY COMMUNITY CLINIC					,						
524 CLEVELAND BLVD. CALDWELL, ID 83605	26-4195171	501(C)(3)		156,924.	FMV	MEDICAL SUPPLIES	ON-GOING				
(2) CAPE FEAR CLINIC, INC.											
1605 DOCTORS CIRCLE WILMINGTON, NC 28401	56-1984630	501(C)(3)		492,564.	FMV	MEDICAL SUPPLIES	ON-GOING				
(3) CAPE VOLUNTEERS IN MEDICINE, INC											
423 N RTE 9 CAPE MAY COURT HOUSE, NJ 08210	52-2257585	501(C)(3)		41,345.	FMV	MEDICAL SUPPLIES	ON-GOING				
(4) CAPITAL AREA HEALTHNETWORK											
NORTHSIDE MEDICAL CENTER RICHMOND, VA 23222	54-1884190	501(C)(3)		26,005.	FMV	MEDICAL SUPPLIES	ON-GOING				
(5) CAPITAL CITY RESCUE MISSION FREE CLINIC											
259 SOUTH PEARL ST ALBANY, NY 12202	56-2663290	501(C)(3)		150,654.	FMV	MEDICAL SUPPLIES	ON-GOING				
(6) CARE BEYOND THE BOULEVARD INC											
3617 N 112TH TERRACE KANSAS CITY, KS 66109	83-1122028	501(C)(3)		45,468.	FMV	MEDICAL SUPPLIES	ON-GOING				
(7) CARIDAD CENTER	_										
8645 W BOYNTON B BOYNTON BEACH, FL 33472	65-0149423	501(C)(3)		181,096.	FMV	MEDICAL SUPPLIES	ON-GOING				
(8) CARIN CLINIC											
5150 ALLISON ST ARVADA, CO 80002	84-1331444	501(C)(3)		173,098.	FMV	MEDICAL SUPPLIES	ON-GOING				
(9) CARROLL COUNTY HEALTH DEPARTMENT	_										
101 WEST MAIN ST DELPHI, IN 46923	35-6000130	501(C)(3)		212,101.	FMV	MEDICAL SUPPLIES	ON-GOING				
(10) CASA JUAN DIEGO	_										
4818 ROSE STREET HOUSTON, TX 77007	76-0003018	501(C)(3)		18,306.	FMV	MEDICAL SUPPLIES	ON-GOING				
(11) C-ASSIST	_										
23100 CHERRY HILL ST DEARBORN, MI 48124	81-3386484	501(C)(3)		590,729.	FMV	MEDICAL SUPPLIES	ON-GOING				
(12) CATHERINES HEALTH CENTER	4										
1211 LAFAYETTE AVE GRAND RAPIDS, MI 49505		501(C)(3)		79,241.		MEDICAL SUPPLIES	ON-GOING				
2 Enter total number of section 501(c)(3) and	-	-					▶				
3 Enter total number of other organizations lis	ted in the line	1 table					•				

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	ations,	Ļ	OMB No. 1545-0047				
(Form 990) Go	vernme	nts, and Ir	ndividuals in	n the Unite	d States		2019				
Com	plete if the o	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.						
Department of the Treasury		-	ttach to Form 990				Open to Public				
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	۱.		Inspection				
Name of the organization						Employer identi	fication number				
AMERICARES FOUNDATION, INC.						06-100	8595				
Part I General Information on Grants and	d Assistanc	e				·					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and											
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,											
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(1) CATHOLIC CHARITIES - USA											
2050 BALLENGER AVE ALEXANDRIA, VA 22314	53-0196620	501(C)(3)		26,139.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(2) CATHOLIC CHARITIES IN THE ARCHDIOCESE OF SA											
2010 BRIDGE BLVD SW ALBUQUERQUE, NM 87105	85-0110070	501(C)(3)		39,097.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(3) CATHOLIC CHARITIES OF MISSISSIPPI											
850 EAST RIVER PLACE JACKSON, MS 39201	64-0466850	501(C)(3)		7,787.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(4) CATHOLIC CHARITIES OF NEW JERSEY											
590 N 7TH STREET NEWARK, NJ 07017	22-2164120	501(C)(3)		6,463.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(5) CATHOLIC CHARITIES USA TN											
2806 MCGAVOCK PIKE NASHVILLE, TN 37214	62-0679520	501(C)(3)		11,504.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(6) CENTER FOR FAMILY HEALTH AND EDUCATION											
8727 VAN NUYS BLVD PANORAMA CITY, CA 91402	27-0224623	501(C)(3)		69,994.	FMV	MEDICAL SUPPLIES	ON-GOING				
(7) CENTER FOR HEALING & HOPE											
P.O. BOX 195 GOSHEN, IN 46527	02-0560511	501(C)(3)		2,178,860.	FMV	MEDICAL SUPPLIES	ON-GOING				
(8) CENTER FOR HEALTHY HEARTS	_										
1200 WEST CARY STREET RICHMOND, VA 23220	52-1303481	501(C)(3)		122,802.	FMV	MEDICAL SUPPLIES	ON-GOING				
(9) CENTER FOR PHARMACY CARE	_										
600 FORBES AVENUE PITTSBURGH, PA 15282	25-1035663	501(C)(3)		21,091.	FMV	MEDICAL SUPPLIES	ON-GOING				
(10) CENTRAL FLORIDA HEALTH CARE, INC.	_										
47 5TH STREET NW WINTER HAVEN, FL 33881	59-1404594	501(C)(3)		184,947.	FMV	MEDICAL SUPPLIES	ON-GOING				
(11) CENTRE VOLUNTEERS IN MEDICINE	_										
2520 GREEN TECH DR STATE COLLEGE, PA 16803	25-1897969	501(C)(3)		76,352.	FMV	MEDICAL SUPPLIES	ON-GOING				
(12) CENTRO DE SALUD FAMILIAR DR JULIO PALMIERI	4										
CALLE MORSE EZQUINA VAL. ARROYO, PR 00714	66-0496484			98,773.		MEDICAL SUPPLIES	EMERGENCY				
2 Enter total number of section 501(c)(3) and	•	•					►				
3 Enter total number of other organizations list	ted in the line	1 table					•				

			Assistance t			Ļ	OMB No. 1545-0047				
(Form 990) Go	vernme	nts, and Ir	ndividuals i	n the Unite	d States		2019				
Com	olete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.						
Department of the Treasury		-	ttach to Form 990				Open to Public				
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Name of the organization						Employer identit	ication number				
AMERICARES FOUNDATION, INC.						06-100	8595				
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(1) CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE P	66-0430826	501(0)(2)		52.000	FMV	MEDICAL SUPPLIES	ON-GOING				
GUILLERMO RIEFKHOL 99 PATILLAS, PR 00723	66-0430826	501(C)(3)		53,860.	PMV	MEDICAL SUPPLIES	ON-GOING				
(2) CENTRO DE SERVICIOS PRIMARIOS DE SALUD, INC	-	501(0)(2)		16.050		MEDICAL GUDDLIEG					
GUILLERMO RIEFKHOL 99 PATILLAS, PR 00723	66-0430826	501(C)(3)		16,250.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(3) CENTRO SAN VICENTE		501(0)(2)		47.010							
8061 ALAMEDA AVE. EL PASO, TX 79915	74-2505561	501(C)(3)		47,918.	FMV	MEDICAL SUPPLIES	ON-GOING				
(4) CHARIS HEALTH CENTER	35-2298919	E01(0)(2)		38,333.	FMV	MEDICAL SUPPLIES	EMERGENCY				
2620 N. MOUNT JULIET MOUNT JULIET, TN 37122 (5) CHARIS HEALTH CENTER	35-2298919	501(C)(3)		30,333.	P MV	MEDICAL SUPPLIES	EMERGENCI				
2620 N. MOUNT JULIET MOUNT JULIET, TN 37122	35-2298919	501(C)(3)		811,899.	FMV	MEDICAL SUPPLIES	ON-GOING				
(6) CHARITABLE PHARMACY OF CENTRAL OHIO	33-2298919	501(0)(3)		011,099.	F PIV	MEDICAL SUPPLIES	ON-GOING				
200 EAST LIVINGSTON AVE COLUMBUS, OH 43215	27-0147099	501(C)(3)		402,431.	FMV	MEDICAL SUPPLIES	ON-GOING				
(7) CHARLOTTE COMMUNITY HEALTH CLINIC	27-0147099	501(0)(3)		402,451.	F PIV	MEDICAL SUPPLIES	ON-GOING				
8401 MEDICAL PLAZA DR CHARLOTTE, NC 28262	56-2274174	501(C)(3)		373,174.	FMV	MEDICAL SUPPLIES	ON-GOING				
(8) CHILDREN AND COMMUNITY HEALTH CENTER	50 22,11,1	501(0)(5)		575,171.	1111	MBDICKB BOTTBIBE					
120 S CEN EXPRESSWAY MCKINNEY, TX 75072	20-0637782	501(C)(3)		168,669.	FMV	MEDICAL SUPPLIES	ON-GOING				
(9) CHILDRENS HOSPITAL OF PHILADELPHIA	20 000 // 02	502(0)(0)		100,0051							
3401 CIVIC CEN BLVD. PHILADELPHIA, PA 19104	23-2237932	501(C)(3)		91,021.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(10) CHIPPEWA VALLEY FREE CLINIC											
1030 OAK RIDGE DRIVE EAU CLAIRE, WI 54701	39-1840231	501(C)(3)		134,080.	FMV	MEDICAL SUPPLIES	ON-GOING				
(11) CHRISTIAN HEALTH CENTER											
1115 FAIRVIEW CAMDEN, AR 71701	71-0804142	501(C)(3)		356,563.	FMV	MEDICAL SUPPLIES	ON-GOING				
(12) CHRISTIAN MEDICAL MINISTRIES											
6900 DANIELS PKWY FORT MYERS, FL 33912	47-2641606	501(C)(3)		88,665.	FMV	MEDICAL SUPPLIES	ON-GOING				
2 Enter total number of section 501(c)(3) and			ted in the line 1 tak				▶ · · · ·				
3 Enter total number of other organizations list	-	-					·				
							F				

			Assistance t ndividuals in	-	•	F	OMB No. 1545-0047				
							2019				
Comp	plete if the o	-	wered "Yes" on F		, line 21 or 22.		Open to Public				
Department of the Treasury	► Go	-	ttach to Form 990				Inspection				
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	1.	Employor identifi					
						Employer identifi					
AMERICARES FOUNDATION, INC.	Accistone	•				06-1008	595				
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(1) CHURCH HEALTH SERVICES											
115 N CENTER STREET BEAVER DAM, WI 53916	39-1759669	501(C)(3)		109,626.	FMV	MEDICAL SUPPLIES	ON-GOING				
(2) CHURCH HILL FREE CLINIC											
PO BOX 166 CHURCH HILL, TN 37642	62-1391365	501(C)(3)		221,574.	FMV	MEDICAL SUPPLIES	ON-GOING				
(3) CITY HARVEST											
6 EAST 32ND ST NEW YORK, NY 10016	13-3170676	501(C)(3)		11,938.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(4) CITY OF NEW ORLEANS											
1300 PERDIDO ST NEW ORLEANS, LA 70112	999999999	501(C)(3)		172,987.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(5) CITY ON A HILL MINISTRIES HEALTH CLINIC											
100 S. PINE ST SUITE 140 ZEELAND, MI 49464	20-3901260	115		50,879.	FMV	MEDICAL SUPPLIES	ON-GOING				
(6) CITY SQUARE											
2835 AL LIPSCOMB WAY DALLAS, TX 75215	79-2332948	501(C)(3)		16,695.	FMV	MEDICAL SUPPLIES	ON-GOING				
(7) CLARKSTON COMMUNITY HEALTH CENTER INC.											
3700 MARKET STREET CLARKSTON, GA 30021	46-1402143	501(C)(3)		152,395.	FMV	MEDICAL SUPPLIES	ON-GOING				
(8) CLAY BEHAVIORAL HEALTH CENTER											
1726 KINGSLEY AVENUE ORANGE PARK, FL 32073	59-2219317	501(C)(3)		410,298.	FMV	MEDICAL SUPPLIES	ON-GOING				
(9) CLEARWATER FREE CLINIC											
1218 COURT STREET CLEARWATER, FL 33756	59-1852871	501(C)(3)		2,007,880.	FMV	MEDICAL SUPPLIES	ON-GOING				
(10) CLEVELAND COUNTY HEALTH DEPARTMENT											
200 S POST RD SHELBY, NC 28152	56-6000288	501(C)(3)		1,529,921.	FMV	MEDICAL SUPPLIES	ON-GOING				
(11) CLINIC BY THE BAY											
4877 MISSION STREET SAN FRANCISCO, CA 94112	26-2593712	OTHER		51,442.	FMV	MEDICAL SUPPLIES	ON-GOING				
(12) CLINICA TEPATI											
513 ISLA DAVIS, CA 95616	94-2324682	501(C)(3)		69,745.	FMV	MEDICAL SUPPLIES	ON-GOING				
2 Enter total number of section 501(c)(3) and	•	•					►				
3 Enter total number of other organizations list	ed in the line	1 table	<u>.</u>		<u></u>	<u> </u>	►				

(Form 990) Go	vernmei	nts, and Ir	Assistance t Idividuals in Wered "Yes" on F	n the Unite	d States		OMB No. 1545-0047				
		-	ttach to Form 990		, III e 21 01 22.		Open to Public				
Department of the Treasury Internal Revenue Service	► Go		/Form990 for the I		۱.		Inspection				
Name of the organization						Employer identifica	tion number				
AMERICARES FOUNDATION, INC.						06-10085	95				
Part I General Information on Grants and	d Assistanc	e									
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(1) CMAP EXPRESS											
1101 4TH STREET ALEXANDRIA, LA 71301	02-0751416	501(C)(3)		25,254.	FMV	MEDICAL SUPPLIES	ON-GOING				
(2) COACHELLA VALLEY VOLUNTEERS IN MEDICINE											
P.O. BOX 10090 INDIO, CA 92202	26-3312826	501(C)(3)		6,241.	FMV	MEDICAL SUPPLIES	ON-GOING				
(3) COASTAL COMMUNITY HEALTH SERVICES											
106 SHOPPERS WAY BRUNSWICK, GA 31525	46-1859206	501(C)(3)		481,887.	FMV	MEDICAL SUPPLIES	ON-GOING				
(4) COLEGIO DE MEDICOS CIRUJANOS											
P.O. BOX 70169 SAN JUAN, PR 00936	66-0524457	501(C)(6)		793,737.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(5) COMCARE OF SEDGWICK COUNTY											
271 W 3RD STREET WICHITA, KS 67203	48-6000798	OTHER		615,469.	FMV	MEDICAL SUPPLIES	ON-GOING				
(6) COMMONWEALTH HEALTHCARE CORPORATION	1										
P.O. BOX 500409 SAIPAN, MP 96950	66-0774364	OTHER		40,734.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(7) COMMONWEALTH HEALTHCARE CORPORATION	4										
1 LOWER NAVY HILL SAIPAN, MP 96950	66-0774364	OTHER		137,275.	FMV	MEDICAL SUPPLIES	ON-GOING				
(8) COMMUNITY CARE CENTER FOR FORSYTH CO. INC.	_										
2135 NEW WALKERTOWN WINSTON SALEM, NC 27101	58-1403699	501(C)(3)		1,577,491.	FMV	MEDICAL SUPPLIES	ON-GOING				
(9) COMMUNITY CARE CLINIC	4										
608 E GARFIELD AVE GETTYSBURG, SD 57442	46-0396683	501(C)(3)		91,811.	FMV	MEDICAL SUPPLIES	ON-GOING				
(10) COMMUNITY CARE CLINIC OF DARE	4										
P.O. BOX 1329 NAGS HEAD, NC 27959	20-2230717	501(C)(3)		160,240.	FMV	MEDICAL SUPPLIES	ON-GOING				
(11) COMMUNITY CARE CLINIC OF HIGHLANDS-CASHIERS	4										
52 AUNT DORA DRIVE HIGHLANDS, NC 28741	65-1251915	501(C)(3)		221,840.	FMV	MEDICAL SUPPLIES	ON-GOING				
(12) COMMUNITY CARE CLINIC OF ROWAN COUNTY	4										
315G MOCKSVILLE AVE. SALISBURY, NC 28144	56-1964773			809,421.		MEDICAL SUPPLIES	ON-GOING				
2 Enter total number of section 501(c)(3) and	-	-									
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SCHEDULE I	Grants ar	nd Other A	Assistance t	o Organiza	itions,	Ļ	OMB No. 1545-0047				
(Form 990) Go	vernmei	nts, and Ir	ndividuals ii	n the Unite	d States		<u> ୬</u> ଲ <b>1</b> 0				
		•	wered "Yes" on F				2019				
		-	ttach to Form 990		,		Open to Public				
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	۱.		Inspection				
Name of the organization						Employer identif	ication number				
AMERICARES FOUNDATION, INC.						06-1008	3595				
Part I General Information on Grants and	d Assistanc	e									
	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance, a	ind				
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	lat received	more man 55	,000. Part II can t		•						
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistant					
(1) COMMUNITY CLINIC OF HIGH POINT, INC											
779 N MAIN ST HIGH POINT, NC 27262	56-1795022	501(C)(3)		76,160.	FMV	MEDICAL SUPPLIES	ON-GOING				
(2) COMMUNITY CLINIC OF SHELBYVILLE BEDFORD CO											
200 DOVER ST SHELBYVILLE, TN 37160	34-1974609	501(C)(3)		14,531.	FMV	MEDICAL SUPPLIES	ON-GOING				
(3) COMMUNITY CLINIC OF SOUTHWEST MISSOURI											
701 S. JOPLIN AVE JOPLIN, MO 64801	43-1643962	501(C)(3)		486,564.	FMV	MEDICAL SUPPLIES	ON-GOING				
(4) COMMUNITY CONNECTIONS FREE CLINIC											
101 E. FOUNTAIN STREET DODGEVILLE, WI 53533	72-1619112	501(C)(3)		96,030.	FMV	MEDICAL SUPPLIES	ON-GOING				
(5) COMMUNITY FREE CLINIC OF DECATUR-MORGAN COU											
245 JACKSON ST., SE DECATUR, AL 35601	72-1526129	501(C)(3)		260,474.	FMV	MEDICAL SUPPLIES	ON-GOING				
(6) COMMUNITY FREE CLINIC, INC.											
249 MILL STREET HAGERSTOWN, MD 21740	52-1772594	501(C)(3)		520,006.	FMV	MEDICAL SUPPLIES	ON-GOING				
(7) COMMUNITY HEALTH AND SOCIAL SERVICES CENTER											
5635 W FORT ST DETROIT, MI 48209	38-3094394	501(C)(3)		7,961.	FMV	MEDICAL SUPPLIES	ON-GOING				
(8) COMMUNITY HEALTH CARE CLINIC											
900 N. FRANKLIN NORMAL, IL 61761	37-1316328	501(C)(3)		670,541.	FMV	MEDICAL SUPPLIES	ON-GOING				
(9) COMMUNITY HEALTH CENTER ASSOCIATION OF CT											
1484 HIGHLAND AVE CHESHIRE, CT 06410	22-3036666	501(C)(3)		8,451.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(10) COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS											
3011 N. MICHIGAN PITTSBURG, KS, KS 66762	75-3003364	501(C)(3)		69,912.	FMV	MEDICAL SUPPLIES	ON-GOING				
(11) COMMUNITY HEALTH CENTER OF WEST PALM BEACH											
2100 45TH ST. WEST PALM BEACK, FL 33407	26-3611337	501(C)(3)		69,819.	FMV	MEDICAL SUPPLIES	ON-GOING				
(12) COMMUNITY HEALTH CENTERS, INC.	4										
12716 N.E. 36TH STREET SPENCER, OK 73084	73-0930123			26,042.		MEDICAL SUPPLIES					
2 Enter total number of section 501(c)(3) and	0	0					-				
3 Enter total number of other organizations list	ed in the line	1 table			<u></u>		•				

			Assistance t Individuals in			F	OMB No. 1545-0047				
		•					2019				
Comp	plete if the of	-	wered "Yes" on F ttach to Form 990		, line 21 or 22.		Open to Public				
Department of the Treasury	► Go		/Form990 for the I				Inspection				
Internal Revenue Service Name of the organization	<b>G</b> 0		Formaso for the r		l	Employer identifi					
AMERICARES FOUNDATION, INC.						06-1008					
Part I General Information on Grants and	Assistanc	<u>م</u>				00 1000	575				
			aranta ar agaiata	noo the grantage	l aligibility for the grap	to or oppiatorial of	ad				
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(1) COMMUNITY HEALTH CENTERS, INC.											
12716 N.E. 36TH STREET SPENCER, OK 73084	73-0930123	501(C)(3)		326,033.	FMV	MEDICAL SUPPLIES	ON-GOING				
(2) COMMUNITY HEALTH CLINIC OF HARDIN & LARUE C											
1113 WOODLAND DRIVE ELIZABETHTOWN, KY 42701	30-0042070	501(C)(3)		968,911.	FMV	MEDICAL SUPPLIES	ON-GOING				
(3) COMMUNITY HEALTH IMPROVEMENT CENTER											
320 E CENTRAL AVE DECATUR, IL 62521	37-0961830	501(C)(3)		421,311.	FMV	MEDICAL SUPPLIES	ON-GOING				
(4) COMMUNITY HEALTH SERVICE INC											
1926 COLLEGEVIEW RD SE ROCHESTER, MN 55904	41-1000060	501(C)(3)		157,734.	FMV	MEDICAL SUPPLIES	ON-GOING				
(5) COMMUNITY HEALTH SERVICE INC											
1113 W 11TH ST GRAFTON, ND 58237	41-1000060	501(C)(3)		378,738.	FMV	MEDICAL SUPPLIES	ON-GOING				
(6) COMMUNITY HEALTH SERVICE ORGANIZATION											
4500 WESLEY ST GREENVILLE, TX 75401	75-1528614	501(C)(3)		56,424.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(7) COMMUNITY HEALTH SERVICES OF UNION COUNTY I											
1338-C EAST SUNSET DRIVE MONROE, NC 28112	46-0495947	501(C)(3)		30,686.	FMV	MEDICAL SUPPLIES	ON-GOING				
(8) COMMUNITY HEALTH SERVICES, INC											
810 4TH AVE S MOORHEAD, MN 56560	41-1000060	501(C)(3)		281,506.	FMV	MEDICAL SUPPLIES	ON-GOING				
(9) COMMUNITY HEALTH-IN-PARTNERSHIP SERVICES (C											
2431 N GRAND BLVD SAINT LOUIS, MO 63106	43-1589851	501(C)(3)		585,244.	FMV	MEDICAL SUPPLIES	ON-GOING				
(10) COMMUNITY HELPING HANDS HEALTH CLINIC	_										
34-C COURTHOUSE SQUARE CLEVELAND, GA 30528	64-0950194	501(C)(3)		528,908.	FMV	MEDICAL SUPPLIES	ON-GOING				
(11) COMMUNITY HELPING PLACE FREE MEDICAL CLINC											
56 CAMP GLISSON ROAD DAHLONEGA, GA 30533	37-1554432	501(C)(3)		259,446.	FMV	MEDICAL SUPPLIES	ON-GOING				
(12) COMMUNITY MEDICAL CLINIC OF AIKEN COUNTY	_										
244 GREENVILLE ST NW AIKEN, SC 29801	57-1063263			32,999.		MEDICAL SUPPLIES	ON-GOING				
2 Enter total number of section 501(c)(3) and							▶				
3 Enter total number of other organizations list	ed in the line	1 table									

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	ations,	Ļ	OMB No. 1545-0047				
(Form 990) Go	overnme	nts, and Ir	ndividuals i	n the Unite	d States		2019				
Com	plete if the o	rganization ans	wered "Yes" on F	orm 990. Part IV	. line 21 or 22.						
		-	ttach to Form 990		,		Open to Public				
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	ı.		Inspection				
Name of the organization						Employer identi	fication number				
AMERICARES FOUNDATION, INC.						06-100	8595				
Part I General Information on Grants an	d Assistanc	е									
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(1) COMMUNITY MEDICAL WELLNESS CENTERS											
1360 E. ANAHEIM STREET LONG BEACH, CA 90813	45-2424322	501(C)(3)		195,608.	FMV	MEDICAL SUPPLIES	ON-GOING				
(2) COMMUNITY MEDICINE FOUNDATION											
1131 SALUDA STREET ROCK HILL, SC 29730	57-0891008	501(C)(3)		46,087.	FMV	MEDICAL SUPPLIES	G ON-GOING				
(3) COMMUNITY MENTAL HEALTH AFFILIATES, INC.											
CMHA NEW BRITAIN, CT 06051	06-0934544	501(C)(3)		11,864.	FMV	MEDICAL SUPPLIES	G ON-GOING				
(4) COMMUNITY VOLUNTEERS IN MEDICINE											
300B LAWRENCE DRIVE WEST CHESTER, PA 19380	23-2944553	OTHER		99,685.	FMV	MEDICAL SUPPLIES	S ON-GOING				
(5) COMMUNITYHEALTH											
2611 W. CHICAGO AVE. CHICAGO, IL 60622	36-3931793	501(C)(3)		114,380.	FMV	MEDICAL SUPPLIES	G ON-GOING				
(6) COMPASSION CONNECT INC.											
18040 SW ALEXANDER ST BEAVERTON, OR 97003	26-2304524	501(C)(3)		343,946.	FMV	MEDICAL SUPPLIES	S ON-GOING				
(7) COMPASSIONATE CARE OF SHELBY COUNTY, INC.											
124 N. OHIO AVE SIDNEY, OH 45365	20-8479583	501(C)(3)		685,804.	FMV	MEDICAL SUPPLIES	G ON-GOING				
(8) COMPREHENSIVE BEHAVIORAL HEALTH CENTER											
505 S 8TH ST EAST ST. LOUIS, IL 62201	37-0760015	501(C)(3)		8,114.	FMV	MEDICAL SUPPLIES	G ON-GOING				
(9) CONCILIO DE SALUD INTEGRAL DE LOIZA											
CARR. 188 INT. 187 LOIZA, PR 00772	66-0314649	501(C)(3)		33,970.	FMV	MEDICAL SUPPLIES	5 EMERGENCY				
(10) CONNECTICUT STATE DIVISION OF EMEREGNCY MAN	_										
1111 COUNTRY CLUB RD MIDDLETOWN, CT 06457	999999999	501(C)(3)		871,258.	FMV	MEDICAL SUPPLIES	5 EMERGENCY				
(11) COOPERATIVE CHRISTIAN MINISTRIES AND CLINIC											
133 ARBOR STREET HOT SPRINGS, AR 71901	62-1671396	115		8,412.	FMV	MEDICAL SUPPLIES	G ON-GOING				
(12) COOS COUNTY FAMILY HEALTH SERVICES											
CCFHS BERLIN, NH 03570	02-0350051			292,936.		MEDICAL SUPPLIES	S ON-GOING				
2 Enter total number of section 501(c)(3) and							▶				
3 Enter total number of other organizations lis	ted in the line	e 1 table					►				

			Assistance t ndividuals in	-	•	F	OMB No. 1545-0047				
		•					2019				
Com		-	wered "Yes" on F ttach to Form 990		, line 21 of 22.		Open to Public				
Department of the Treasury Internal Revenue Service	► Go		/Form990 for the I		n		Inspection				
Name of the organization	F 00	to mm				Employer identific					
AMERICARES FOUNDATION, INC.						06-1008					
Part I General Information on Grants and	d Assistanc	e				00 1000					
			arante or accieta	nce the grantees	e' eligibility for the gran	te or assistance ar	od.				
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(1) CORPORACION DE SERVICIOS DE SALUD PRIMARIA											
CARRETERA 140 KM 38.8 UTUADO, PR 00641	66-0812599	OTHER		665,425.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(2) CORPORACION DE SERVICIOS MEDICOS PRIMARIOS											
PO BOX 907 HATILLO, PR 00659	66-0427194	501(C)(3)		56,277.	FMV	MEDICAL SUPPLIES	ON-GOING				
(3) CORPUS CHRISTI METRO MINISTRIES											
1919 LEOPARD ST. CORPUS CHRISTI, TX 78408	74-2247261	501(C)(3)		271,556.	FMV	MEDICAL SUPPLIES	ON-GOING				
(4) COSSMA, INC.											
PO BOX 1330 CIDRA, PR 00739	66-0434923	501(C)(3)		45,645.	FMV	MEDICAL SUPPLIES	ON-GOING				
(5) COSSMA, INC.											
PO BOX 1330 CIDRA, PR 00739	66-0434923	501(C)(3)		16,250.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(6) COVE HOUSE FREE CLINIC											
806 E AVE D COPPERAS COVE, TX 76522	74-2764062	501(C)(3)		13,216.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(7) COVE HOUSE FREE CLINIC											
806 E AVE D COPPERAS COVE, TX 76522	74-2764062	501(C)(3)		818,947.	FMV	MEDICAL SUPPLIES	ON-GOING				
(8) COVENANT COMMUNITY CARE	_										
559 WEST GRAND BLVD. DETROIT, MI 48216	38-3533998	501(C)(3)		86,176.	FMV	MEDICAL SUPPLIES	ON-GOING				
(9) COVENANT COMMUNITY CARE	_										
27776 WOODWARD AVE ROYAL OAK, MI 48067	38-3533998	501(C)(3)		322,530.	FMV	MEDICAL SUPPLIES	ON-GOING				
(10) COVENANT HOUSE NEW YORK	_										
550 TENTH AVE NEW YORK, NY 10018	13-3076376	501(C)(3)		6,812.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(11) CPC BEHAVIORAL HEALTHCARE	4										
10 INDUSTRIAL WAY EAST EATONTOWN, NJ 07724	21-0719369	501(C)(3)		347,352.	FMV	MEDICAL SUPPLIES	ON-GOING				
(12) CREOKS BEHAVIORAL HEALTH SERVICES	4										
4103 SOUTH YALE SUITE B TULSA, OK 74135	73-1108774	1		161,192.		MEDICAL SUPPLIES	ON-GOING				
2 Enter total number of section 501(c)(3) and	•	•					•				
3 Enter total number of other organizations list	ted in the line	1 table									

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	itions,	F	OMB No. 1545-0047				
(Form 990) Go	vernme	nts, and Ir	ndividuals ii	n the Unite	d States		2019				
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		-	ttach to Form 990		,		Open to Public				
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	۱.		Inspection				
Name of the organization		<b>U</b>				Employer identifi	cation number				
AMERICARES FOUNDATION, INC.						06-1008	595				
Part I General Information on Grants and	d Assistanc	e									
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(1) CRESCENT COMMUNITY CLINIC											
5244 COMMERCIAL WAY SPRING HILL, FL 34606	30-0475982	501(C)(3)		41,484.	FMV	MEDICAL SUPPLIES	ON-GOING				
(2) CROSS AND CROWN CLINIC											
1008 N. MCKINLEY ST OKLAHOMA CITY, OK 73106	73-1608071	501(C)(3)		102,533.	FMV	MEDICAL SUPPLIES	ON-GOING				
(3) CROSSINGS COMMUNITY CLINIC											
10255 N PENN AVE OKLAHOMA CITY, OK 73120	86-1115863	501(C)(3)		215,420.	FMV	MEDICAL SUPPLIES	ON-GOING				
(4) CROSSOVER MINISTRY											
8600 QUIOCCASIN ROAD RICHMOND, VA 23229	54-1371067	501(C)(3)		111,826.	FMV	MEDICAL SUPPLIES	ON-GOING				
(5) CROSSROADS MEDICAL MISSION, INC.											
300 WEST VALLEY DRIVE BRISTOL, VA 24201	54-2038877	501(C)(3)		100,729.	FMV	MEDICAL SUPPLIES	ON-GOING				
(6) CSUSM SON STUDENT HEALTHCARE PROJECT											
1249 E. OHIO AVE ESCONDIDO, CA 92027	80-0390564	501(C)(3)		89,493.	FMV	MEDICAL SUPPLIES	ON-GOING				
(7) DADE COUNTY HEALTH DEPARTMENT											
413 W WATER STREET GREENFIELD, MO 65661	43-1266535	501(C)(3)		29,231.	FMV	MEDICAL SUPPLIES	ON-GOING				
(8) DADE COUNTY STREET RESPONSE	4										
5120 NW 24TH AVENUE MIAMI, FL 33142	84-1958579	OTHER		39,411.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(9) DAHLONEGA PEDIATRICS	4										
1055 GROVE ST NORTH DAHLONEGA, GA 30533	58-0566256	501(C)(3)		78,078.	FMV	MEDICAL SUPPLIES	ON-GOING				
(10) DAVIDSON MEDICAL MINISTRIES	4										
420 N SALISBURY ST LEXINGTON, NC 27292	56-1746266	OTHER		443,622.	FMV	MEDICAL SUPPLIES	ON-GOING				
(11) DELTA HEALTH ALLIANCE/LELAND MEDICAL CLINIC	4										
P.O. BOX 277 LELAND, MS 38776	64-0892954	501(C)(3)		7,910.	FMV	MEDICAL SUPPLIES	ON-GOING				
(12) DENTON COUNTY MHMR	4										
2519 SCRIPTURE ST DENTON, TX 76201	75-1368151			233,876.		MEDICAL SUPPLIES	ON-GOING				
2 Enter total number of section 501(c)(3) and	0	0					►				
3 Enter total number of other organizations list	ed in the line	1 table			<u></u>		►				

SCHEDULE I	C	Grants ar	nd Other A	Assistance t	o Organiza	ations,	Ļ	OMB No. 1545-0047			
(Form 990)	Go	vernmei	nts, and Ir	ndividuals ii	n the Unite	d States		എ <b>പ 1</b> 0			
			•	wered "Yes" on F				2019			
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Department of the Treasury Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest information	າ.		Inspection			
Name of the organization							Employer identi	fication number			
AMERICARES FOUN	DATION, INC.						06-100	8595			
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	address of organization government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistan				
(1) DEO CLINIC											
P.O. BOX 814 DALTO	DN, GA 30722	46-0789000	501(C)(3)		166,789.	FMV	MEDICAL SUPPLIES	ON-GOING			
(2) DIVINE GRACE MEDIC	CAL MISSIONARIES										
11000 FONDREN RD H	HOUSTON, TX 77096	27-4000666	501(C)(3)		1,666,146.	FMV	MEDICAL SUPPLIES	G ON-GOING			
(3) DR GARY BURNSTEIN	COMMUNITY HEALTH CLINIC										
45580 WOODWARD AVE	E PONTIAC, MI 48341	32-0015321	501(C)(3)		126,733.	FMV	MEDICAL SUPPLIES	ON-GOING			
(4) DREAM CENTERS WOME	EN`S CLINIC										
4360 MONTEBELLO CO	DLORADO SPRINGS, CO 80918	27-4876080	501(C)(3)		312,738.	FMV	MEDICAL SUPPLIES	ON-GOING			
(5) DUPLIN MEDICAL ASS	SOCIATION										
600 S. SYCAMORE ST	F. ROSE HILL, NC 28398	56-1414420	501(C)(3)		1,529,986.	FMV	MEDICAL SUPPLIES	ON-GOING			
(6) EAST ARKANSAS FAMI	LLY HEALTH CENTER, INC.										
900 NORTH 7TH WEST	MEMPHIS, AR 72301	23-7128104	501(C)(3)		696,243.	FMV	MEDICAL SUPPLIES	ON-GOING			
(7) EAST HARLEM COUNCI	IL FOR HUMAN SERVICES, INC										
2253 THIRD AVENUE	NEW YORK, NY 10035	13-6213532	501(C)(3)		5,525.	FMV	MEDICAL SUPPLIES	5 EMERGENCY			
(8) EDISTO INDIAN FREE	E CLINIC										
1125 RIDGE RD RIDG	GEVILLE, SC 29472	82-1691197	501(C)(3)		2,047,305.	FMV	MEDICAL SUPPLIES	S ON-GOING			
(9) EDWARD R. LEAHY JR	R. CENTER CLINIC FOR THE U										
800 LINDEN STREET	SCRANTON, PA 18510	24-0795495	501(C)(3)		31,424.	FMV	MEDICAL SUPPLIES	S ON-GOING			
(10) EL CENTRO DEL BARR	RIO DBA CENTROMED										
3750 COMMERICAL AV	/E. SAN ANTONIO, TX 78221	74-1787031	501(C)(3)		17,790.	FMV	MEDICAL SUPPLIES	S ON-GOING			
(11) ELLENTON HEALTH CL	LINIC, PUBLIC HEALTH DISTR										
185 NORTH BAKER ST	FREET ELLENTON, GA 31747	23-7379607	501(C)(3)		758,434.	FMV	MEDICAL SUPPLIES	S ON-GOING			
(12) ETOWAH BAPTIST CHA	ARITY PHARMACY	4									
P.O.BOX 571 NOBLE,			501(C)(3)		34,856.		MEDICAL SUPPLIES	S ON-GOING			
	er of section 501(c)(3) and							▶			
3 Enter total number	er of other organizations list	ed in the line	1 table					•			
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			Assistance t Idividuals in			F	OMB No. 1545-0047				
		•					2019				
Comp	plete if the or	-	wered "Yes" on F		, line 21 or 22.		Open to Public				
Department of the Treasury			tach to Form 990 /Form990 for the I				Inspection				
Internal Revenue Service Name of the organization	GO		Formago for the r	atest mormation	I.	Employer identifie					
AMERICARES FOUNDATION, INC.						06-1008					
Part I General Information on Grants and	Assistance	•				00-1008	595				
				and the grantees	l aligibility for the group						
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?											
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 the	nat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is	needed.					
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
(1) EUNICE COMMUNITY HEALTH CENTER											
450 MOOSA BLVD. STE. E EUNICE, LA 70535	27-0213992	501(C)(3)		2,358,607.	FMV	MEDICAL SUPPLIES	ON-GOING				
(2) FAITH COMMUNITY PHARMACY INC											
7033 BURLINGTON PIKE FLORENCE, KY 41042	61-1378914	501(C)(3)		3,480,486.	FMV	MEDICAL SUPPLIES	ON-GOING				
(3) FAITH FAMILY MEDICAL CLINIC											
326 21ST AVE N NASHVILLE, TN 37203	62-1816811	501(C)(3)		53,056.	FMV	MEDICAL SUPPLIES	ON-GOING				
(4) FAITH FAMILY MEDICAL CLINIC											
326 21ST AVE N NASHVILLE, TN 37203	62-1816811	501(C)(3)		207,773.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(5) FAMILY & CHILDREN`S SERVICES											
650 S PEORIA AVE TULSA, OK 74120	73-0580270	501(C)(3)		21,153.	FMV	MEDICAL SUPPLIES	ON-GOING				
(6) FAMILY CARE HEALTH CENTERS											
401 HOLLY HILLS AVE SAINT LOUIS, MO 63111	23-7076112	501(C)(3)		9,124.	FMV	MEDICAL SUPPLIES	ON-GOING				
(7) FAMILY CENTERS HEALTH CARE											
111 WILBUR PECK COURT GREENWICH, CT 06830	06-0646656	501(C)(3)		166,336.	FMV	MEDICAL SUPPLIES	ON-GOING				
(8) FAMILY COMMUNITY CLINIC INC.											
1406 E WASHINGTON ST LOUISVILLE, KY 40206	27-2994215	501(C)(3)		56,990.	FMV	MEDICAL SUPPLIES	ON-GOING				
(9) FAMILY HEALTH PARTNERSHIP CLINIC	1										
401 CONGRESS PARKWAY CRYSTAL LAKE, IL 60014	36-4277029	501(C)(3)		12,318.	FMV	MEDICAL SUPPLIES	ON-GOING				
(10) FAMILY HEALTH SERVICES	4										
794 EASTLAND TWIN FALLS, ID 83301	82-0371093	501(C)(3)		43,357.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(11) FAMILY HEALTH SERVICES	4										
794 EASTLAND TWIN FALLS, ID 83301	82-0371093	501(C)(3)		61,039.	FMV	MEDICAL SUPPLIES	ON-GOING				
(12) FAMILY PLANNING PLUS	4										
4612 WESTBRANCH HWY LEWISBURG, PA 17837		501(C)(3)		87,411.		MEDICAL SUPPLIES	ON-GOING				
2 Enter total number of section 501(c)(3) and	•	•					•				
3 Enter total number of other organizations list	ed in the line	1 table									

			Assistance t			F	OMB No. 1545-0047				
(Form 990) Go	vernme	nts, and Ir	ndividuals ii	n the Unite	d States		2019				
Com	olete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.						
Department of the Treasury		► At	ttach to Form 990				Open to Public				
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	1.		Inspection				
Name of the organization						Employer identif	ication number				
AMERICARES FOUNDATION, INC.						06-1008	3595				
Part I General Information on Grants and	d Assistanc	е									
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 grant	s or assistanc	æ?					X Yes No				
2 Describe in Part IV the organization's proceed	dures for mor	nitoring the use	of grant funds in the	e United States.							
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Con	nolete if the organiz	vation answered	"Yes" on Form 990.				
Part IV, line 21, for any recipient the		-					,				
		1	1	1	1		( ()) D ( )				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistant					
(1) FAYETTE CARE CLINIC		F01(0)(2)				MEDICAL CUDDITEC	ON COINC				
1260 HWY 54 FAYETTEVILLE, GA 30214	20-0314897	501(C)(3)		75,656.	FMV	MEDICAL SUPPLIES	ON-GOING				
(2) FEED MY SHEEP		F01(0)(2)		20 505		MEDIAN AUDDLING					
116 W. AVENUE G TEMPLE, TX 76504	74-2724033	501(C)(3)		30,585.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(3) FEED MY SHEEP 116 W. AVENUE G TEMPLE, TX 76504	74-2724033	E01(0)(2)		192 200		MEDICAL CUDDLIES	ON COINC				
	74-2724033	501(C)(3)		183,399.	FMV	MEDICAL SUPPLIES	ON-GOING				
(4) FEEDING AMERICA	36-3673599	501(C)(3)		422,361.	FMV	MEDICAL SUPPLIES	EMERGENCY				
35 EAST WACKER DRIVE CHICAGO, IL 60601 (5) FERNCARE FREE CLINIC, INC.	30-3073399	501(C)(3)		422,301.	F MV	MEDICAL SUPPLIES	EMERGENCI				
751 E. NINE MILE RD FERNDALE, MI 48220	32-0246843	501(C)(3)		22,458.	FMV	MEDICAL SUPPLIES	ON-GOING				
(6) FIRST BAPTIST CHURCH MEDICAL/DENTAL CLINIC	52 0240045	501(0)(5)		22,450.	P PIV	MEDICAL SUPPLIES	ON GOING				
1607 CHERRY STREET VICKSBURG, MS 39180	64-0356253	501(C)(3)		473,315.	FMV	MEDICAL SUPPLIES	ON-GOING				
(7) FIRST PERSON CARE CLINIC	01 0330233	501(0)(5)		175,515.	1111	MIDICIE DOTTETED					
1200 S 4TH ST LAS VEGAS, NV 89104	46-2155118	501(C)(3)		319,026.	FMV	MEDICAL SUPPLIES	ON-GOING				
(8) FIRSTMED HEALTH AND WELLNESS											
400 SHADOW LANE LAS VEGAS, NV 89106	27-0759056	501(C)(3)		120,809.	FMV	MEDICAL SUPPLIES	ON-GOING				
(9) FISH RIVER RURAL HEALTH											
10 CARTER STREET EAGLE LAKE, ME 04739	01-0452749	501(C)(3)		13,779.	FMV	MEDICAL SUPPLIES	ON-GOING				
(10) FIU COLLEGE OF MEDICINE MOBILE HEALTH CENTE											
11200 SW 8TH STREET MIAMI, FL 33199	23-7047106	501(C)(3)		477,880.	FMV	MEDICAL SUPPLIES	ON-GOING				
(11) FLAGLER COUNTY FREE CLINIC											
703 EAST MOODY BLVD. BUNNELL, FL 32110	20-5036975	501(C)(3)		800,590.	FMV	MEDICAL SUPPLIES	ON-GOING				
(12) FOUNDATION FOR HIV AND KIDNEY DIALYSIS INC.											
14 ZIRKEL. AVENUE. PISCATAWAY, NJ 08854	43-2024266	501(C)(3)		56,558.	FMV	MEDICAL SUPPLIES	ON-GOING				
2 Enter total number of section 501(c)(3) and	government	organizations lis	ted in the line 1 tat	ole			▶				
3 Enter total number of other organizations list	-	-					►				

			Assistance t			-	OMB No. 1545-0047				
			ndividuals in				2019				
Com	plete if the or	-	wered "Yes" on F		, line 21 or 22.		Open to Public				
Department of the Treasury			ttach to Form 990				Inspection				
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	1.	Employer identifie					
Name of the organization						Employer identific					
AMERICARES FOUNDATION, INC. Part I General Information on Grants and	d Accistana	<u> </u>				06-1008	595				
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the selection criteria used to award the grant						• • • • • • • • • •	X Yes No				
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Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Con	plete if the organiz	ation answered	"Yes" on Form 990,				
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1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
(1) FREDERIKSTED HEALTH CARE INC											
516 STRAND STREET FREDERIKSTED, VI 00841	66-0586667	501(C)(3)		25,193.	FMV	MEDICAL SUPPLIES	ON-GOING				
(2) FREE CLINIC OF CULPEPER											
610 LAUREL STREET CULPEPER, VA 22701	52-1366700	501(C)(3)		12,910.	FMV	MEDICAL SUPPLIES	ON-GOING				
(3) FREE CLINIC SUSSEX COUNTY											
67 HIGH STREET NEWTON, NJ 07860	45-4224214	501(C)(3)		24,490.	FMV	MEDICAL SUPPLIES	ON-GOING				
(4) FREE MEDICAL CLINIC											
47 W LONG AVENUE DUBOIS, PA 15801	25-1804763	501(C)(3)		177,975.	FMV	MEDICAL SUPPLIES	ON-GOING				
(5) FREE MEDICAL CLINIC OF DARLINGTON COUNTY											
203 GROVE STREET DARLINGTON, SC 29532	58-2445265	501(C)(3)		471,974.	FMV	MEDICAL SUPPLIES	ON-GOING				
(6) FREE MEDICAL CLINIC OF OAK RIDGE											
116 E. DIVISION RD. OAK RIDGE, TN 37830	90-0715369	501(C)(3)		465,883.	FMV	MEDICAL SUPPLIES	ON-GOING				
(7) FRIENDS OF HICKORY COUNTY HEALTH DEPARTMENT											
24885 STATE HIGHWAY 254 HERMITAGE, MO 65668	47-1206725	501(C)(3)		43,298.	FMV	MEDICAL SUPPLIES	ON-GOING				
(8) FUNDACION MANOS JUNTAS											
1145 W INTERSTATE OKLAHOMA CITY, OK 73139	73-1523135	OTHER		474,378.	FMV	MEDICAL SUPPLIES	ON-GOING				
(9) GAIN, INC. (GREATER ASSISTANCE TO THOSE IN											
712 W. 3RD STREET LITTLE ROCK, AR 72201	71-0763418	501(C)(3)		314,921.	FMV	MEDICAL SUPPLIES	ON-GOING				
(10) GASTON FAMILY HEALTH SERVICES, INC.											
200 EAST SECOND AVENUE GASTONIA, NC 28052	58-1958398	501(C)(3)		6,998.	FMV	MEDICAL SUPPLIES	ON-GOING				
(11) GATEWAY COMMUNITY SERVICES, INC.											
GATEWAY COMM. JACKSONVILLE, FL 32204	59-1881828	501(C)(3)		354,255.	FMV	MEDICAL SUPPLIES	ON-GOING				
(12) GATEWAY FOUNDATION - CARBONDALE	4										
55 E. JACKSON CHICAGO, IL 60604	36-2670036			511,955.		MEDICAL SUPPLIES	ON-GOING				
2 Enter total number of section 501(c)(3) and							•				
3 Enter total number of other organizations lis	ted in the line	1 table			<u></u>						

SCHEDULE I ( (Form 990) GC	F	OMB No. 1545-0047									
		•	ndividuals in				2019				
Com		-	wered "Yes" on F ttach to Form 990		, inte 21 of 22.		Open to Public				
Department of the Treasury Internal Revenue Service	► Go		/Form990 for the I	-	h		Inspection				
Name of the organization	<b>P</b> 00	to mm			•	Employer identific					
AMERICARES FOUNDATION, INC.						06-1008					
Part I General Information on Grants and	d Assistanc	e				00 1000					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and											
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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.											
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
(1) GATEWAY FOUNDATION - CASEYVILLE											
600 W LINCOLN AVENUE CASEYVILLE, IL 62232	36-2670036	501(C)(3)		37,373.	FMV	MEDICAL SUPPLIES	ON-GOING				
(2) GATEWAY FOUNDATION - CHICAGO WEST											
55 E. JACKSON CHICAGO, IL 60604	36-2670036	501(C)(3)		148,319.	FMV	MEDICAL SUPPLIES	ON-GOING				
(3) GATEWAY FOUNDATION - SPRINGFIELD AND PEKIN											
55 E. JACKSON CHICAGO, IL 60604	37-1394445	501(C)(3)		9,783.	FMV	MEDICAL SUPPLIES	ON-GOING				
(4) GATEWAY FOUNDATION LAKE VILLA											
55 E JACKSON CHICAGO, IL 60604	36-2670036	501(C)(3)		161,146.	FMV	MEDICAL SUPPLIES	ON-GOING				
(5) GENESEO PARISH OUTREACH CENTER INC.											
4520 GENESEE ST GENESEO, NY 14454	14-1916822	501(C)(3)		102,746.	FMV	MEDICAL SUPPLIES	ON-GOING				
(6) GEORGIA DEPARTMENT OF PUBLIC HEALTH											
2 PEACHTREE ST NW ATLANTA, GA 30303	90-0676388	501(C)(3)		325,000.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(7) GEORGIA MOUNTAIN HEALTH											
165 BLUE RIDGE BLUE RIDGE, GA 30513	58-1649042	115		7,792.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(8) GET UP PROJECT	_										
8101 CAMERON RD AUSTIN, TX 78754	45-4931906	501(C)(3)		159,657.	FMV	MEDICAL SUPPLIES	ON-GOING				
(9) GOOCHLANDCARES											
2999 RIVER ROAD WEST GOOCHLAND, VA 23063	54-1967650	501(C)(3)		8,931.	FMV	MEDICAL SUPPLIES	ON-GOING				
(10) GOOD HEALTH CLINIC, INC											
91555 OVERSEAS HWY TAVERNIER, FL 33070	04-3745805	501(C)(3)		138,000.	FMV	MEDICAL SUPPLIES	ON-GOING				
(11) GOOD NEIGHBOR HOUSE											
627 EAST FIRST ST DAYTON, OH 45402	31-1374154	501(C)(3)		277,232.	FMV	MEDICAL SUPPLIES	ON-GOING				
(12) GOOD NEWS CLINICS	_										
810 PINE STREET GAINESVILLE, GA 30501	58-2058853	1		670,088.		MEDICAL SUPPLIES	ON-GOING				
2 Enter total number of section 501(c)(3) and							•				
3 Enter total number of other organizations lis	ted in the line	1 table			<u></u>						

			Assistance t			Ļ	OMB No. 1545-0047				
(Form 990) GC	vernme	nts, and Ir	ndividuals i	n the Unite	d States		2019				
Com	olete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.						
Department of the Treasury		-	ttach to Form 990				Open to Public				
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	۱.		Inspection				
Name of the organization						Employer identif	ication number				
AMERICARES FOUNDATION, INC.						06-1008	3595				
Part I General Information on Grants an	d Assistanc	e									
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the selection criteria used to award the grant							X Yes No				
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Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Con	plete if the organiz	ration answered	"Yes" on Form 990				
Part IV, line 21, for any recipient the		-									
		1	1	1							
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(1) GOOD NEWS MINISTRIES/ GOOD NEWS HEALTH CLIN											
2716 E WASHINGTON ST INDIANAPOLIS, IN 46201	35-0999233	501(C)(3)		535,694.	FMV	MEDICAL SUPPLIES	ON-GOING				
(2) GOOD SAMARITAN CLINIC		501(0)(5)		55570711							
3880 WATERMELON RD NORTHPORT, AL 35473	63-1199900	501(C)(3)		713,600.	FMV	MEDICAL SUPPLIES	ON-GOING				
(3) GOOD SAMARITAN HEALTH AND WELLNESS CENTER	0.5 11,55,000	501(0)(5)		,10,0001							
209 W STATE LINE S. FULTON, TN 38257	45-3745315	501(C)(3)		440,175.	FMV	MEDICAL SUPPLIES	ON-GOING				
(4) GOOD SAMARITAN HEALTH CENTER											
1015 DONALD L HOLLOWELL ATLANTA, GA 30318	58-2373395	501(C)(3)		281,476.	FMV	MEDICAL SUPPLIES	ON-GOING				
(5) GOOD SAMARITAN HEALTH CLINIC											
401 ARNOLD STREET CULLMAN, AL 35055	20-0149215	501(C)(3)		464,048.	FMV	MEDICAL SUPPLIES	ON-GOING				
(6) GOOD SAMARITAN HEALTH CLINIC OF PASCO, INC											
5334 ASPEN ST. NEW PORT RICHEY, FL 34652	59-3072334	501(C)(3)		377,243.	FMV	MEDICAL SUPPLIES	ON-GOING				
(7) GOOD SAMARITAN MEDICAL CLINIC											
139 CHURCH ST. CHESTER, SC 29706-2904	82-0549226	501(C)(3)		142,069.	FMV	MEDICAL SUPPLIES	ON-GOING				
(8) GOOD SAMARITAN PHARMACY & HEALTH SERVICES,											
2502 TAMIAMI TRAIL N NOKOMIS, FL 34275	26-2295558	501(C)(3)		10,892.	FMV	MEDICAL SUPPLIES	ON-GOING				
(9) GOOD SAMARITAN RESCUE MISSION											
P.O. BOX 65 CORPUS CHRISTI, TX 78403	74-1611894	501(C)(3)		153,556.	FMV	MEDICAL SUPPLIES	ON-GOING				
(10) GOOD SHEPHERD CLINIC											
45 MEDICAL CENTER DR DAWSONVILLE, GA 30534	27-0245804	501(C)(3)		14,399.	FMV	MEDICAL SUPPLIES	ON-GOING				
(11) GOOD SHEPHERD CLINIC											
P.O. BOX 6 MORROW, GA 30260	58-2578581	501(C)(3)		589,608.	FMV	MEDICAL SUPPLIES	ON-GOING				
(12) GOOD SHEPHERD HEALTHCARE CLINIC OF MUSKOGEE											
GOOD SHEPHERD HEALTH MUSKOGEE, OK 74401		501(C)(3)		758,715.		MEDICAL SUPPLIES	ON-GOING				
2 Enter total number of section 501(c)(3) and	-	-					▶				
3 Enter total number of other organizations lis	ted in the line	1 table			<u></u>		•				

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	ations,	F	OMB No. 1545-0047				
(Form 990) Go	vernme	nts, and Ir	ndividuals ii	n the Unite	d States		2019				
Com	plete if the o	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.						
		-	ttach to Form 990		,		Open to Public				
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Name of the organization						Employer identif	ication number				
AMERICARES FOUNDATION, INC.						06-1008	3595				
Part I General Information on Grants and	d Assistanc	е									
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the selection criteria used to award the grant			-	-			X Yes No				
2 Describe in Part IV the organization's proceed											
Part II Grants and Other Assistance to D					nlete if the organiz	zation answered	"Ves" on Form 990				
Part IV, line 21, for any recipient th		-									
			,000. Fait il call i		•	lieeueu.					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description o noncash assistanc					
(1) GOOD SHEPHERD MINISTRIES OF OKLAHOMA, INC.											
222 NW 12TH STREET OKLAHOMA CITY, OK 73103	20-0526892	501(C)(3)		338,093.	FMV	MEDICAL SUPPLIES	ON-GOING				
(2) GOOD SHEPHERD PHARMACY											
2166 CUBA MILLINGTON MILLINGTON, TN 38053	46-3313048	501(C)(3)		554,652.	FMV	MEDICAL SUPPLIES	ON-GOING				
(3) GOODWIN COMMUNITY HEALTH											
311 ROUTE 108 SOMERSWORTH, NH 03878	02-0304203	501(C)(3)		1,827,722.	FMV	MEDICAL SUPPLIES	ON-GOING				
(4) GRACE COMMUNITY HEALTH CENTER											
1019 CUMBERLAND FALLS HWY CORBIN, KY 40734	26-1779437	501(C)(3)		32,649.	FMV	MEDICAL SUPPLIES	ON-GOING				
(5) GRACE MEDICAL HOME											
1417 E CONCORD ST. ORLANDO, FL 32803	26-1817966	501(C)(3)		1,344,105.	FMV	MEDICAL SUPPLIES	ON-GOING				
(6) GRAPEVINE RELIEF AND COMMUNITY EXCHANGE (GR											
837 E. WALNUT STREET GRAPEVINE, TX 76051	75-2195702	501(C)(3)		21,178.	FMV	MEDICAL SUPPLIES	ON-GOING				
(7) GRASSROOTS HEALTHCARE FOUNDATION											
732 PLACER CIRCLE VACAVILLE, CA 95687	32-0600776	501(C)(3)		276,005.	FMV	MEDICAL SUPPLIES	ON-GOING				
(8) GREATER GREENWOOD UNITED MINISTRY FREE MEDI	_										
1404 EDGEFIELD STREET GREENWOOD, SC 29646	57-1012393	501(C)(3)		15,650.	FMV	MEDICAL SUPPLIES	ON-GOING				
(9) GREATER HICKORY COOPERATIVE CHRISTIAN MINIS	_										
31 1ST AVE SE HICKORY, NC 28602	56-0934855	501(C)(3)		243,791.	FMV	MEDICAL SUPPLIES	ON-GOING				
(10) GREATER KILLEEN FREE CLINIC	_										
GREATER KILLEEN HARKER HEIGHTS, TX 76541	74-2724725	501(C)(3)		1,774,642.	FMV	MEDICAL SUPPLIES	ON-GOING				
(11) GREATER TEXOMA HEALTH CLINIC	_										
900 N. ARMSTRONG AVE. DENISON, TX 75020	81-0584983	501(C)(3)		515,112.	FMV	MEDICAL SUPPLIES	ON-GOING				
(12) GREENVILLE FREE MEDICAL CLINIC	4										
PO BOX 8993 GREENVILLE, SC 29604	57-0855205			132,973.		MEDICAL SUPPLIES	ON-GOING				
2 Enter total number of section 501(c)(3) and	0	0					▶				
3 Enter total number of other organizations list	ted in the line	1 table					▶				

			Assistance t			Ļ	OMB No. 1545-0047				
(Form 990) Go	overnme	nts, and Ir	ndividuals ii	n the Unite	d States		2019				
Com	plete if the o	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.						
Department of the Treasury		► At	ttach to Form 990	•			Open to Public				
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	۱.		Inspection				
Name of the organization						Employer identif	ication number				
AMERICARES FOUNDATION, INC.						06-1008	3595				
Part I General Information on Grants an	d Assistanc	e									
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 gran							X Yes No				
2 Describe in Part IV the organization's proce	dures for mor	nitoring the use	of grant funds in the	e United States.							
Part II Grants and Other Assistance to D	omestic Or	anizations ar	nd Domestic Gov	ernments. Con	plete if the organiz	ration answered	"Yes" on Form 990				
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		-						
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description c noncash assistant					
(1) GUADALUPE CLINIC											
940 S SAINT FRANCIS WICHITA, KS 67211	20-1285208	501(C)(3)		1,349,211.	FMV	MEDICAL SUPPLIES	ON-GOING				
(2) GULF BEND CENTER											
6502 NURSERY DRIVE VICTORIA, TX 77904	74-1659064	OTHER		486,888.	FMV	MEDICAL SUPPLIES	ON-GOING				
(3) GULF COAST HEALTH CENTER, INC.				100,0001							
2548 MEMORIAL BLVD. PORT ARTHUR, TX 77640	76-0289927	501(C)(3)		188,411.	FMV	MEDICAL SUPPLIES	ON-GOING				
(4) GULF COAST HEALTH CENTER, INC.											
2548 MEMORIAL BLVD. PORT ARTHUR, TX 77640	76-0289927	501(C)(3)		392,776.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(5) GULU PROJECT, INC											
5400 JOHNSON DRIVE MISSION, KS 66205	82-1003879	501(C)(3)		6,600.	FMV	MEDICAL SUPPLIES	ON-GOING				
(6) HACS DBA AVENUE 360 HEALTH & WELLNESS											
2150 W. 18TH ST HOUSTON, TX 77008	76-0549240	501(C)(3)		12,082.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(7) HALEY CENTER											
122 WEST CENTRAL AVE WINTER HAVEN, FL 33880	82-5306080	501(C)(3)		401,194.	FMV	MEDICAL SUPPLIES	ON-GOING				
(8) HANDS OF HOPE CLINIC, INC.											
1010 HOSPITAL DR STOCKBRIDGE, GA 30281	42-1591970	501(C)(3)		178,451.	FMV	MEDICAL SUPPLIES	ON-GOING				
(9) HARMONY HEALTH CLINIC											
201 E. ROOSEVELT LITTLE ROCK, AR 72206	20-5691313	501(C)(3)		228,040.	FMV	MEDICAL SUPPLIES	ON-GOING				
(10) HARTVILLE MIGRANT MINISTRIES											
PO BOX 682 HARTVILLE, OH 44632	34-0899100	501(C)(3)		193,852.	FMV	MEDICAL SUPPLIES	ON-GOING				
(11) HAVEN FREE CLINIC											
800 HOWARD AVE, 1ST FL NEW HAVEN, CT 06519	06-0646973	501(C)(3)		801,383.	FMV	MEDICAL SUPPLIES	ON-GOING				
(12) HEAL THE CITY											
609 S. CAROLINA AMARILLO, TX 79106	46-5694050	501(C)(3)		149,065.	FMV	MEDICAL SUPPLIES	ON-GOING				
2 Enter total number of section 501(c)(3) and	•	•					▶				
3 Enter total number of other organizations lis	ted in the line	1 table					•				

SCHEDULE I	Grants ar	nd Other A	Assistance t	o Organiza	itions,	Ļ	OMB No. 1545-0047				
(Form 990) Go	vernmei	nts, and Ir	ndividuals in	n the Unite	d States		2019				
Comr	olete if the or	ganization ans	wered "Yes" on F	orm 990. Part IV	. line 21 or 22.						
		-	ttach to Form 990		,		Open to Public				
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	۱.		Inspection				
Name of the organization						Employer identif	ication number				
AMERICARES FOUNDATION, INC.						06-1008	3595				
Part I General Information on Grants and	d Assistanc	9									
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 grant							X Yes No				
2 Describe in Part IV the organization's proceed											
					ploto if the organiz	zation answorod	Vos" on Form 000				
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.											
		more man 55	,000. Part il can t								
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description on noncash assistant					
(1) HEALING BRIDGE CLINIC											
215 WILLOW BEND PEACHTREE CITY, GA 30269	26-3555799	501(C)(3)		231,234.	FMV	MEDICAL SUPPLIES	ON-GOING				
(2) HEALING HANDS MINISTRIES INC											
8515 GREENVILLE AVE DALLAS, TX 75243	65-1259379	501(C)(3)		10,092.	FMV	MEDICAL SUPPLIES	ON-GOING				
(3) HEALTH ACCESS, INC.											
489 WASHINGTON AVENUE CLARKSBURG, WV 26301	55-0715066	501(C)(3)		482,094.	FMV	MEDICAL SUPPLIES	ON-GOING				
(4) HEALTH AND HOPE CLINIC, INC.											
1718 E OLIVE RD PENSACOLA, FL 32514	26-4336638	501(C)(3)		396,451.	FMV	MEDICAL SUPPLIES	ON-GOING				
(5) HEALTH AND HOPE MEDICAL OUTREACH											
1911 COOKS HILL ROAD CENTRALIA, WA 98531	27-4432389	501(C)(3)		34,734.	FMV	MEDICAL SUPPLIES	ON-GOING				
(6) HEALTH BRIGADE											
1010 N THOMPSON ST RICHMOND, VA 23230	54-0927792	501(C)(3)		32,391.	FMV	MEDICAL SUPPLIES	ON-GOING				
(7) HEALTH PARTNERS FREE CLINIC											
1300 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1596731	501(C)(3)		20,787.	FMV	MEDICAL SUPPLIES	ON-GOING				
(8) HEALTH PARTNERS OF WESTERN OHIO	_										
329 N. WEST ST LIMA, OH 45801	56-2330309	501(C)(3)		91,796.	FMV	MEDICAL SUPPLIES	ON-GOING				
(9) HEALTHCARE FOR THE HOMELESS - HOUSTON	_										
1934 CAROLINE STREET HOUSTON, TX 77002	76-0647934	501(C)(3)		62,303.	FMV	MEDICAL SUPPLIES	ON-GOING				
(10) HEALTHFINDERS COLLABORATIVE	_										
PO BOX 731 NORTHFIELD, MN 55057-2484	20-1805262	501(C)(3)		5,427.	FMV	MEDICAL SUPPLIES	ON-GOING				
(11) HEALTHNET OF ROCK COUNTY, INC.	_										
23 W. MILWAUKEE STREET JANESVILLE, WI 53548	39-1778804	501(C)(3)		6,608.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(12) HEALTHNET OF ROCK COUNTY, INC.	_										
23 W. MILWAUKEE STREET JANESVILLE, WI 53548	39-1778804	1		538,429.		MEDICAL SUPPLIES					
2 Enter total number of section 501(c)(3) and	0	0					-				
3 Enter total number of other organizations list	ed in the line	1 table	<u></u>		<u></u>		•				

			Assistance t Individuals in			F	OMB No. 1545-0047			
		•					2019			
Comp	plete if the or	-	wered "Yes" on F ttach to Form 990		, line 21 or 22.		Open to Public			
Department of the Treasury	► Go		/Form990 for the I				Inspection			
Internal Revenue Service Name of the organization		to www.ns.gov/	Formaso for the r		l	Employer identifi	-			
AMERICARES FOUNDATION, INC.						06-1008				
Part I General Information on Grants and	1 Assistance	<u>a</u>				00 1000	575			
				and the grantees	l aliaibility far the area	to or oppiotopool of	ad			
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? No										
2 Describe in Part IV the organization's proceed										
Part II Grants and Other Assistance to D		-					"Yes" on Form 990,			
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is	needed.				
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance				
(1) HEALTHQUEST OF UNION COUNTY										
415 E. FRANKLIN STREET MONROE, NC 28112	56-2117596	501(C)(3)		131,221.	FMV	MEDICAL SUPPLIES	ON-GOING			
(2) HEALTHREACH COMMUNITY CLINIC										
400 E STATESVILLE AVE MOORESVILLE, NC 28115	20-1020941	501(C)(3)		963,862.	FMV	MEDICAL SUPPLIES	ON-GOING			
(3) HEARTBRIGHT FOUNDATION INC										
2923 SOUTH TRYON, STE CHARLOTTE, NC 28203	45-0496759	501(C)(3)		581,341.	FMV	MEDICAL SUPPLIES	ON-GOING			
(4) HEARTS AND HANDS CLINIC										
127 NORTH COLLEGE ST. STATESBORO, GA 30458	26-4597700	501(C)(3)		380,324.	FMV	MEDICAL SUPPLIES	ON-GOING			
(5) HELPING HAND CLINIC										
507 NORTH STEELE ST SANFORD, NC 27330	56-1752295	501(C)(3)		66,408.	FMV	MEDICAL SUPPLIES	ON-GOING			
(6) HELPING HANDS CLINIC, INC.										
810 HARPER AVE LENOIR, NC 28645	56-2076541	501(C)(3)		9,659.	FMV	MEDICAL SUPPLIES	ON-GOING			
(7) HELPING HANDS FREE MEDICAL CLINIC										
P.O. BOX 1439 MARION, SC 29571	32-0378680	501(C)(3)		92,154.	FMV	MEDICAL SUPPLIES	ON-GOING			
(8) HEMOSTASIS AND THROMBOSIS CENTER OF NEVADA										
8352 W. WARM SPRINGS RD LAS VEGAS, NV 89113	82-2793154	501(C)(3)		33,757.	FMV	MEDICAL SUPPLIES	ON-GOING			
(9) HENDERSON BEHAVIORAL HEALTH-HILL PROGRAM										
4740 N STATE RD. LAUDERDALE LAKES, FL 33319	59-0711167	OTHER		202,447.	FMV	MEDICAL SUPPLIES	ON-GOING			
(10) HESTIA RX ASSIST	_									
2107 THREE STARS RD. EDMOND, OK 73034	84-3013421	501(C)(3)		2,284,012.	FMV	MEDICAL SUPPLIES	ON-GOING			
(11) HIGHLANDS HEALTH FREE AND CHARITABLE CLINIC										
315 LOCUST 2ND FLOOR JOHNSTOWN, PA 15901	23-2922409	501(C)(3)		777,151.	FMV	MEDICAL SUPPLIES	ON-GOING			
(12) HILL COUNTRY COMMUNITY MHMR CENTER	4									
819 WATER STREET KERRVILLE, TX 78028		501(C)(3)		117,062.		MEDICAL SUPPLIES	ON-GOING			
2 Enter total number of section 501(c)(3) and							▶			
3 Enter total number of other organizations list	ed in the line	1 table								

			Assistance t			ļ	OMB No. 1545-0047				
(Form 990) Go	overnme	nts, and Ir	ndividuals ii	n the Unite	d States		2019				
Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.						
Department of the Treasury		► At	ttach to Form 990				Open to Public				
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	ı.		Inspection				
Name of the organization						Employer identi	ication number				
AMERICARES FOUNDATION, INC.						06-100	3595				
Part I General Information on Grants an	d Assistanc	е									
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 gran	ts or assistand	æ?					X Yes No				
2 Describe in Part IV the organization's proce	dures for mor	nitoring the use	of grant funds in the	e United States.							
Part II Grants and Other Assistance to I	omestic Or	ganizations ar	nd Domestic Gov	vernments. Con	nolete if the organiz	zation answered	"Yes" on Form 990.				
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			·		(f) Method of valuation	[					
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistan					
(1) HIS HANDS FREE MEDICAL CLINIC 400 12TH ST. SE CEDAR RAPIDS, IA 52403	39-1878606	501(C)(3)		290,796.	FMV	MEDICAL SUPPLIES	S ON-GOING				
(2) HOPE CENTER	39 10/0000	501(0)(5)		250,750.	PHV	MEDICAL SUFFLIES					
1950 KITRICK AVE. OROVILLE, CA 95966	47-5315046	501(C)(3)		1,817,553.	FMV	MEDICAL SUPPLIES	5 EMERGENCY				
(3) HOPE CLINIC	47 5515040	501(0)(5)		1,017,555.	PHV	MEDICAL SUFFLIES					
P.O. BOX 728 BAYBORO, NC 28515	56-2114681	501(C)(3)		13,018.	FMV	MEDICAL SUPPLIES	5 EMERGENCY				
(4) HOPE CLINIC	50 2111001	501(0)(5)		15,010.	1111						
P.O. BOX 728 BAYBORO, NC 28515	56-2114681	501(C)(3)		1,223,024.	FMV	MEDICAL SUPPLIES	S ON-GOING				
(5) HOPE CLINIC											
P.O. BOX 4025 BARTLESVILLE, OK 74006	46-4417141	501(C)(3)		121,091.	FMV	MEDICAL SUPPLIES	ON-GOING				
(6) HOPE CLINIC											
411 EAST JEFFERSON WAXAHACHIE, TX 75165	75-2813621	501(C)(3)		186,171.	FMV	MEDICAL SUPPLIES	ON-GOING				
(7) HOPE CLINIC AND CARE CENTER											
1814 APPLETON ROAD MENASHA, WI 54952-1110	47-3031346	501(C)(3)		250,141.	FMV	MEDICAL SUPPLIES	ON-GOING				
(8) HOPE CLINIC OF GARLAND											
800 S. 6TH ST., SUITE 100 GARLAND, TX 75040	75-2960314	501(C)(3)		240,442.	FMV	MEDICAL SUPPLIES	ON-GOING				
(9) HOPE CLINIC OF MCKINNEY											
PO BOX 477 MCKINNEY, TX 75070	81-3813928	501(C)(3)		473,055.	FMV	MEDICAL SUPPLIES	ON-GOING				
(10) HOPE HEALTH CLINIC											
1025 SANIBEL WAY LAGRANGE, KY 40031	46-5509958	501(C)(3)		143,479.	FMV	MEDICAL SUPPLIES	S ON-GOING				
(11) HOPE MEDICAL CLINIC											
10101 60TH STREET LEXINGTON, OK 73051	73-1338039	501(C)(3)		234,510.	FMV	MEDICAL SUPPLIES	ON-GOING				
(12) HOPE MEDICAL CLINIC											
150 BEACH DRIVE DESTIN, FL 32541	26-3811078			269,807.		MEDICAL SUPPLIES	ON-GOING				
2 Enter total number of section 501(c)(3) and	•	•					▶				
3 Enter total number of other organizations lis	ted in the line	1 table					►				

SCHEDULE I ( (Form 990) Go	F	OMB No. 1545-0047										
		•	ndividuals in wered "Yes" on F				2019					
		-	ttach to Form 990		, inte 21 of 22.		Open to Public					
Department of the Treasury Internal Revenue Service	► Go		/Form990 for the I	-	1.		Inspection					
Name of the organization	P 00					Employer identific	-					
AMERICARES FOUNDATION, INC.						06-1008						
Part I General Information on Grants and	d Assistanc	e				00 1000						
	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and											
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Part IV, line 21, for any recipient th	hat received	more than \$5	,000. Part II can t	be duplicated if	additional space is	needed.						
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance					
(1) HOPE MEDICAL CLINIC												
HOPE MEDICAL CLINIC YPSILANTI, MI 48197	38-2469007	501(C)(3)		300,221.	FMV	MEDICAL SUPPLIES	ON-GOING					
(2) HOPE MEDICAL/DENTAL CLINIC												
PO BOX 969 KEENE, TX 76059	75-2953856	501(C)(3)		208,902.	FMV	MEDICAL SUPPLIES	ON-GOING					
(3) HOPEHEALTH MANNING FAMILY PRACTICE												
12 WEST SOUTH STREET MANNING, SC 29102	57-0984427	501(C)(3)		1,858,190.	FMV	MEDICAL SUPPLIES	ON-GOING					
(4) HOPELIGHT MEDICAL CLINIC												
1351 COLLYER ST LONGMONT, CO 80501	46-4657471	501(C)(3)		206,843.	FMV	MEDICAL SUPPLIES	ON-GOING					
(5) HOSPITAL GENERAL CASTANER												
P.O. BOX 1003 CASTANER, PR 00631	66-0352014	501(C)(3)		51,092.	FMV	MEDICAL SUPPLIES	EMERGENCY					
(6) HOSPITAL UNIVERSIDAD DE PR DR. FREDERICO TR												
CARRETERA 3 KM. 8.3 AVE CAROLINA, PR 00984	66-0561027	501(C)(3)		26,000.	FMV	MEDICAL SUPPLIES	EMERGENCY					
(7) HOUSTON COUNTY VOLUNTEER MEDICAL CLINIC												
107 HICKORY LANE BONAIRE, GA 31005-4341	20-1859450	501(C)(3)		129,447.	FMV	MEDICAL SUPPLIES	ON-GOING					
(8) HPM FOUNDATION, INC.	_											
2020 AVE BORINQUEN SAN JUAN, PR 00915	66-0437924	501(C)(3)		14,870.	FMV	MEDICAL SUPPLIES	EMERGENCY					
(9) HPM FOUNDATION, INC.	_											
2020 AVE BORINQUEN SAN JUAN, PR 00915	66-0437924	501(C)(3)		54,089.	FMV	MEDICAL SUPPLIES	ON-GOING					
(10) I CARE SAN ANTONIO	_											
1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	74-2690192	501(C)(3)		9,220.	FMV	MEDICAL SUPPLIES	ON-GOING					
(11) IBN SINA FOUNDATION	4											
11226 S. WILCREST DR HOUSTON, TX 77099	76-0698464	501(C)(3)		456,798.	FMV	MEDICAL SUPPLIES	EMERGENCY					
(12) IBN SINA FOUNDATION	4											
11226 S. WILCREST DR HOUSTON, TX 77099	76-0698464			2,045,458.		MEDICAL SUPPLIES	ON-GOING					
2 Enter total number of section 501(c)(3) and							•					
3 Enter total number of other organizations list	ted in the line	1 table										

			Assistance t Idividuals in			F	OMB No. 1545-0047				
		•					2019				
Comp	plete if the of	-	wered "Yes" on F tach to Form 990		, line 21 or 22.		Open to Public				
Department of the Treasury	► Go		/Form990 for the I				Inspection				
Internal Revenue Service Name of the organization	<b>G</b> 0		Formaso for the f		l	Employer identifi					
AMERICARES FOUNDATION, INC.						06-1008					
Part I General Information on Grants and	Assistanc	<u>م</u>				00 1000	575				
				non the grapters	l aliaibility far the area	to or oppiotopool of	ad				
	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?										
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Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can b	be duplicated if	additional space is	needed.					
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance					
(1) IFM COMMUNITY MEDICINE											
722 LOUGHBOROUGH AVE. SAINT LOUIS, MO 63111	43-1863752	501(C)(3)		363,751.	FMV	MEDICAL SUPPLIES	ON-GOING				
(2) IMPACT CHRISTIAN MINISTRIES CLINIC											
115 W. SOLOMON ST. GRIFFIN, GA 30223	27-0344233	501(C)(3)		551,912.	FMV	MEDICAL SUPPLIES	ON-GOING				
(3) INFANT WELFARE SOCIETY OF CHICAGO											
3600 W. FULLERTON AVE. CHICAGO, IL 60647	36-2167752	501(C)(3)		8,932.	FMV	MEDICAL SUPPLIES	ON-GOING				
(4) INHEALTH COMMUNITY WELLNESS FREE CLINIC											
109 1/2 E BLUFF ST BOSCOBEL, WI 53805	33-1170597	501(C)(3)		66,444.	FMV	MEDICAL SUPPLIES	ON-GOING				
(5) INTERFAITH CLINIC											
2305 CHAMPAGNOLLE RD. EL DORADO, AR 71730	71-0236863	501(C)(3)		717,219.	FMV	MEDICAL SUPPLIES	ON-GOING				
(6) INTERFAITH COMMUNITY CLINIC											
101 PINE MANOR DR. OAK RIDGE N., TX 77385	75-2634623	501(C)(3)		296,235.	FMV	MEDICAL SUPPLIES	ON-GOING				
(7) ISLAND HEALTH & WELLNESS CENTER											
5000 ESTATE ENIGHED ST. JOHN, VI 00831	66-0852135	501(C)(3)		5,552.	FMV	MEDICAL SUPPLIES	ON-GOING				
(8) ISLAND HEALTH CARE											
245 EDGARTOW VINE EDGARTOWN, MA 02539	47-0870772	501(C)(3)		27,319.	FMV	MEDICAL SUPPLIES	ON-GOING				
(9) IUSB HEALTH & WELLNESS CENTER	_										
941 20TH STREET SOUTH BEND, IN 46615	35-6001673	501(C)(3)		380,725.	FMV	MEDICAL SUPPLIES	ON-GOING				
(10) JACKSON COUNTY HEALTH DEPARTMENT	_										
801 W. SECOND ST. SEYMOUR, IN 47274	35-6000159	OTHER		58,076.	FMV	MEDICAL SUPPLIES	ON-GOING				
(11) JEFFERSON CENTER FOR MENTAL HEALTH	_										
4851 INDEPENDENCE ST. WHEAT RIDGE, CO 80033	84-0474717	501(C)(3)		1,077,635.	FMV	MEDICAL SUPPLIES	ON-GOING				
(12) JFK GLOBAL P. MINISTRY- DBA SHALOM MEDICAL	_										
9494 SOUTHWEST FREEWAY HOUSTON, TX 77074	47-5269630			2,494,775.		MEDICAL SUPPLIES	ON-GOING				
2 Enter total number of section 501(c)(3) and							►				
3 Enter total number of other organizations list	ed in the line	1 table			<u></u>						

			Assistance t			ŀ	OMB No. 1545-0047			
(Form 990) Go	vernme	nts, and Ir	ndividuals ii	n the Unite	d States		2019			
Comp	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury		► At	ttach to Form 990				Open to Public			
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	า.		Inspection			
Name of the organization						Employer identit	fication number			
AMERICARES FOUNDATION, INC.						06-100	8595			
Part I General Information on Grants and	d Assistanc	e								
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 grant							X Yes No			
2 Describe in Part IV the organization's proceed										
Part II Grants and Other Assistance to D					aploto if the organi	ration answorod	Vos" on Form 990			
		-								
Part IV, line 21, for any recipient th	hat received	more than \$5	,000. Part II can t	be auplicated in	•					
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistant				
(1) JOHN P. MURRAY COMMUNITY CARE CLINIC										
303 YADKIN ST. ALBEMARLE, NC 28001	56-2098720	501(C)(3)		96,457.	FMV	MEDICAL SUPPLIES	ON-GOING			
(2) JOSLIN DIABETES CENTER, ADULT										
ONE JOSLIN PLACE BOSTON, MA 02215	04-2203836	501(C)(3)		160,053.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(3) JUMPSTART FREE HEALTH CLINIC										
777 SOUTH BURLESON BLVD BURLESON, TX 76028	52-1302275	501(C)(3)		510,081.	FMV	MEDICAL SUPPLIES	ON-GOING			
(4) KATAHDIN VALLEY HEALTH CENTER										
529 SOUTH PATTEN ROAD PATTEN, ME 04747	23-7411014	501(C)(3)		22,870.	FMV	MEDICAL SUPPLIES	ON-GOING			
(5) KATALLASSO FAMILY HEALTH CENTER										
38 SOUTH BELVIDERE AVENUE YORK, PA 17401	45-3170905	OTHER		293,420.	FMV	MEDICAL SUPPLIES	ON-GOING			
(6) KEVINS COMMUNITY CENTER										
25 COMMERCE ROAD NEWTOWN, CT 06470	61-1436909	501(C)(3)		262,255.	FMV	MEDICAL SUPPLIES	ON-GOING			
(7) KIDS FIRST HEALTH CARE										
4675 E. 69TH AVENUE COMMERCE CITY, CO 80022	84-0799374	501(C)(3)		57,529.	FMV	MEDICAL SUPPLIES	ON-GOING			
(8) KNOX COUNTY HEALTH CLINIC										
22 WHITE STREET ROCKLAND, ME 04841	01-0528885	501(C)(3)		56,565.	FMV	MEDICAL SUPPLIES	ON-GOING			
(9) LA CLINICA CRISTIANA										
1915 AVALON AV MUSCLE SHOALS, AL 35661	20-1624284	501(C)(3)		21,852.	FMV	MEDICAL SUPPLIES	ON-GOING			
(10) LA CROSSE COUNTY MENTAL HEALTH OUTPATIENT C										
300 FOURTH ST. NORTH LA CROSSE, WI 54601	39-6005709	501(C)(3)		174,916.	FMV	MEDICAL SUPPLIES	ON-GOING			
(11) LAKE AREA FREE CLINIC										
856B ARMOUR RD OCONOMOWOC, WI 53066	39-2006388	OTHER		110,754.	FMV	MEDICAL SUPPLIES	ON-GOING			
(12) LAKE COUNTY FREE CLINIC										
54 S. STATE ST. PAINESVILLE, OH 44077	34-1081191	501(C)(3)		252,796.	FMV	MEDICAL SUPPLIES	ON-GOING			
2 Enter total number of section 501(c)(3) and	•	•								
3 Enter total number of other organizations list	ted in the line	1 table	<u></u>		<u></u>		•			
		~~								

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	ations,	Ļ	OMB No. 1545-0047		
(Form 990) Go	vernme	nts, and Ir	ndividuals ii	n the Unite	d States		2019		
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
		-	ttach to Form 990		,		Open to Public		
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	ı.		Inspection		
Name of the organization						Employer identif	ication number		
AMERICARES FOUNDATION, INC.						06-1008	3595		
Part I General Information on Grants and	d Assistanc	e							
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?									
<ul> <li>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>									
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.									
		more man 55	,000. Part il can t		•				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description on noncash assistant			
(1) LAKE HEALTH DISTRICT FUND-NE OHIO DRP									
7757 AUBURN ROAD PAINESVILLE, OH 44077	34-1598598	501(C)(3)		301,495.	FMV	MEDICAL SUPPLIES	ON-GOING		
(2) LAKE NORMAN COMMUNITY HEALTH CLINIC									
P.O. BOX 2398 HUNTERSVILLE, NC 28070	04-3723062	501(C)(3)		23,724.	FMV	MEDICAL SUPPLIES	ON-GOING		
(3) LAKELAND VOLUNTEERS IN MEDICINE									
600 W. PEACHTREE ST LAKELAND, FL 33815	52-2351630	501(C)(3)		301,506.	FMV	MEDICAL SUPPLIES	ON-GOING		
(4) LAKEVIEW CENTER INC.									
1221 W. LAKEVIEW AVE PENSACOLA, FL 32501	59-0737872	501(C)(3)		322,250.	FMV	MEDICAL SUPPLIES	ON-GOING		
(5) LEBANON VALLEY VOLUNTEERS IN MEDICINE									
711 S 8TH ST LEBANON, PA 17042	26-3915958	501(C)(3)		14,664.	FMV	MEDICAL SUPPLIES	ON-GOING		
(6) LEFLORE COUNTY HEALTH CENTER									
706 HWY 82 WEST GREENWOOD, MS 38930	20-0069223	501(C)(3)		16,448.	FMV	MEDICAL SUPPLIES	ON-GOING		
(7) LEGACY OF CARE HEALTH CENTER, INC.									
212 COURTHOUSE SQUARE BAY MINETTE, AL 36507	63-1247879	501(C)(3)		149,253.	FMV	MEDICAL SUPPLIES	ON-GOING		
(8) LESTONNAC FREE CLINIC	_								
1215 E CHAPMAN ORANGE, CA 92866	95-3499011	501(C)(3)		10,262.	FMV	MEDICAL SUPPLIES	EMERGENCY		
(9) LESTONNAC FREE CLINIC	_								
1215 E CHAPMAN ORANGE, CA 92866	95-3499011	501(C)(3)		142,387.	FMV	MEDICAL SUPPLIES	ON-GOING		
(10) LEWIS & CLARK BEHAVORIAL HEALTH SERVICES	_								
1028 WALNUT STREET YANKTON, SD 57078	16-1900308	501(C)(3)		422,102.	FMV	MEDICAL SUPPLIES	ON-GOING		
(11) LIFE CHOICES MEDICAL CLINIC	_								
3234 NORTHWESTERN SAN ANTONIO, TX 78238	74-2809910	501(C)(3)		874,807.	FMV	MEDICAL SUPPLIES	ON-GOING		
(12) LIFESPRING HEALTH SYSTEMS	_								
460 SPRING STREET JEFFERSONVILLE, IN 47130	35-1097350			245,922.		MEDICAL SUPPLIES	ON-GOING		
2 Enter total number of section 501(c)(3) and	-	•					▶		
3 Enter total number of other organizations list	ed in the line	e 1 table					•		

			Assistance t ndividuals in			F	OMB No. 1545-0047			
		2019								
		-	wered "Yes" on F ttach to Form 990		, inte 21 01 22.		Open to Public			
Department of the Treasury Internal Revenue Service	► Go		/Form990 for the I		<b>1</b> .		Inspection			
Name of the organization	,					Employer identifie				
AMERICARES FOUNDATION, INC.						06-1008				
Part I General Information on Grants and	d Assistanc	e								
<ol> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and</li></ol>										
the selection criteria used to award the grants or assistance?										
<ul> <li>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>										
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.										
Part IV, line 21, for any recipient tr	hat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is	needed.				
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
(1) LIFESTREAM BEHAVIORAL CENTER										
515 MAIN STREET LEESBURG, FL 34748	59-1561501	501(C)(3)		709,741.	FMV	MEDICAL SUPPLIES	ON-GOING			
(2) LIGHT OF THE WORLD CLINIC, INC.										
5333 N. DIXIE HWY OAKLAND PARK, FL 33334	65-0266070	501(C)(3)		559,450.	FMV	MEDICAL SUPPLIES	ON-GOING			
(3) LLOYD F. MOSS FREE CLINIC										
1301 SAM PERRY FREDERICKSBURG, VA 22401	54-1677934	501(C)(3)		25,199.	FMV	MEDICAL SUPPLIES	ON-GOING			
(4) LONGVIEW WELLNESS CENTER, INC. DBA WELLNESS										
1107 E MARSHALL AVE LONGVIEW, TX 75601	75-2723993	501(C)(3)		13,018.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(5) LONGVIEW WELLNESS CENTER, INC. DBA WELLNESS										
1107 E MARSHALL AVE LONGVIEW, TX 75601	75-2723993	501(C)(3)		384,072.	FMV	MEDICAL SUPPLIES	ON-GOING			
(6) LORAIN COUNTY FREE CLINIC										
5040 OBERLIN AVENUE LORAIN, OH 44053	34-1506180	501(C)(3)		343,126.	FMV	MEDICAL SUPPLIES	ON-GOING			
(7) LOUDOUN FREE CLINIC										
224B CORNWALL STREET, NW LEESBURG, VA 20176	54-1921059	501(C)(3)		8,926.	FMV	MEDICAL SUPPLIES	ON-GOING			
(8) LOUISIANA RURAL HEALTH ASSOCIATION	1									
PO BOX 387 NAPOLEONVILLE, LA 70390	72-1219312	501(C)(3)		64,435.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(9) LOVE IN ACTION OF THE TRI-CITIES	1									
326 N FERRY ST GRAND HAVEN, MI 49417	38-2856482	501(C)(6)		172,469.	FMV	MEDICAL SUPPLIES	ON-GOING			
(10) LUKE SOCIETY	4									
P.O. BOX 16194 GALVESTON, TX 77552	74-2211973	501(C)(3)		91,543.	FMV	MEDICAL SUPPLIES	ON-GOING			
(11) MACON VOLUNTEER CLINIC	4									
376 ROGERS AVE MACON, GA 31204	74-3055376	501(C)(3)		14,382.	FMV	MEDICAL SUPPLIES	ON-GOING			
(12) MALIHEH FREE CLINIC	4									
941 E 3300 S SALT LAKE CITY, UT 84107	20-2313461			85,749.		MEDICAL SUPPLIES	ON-GOING			
2 Enter total number of section 501(c)(3) and	•	•					•			
3 Enter total number of other organizations list	ed in the line	1 table								

SCHEDULE I			Assistance t			F	OMB No. 1545-0047			
(Form 990)	Governme	nts, and Ir	ndividuals ii	n the Unite	d States		2019			
Co	omplete if the o	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.					
Department of the Treasury		► At	ttach to Form 990				Open to Public			
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	ı.		Inspection			
Name of the organization						Employer identif	cation number			
AMERICARES FOUNDATION, INC.						06-1008	3595			
Part I General Information on Grants	and Assistanc	e								
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?										
<ul> <li>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>										
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Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
			,000. Fait il call i		•					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistanc				
(1) MALTA HOUSE OF CARE, INC										
19 WOODLAND STREET HARTFORD, CT 06105	20-3562424	501(C)(3)		209,362.	FMV	MEDICAL SUPPLIES	ON-GOING			
(2) MALTA HOUSE OF CARE-WATERBURY, INC.										
PO BOX 247 MIDDLEBURY, CT 06762	26-3484648	501(C)(3)		34,057.	FMV	MEDICAL SUPPLIES	ON-GOING			
(3) MANNA MINISTRIES INC										
120 STREET A, SUITE A PICAYUNE, MS 39466	20-1788094	501(C)(3)		85,020.	FMV	MEDICAL SUPPLIES	ON-GOING			
(4) MANSFIELD MISSION CENTER										
901 W BROAD ST MANSFIELD, TX 76063	36-4753862	OTHER		12,960.	FMV	MEDICAL SUPPLIES	ON-GOING			
(5) MARION COUNTY PUBLIC HEALTH										
2003 N. LINCOLN KNOXVILLE, IA 50138	42-6004844	501(C)(3)		25,985.	FMV	MEDICAL SUPPLIES	ON-GOING			
(6) MARTIN LUTHER KING HEALTH CENTER										
865 OLIVE STREET SHREVEPORT, LA 71104	72-1079721	OTHER		86,303.	FMV	MEDICAL SUPPLIES	ON-GOING			
(7) MARY ELIZA MAHONEY HEALTH CARE CENTER										
394 UNIVERSITY AVE NEWARK, NJ 07102	22-6002138	501(C)(3)		8,794.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(8) MARY ELIZA MAHONEY HEALTH CARE CENTER										
394 UNIVERSITY AVE NEWARK, NJ 07102	22-6002138	OTHER		317,764.	FMV	MEDICAL SUPPLIES	ON-GOING			
(9) MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH	CE									
40 COURT STREET BOSTON, MA 02108	04-2507409	OTHER		274,969.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(10) MATAGORDA EPISCOPAL HEALTH OUTREACH PROGR	АМ									
MEHOP BAY CITY, TX 77414	20-0537948	501(C)(3)		19,874.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(11) MATAGORDA EPISCOPAL HEALTH OUTREACH PROGR	АМ									
MEHOP BAY CITY, TX 77414	20-0537948	501(C)(3)		234,149.	FMV	MEDICAL SUPPLIES	ON-GOING			
(12) MATTAWA COMMUNITY MEDICAL CLINIC										
210 GOVERNMENT ROAD MATTAWA, WA 99349	91-1499763			50,763.		MEDICAL SUPPLIES	ON-GOING			
2 Enter total number of section 501(c)(3) a							▶			
3 Enter total number of other organizations	listed in the line	1 table					•			

SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States										
		•					2019			
Com	plete if the o	-	wered "Yes" on F		, line 21 or 22.		Open to Public			
Department of the Treasury	<b>N</b> 0-1		ttach to Form 990				Inspection			
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	1.	Envelopment de maio				
Name of the organization						Employer identifi				
AMERICARES FOUNDATION, INC.	A a a latana	•				06-1008	595			
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?										
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.										
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Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can b	be duplicated if	additional space is	needed.				
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistanc				
(1) MATTHEW 25 HEALTH AND DENTAL CLINIC										
413 E. JEFFERSON BLVD FORT WAYNE, IN 46802	35-1484951	501(C)(3)		30,000.	FMV	MEDICAL SUPPLIES	ON-GOING			
(2) MATTHEW WALKER COMPREHENSIVE HEALTH CENTER										
1035 14TH AVENUE NORTH NASHVILLE, TN 37208	62-1035426	501(C)(3)		29,642.	FMV	MEDICAL SUPPLIES	ON-GOING			
(3) MATTHEW WALKER COMPREHENSIVE HEALTH CENTER										
1035 14TH AVENUE NORTH NASHVILLE, TN 37208	62-1035426	501(C)(3)		346,971.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(4) MCDONALD COUNTY HEALTH DEPARTMENT										
500 OLIN STREET PINEVILLE, MO 64856	44-6000554	501(C)(3)		425,526.	FMV	MEDICAL SUPPLIES	ON-GOING			
(5) MCINTOSH TRAIL, CSB										
1435 NORTH EXPRESSWAY GRIFFIN, GA 30223	58-2098758	OTHER		1,506,629.	FMV	MEDICAL SUPPLIES	ON-GOING			
(6) MED CENTRO										
1034 HOSTOS AVENUE PONCE, PR 00716	66-0292961	OTHER		1,152,340.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(7) MEDICAL MINISTRIES INC.										
P.O. BOX 6087 WARWICK, RI 02887	47-2062464	501(C)(3)		396,414.	FMV	MEDICAL SUPPLIES	ON-GOING			
(8) MEDICAL MISSIONS FOR CHRIST CLINIC										
PO BOX 1948 CAMDENTON, MO 65020	20-3637019	501(C)(3)		31,385.	FMV	MEDICAL SUPPLIES	ON-GOING			
(9) MEDICAL OUTREACH MINISTRIES										
5741 CARMICHAEL PKWAY MONTGOMERY, AL 36117	63-1204645	501(C)(3)		6,608.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(10) MEDICAL OUTREACH MINISTRIES	_									
5741 CARMICHAEL PKWAY MONTGOMERY, AL 36117	63-1204645	501(C)(3)		433,198.	FMV	MEDICAL SUPPLIES	ON-GOING			
(11) MEDICAL SERVICE BUREAU, INC.	_									
1530 S. OLIVER WICHITA, KS 67218	48-0891620	501(C)(3)		66,827.	FMV	MEDICAL SUPPLIES	ON-GOING			
(12) MEDLINK GEORGIA, INC.	4									
11 CHARLIE MORRIS ROAD COLBERT, GA 30628	58-1394645			78,937.		MEDICAL SUPPLIES	ON-GOING			
2 Enter total number of section 501(c)(3) and	•	•					►			
3 Enter total number of other organizations list	ted in the line	1 table			<u></u>					

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	ations,	Ļ	OMB No. 1545-0047			
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.         Open to Public Inspection           Desamment of the Transcription of the organization maintain records to substantiate the amount of the grants or assistance, the grantee's eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?         Employer identification number of the grants or assistance, the grantee's eligibility for the grant or assistance, and the selection criteria used to award the grants or assistance?         Image: Complete if the organization's procedures for monitoring the use of grant funds in the United States.           Part IV, line 21, for any recipient that received more than \$\$5,000. Part II can be duplicated if additional space is needed.         (a) Amount of can's estimate         (b) Purpose of grant or assistance           1 (b) Name and address of organization         (b) EN         (c) ENC estimate         (a) Amount of can's estimate         (b) Purpose of grant or assistance           1 (b) Name and address of organization         (b) EN         (c) ENC estimate         (a) Amount of can's estimate         (b) Purpose of grant or assistance           1 (b) Name and address of organization         (b) EN         (c) ENC estimate         (a) Amount of can's estimate         (b) Purpose of grant or assistance           1 (b) Name and address of organization         (b) EN         (c) ENC (c)	(Form 990) GC	vernme	nts, and Ir	ndividuals ii	n the Unite	d States		୬ଲ <b>1</b> 0			
Partiant of the Treasury Internal Networks Series         Open to Public Inspection Inspection Networks Series           Regiver identification number open/adm           MERCICARES FOUNDATION, INC.         Engiver identification number 06=1008595           AMERICARES FOUNDATION, INC.         Engiver identification number 06=1008595           A Colspan="2">Colspan="2">Engiver identification number 06=1008595           A Desche organizations maintain records to substantiate the amount of the grants or assistance, the grants or assistance, the grants or assistance, the grants or assistance organization procedures for monitoring the use of grant funds in the United States.         Ves         No           O Desche organizations procedures for monitoring the use of grant funds in the United States.           Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         (I) Muse and address organization or government         (I) Purpore of grant           1 (a) Name and address organization or government         (b) EN         (I) Amount or assistance (I) Amount organization and space organization or government         (I) Purpore of grant (I) Purpore of grant         (I) Purpore of grant (I) Purpore of grant         (I) Purpore of grant (I) Purpore of grant (I) Purpore of grant         (I) Purpore of grant (I) Purpore of grant         (I) Purpore of grant         (I) Purpore (I) Purpore         (I) Pur	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
Content of the regression         End by expendition         Endpage information         Endpage information           AMERICARES FOUNDATION, INC.         06-1008595           Part I         General Information of Grants and Assistance         06-1008595           Part I         General Information of Grants and Assistance         Image information         Image information           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?         Image information         Image information         Image information           2         Describe in Part IV the organization sprocedures for monitoring the use of grant funds in the United States.         Part IV, line 21, for any recipient that received more than 55,000. Part II can be duplicated if additional space is needed.           1         (a) Name and address of organization         (b) EN         (f) Amount of cash grants and Description of cash grant and part is needed.         (f) Purpose of grant and space is needed.           (1) MDDEPINE         generative grant and part is procedured in the grant of non-cash grant and part is needed.         (f) Purpose of grant and part is procedured in the grant of non-cash grant and part is procedured in additional space is needed.           (1) MDDEPINE         (grant in about the dash space is needed.         (grant in space is needed.         (grant in sprecedured in space is needed.      <			-			,		Open to Public			
AMERICARES FOUNDATION, INC.       06-0008595         PartI General Information on Grants and Assistance       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?       Image: Comparization 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 droganization       (b) EN       (b) EN       (a) Amount of near grant and the appression of cash assistance in a space is needed.       (b) Memory of additional space is needed.         1 (a) Name and address droganization       (b) EN       (b) EN       (c) Easting and the second of appression in 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.       (c) Memory of additional space is needed.         1 (a) Name and address droganization       (b) EN       (b) EN       (c) Easting and the second of additional space is needed.       (c) Memory of additional space is needed.         (c) MENE CLINIC       (c) Memory of additional space is needed.       (c) Memory of additional space is needed.       (c) Description of noncash assistance or assistance and second of additional space is needed.         (c) MERCI LEARM FREE CLINIC       (	Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	ı.		Inspection			
Part I       General Information on Grants and Assistance         1       Dees the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and the selection criteria used to award the grants or assistance?       Image: Control of Cont	Name of the organization						Employer identi	fication number			
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?	AMERICARES FOUNDATION, INC.						06-100	8595			
the selection criteria used to award the grants or assistance?       X       Yes       No         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.       Secribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.       Secribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.       Secribe in Part IV 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.       (f) Part 10 (f) (f) Part 900 (f) (f) (f) (f) (f) Part 900 (f)	Part I General Information on Grants an	d Assistanc	e								
the selection criteria used to award the grants or assistance?       X       Yes       No         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.       Secribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.       Secribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.       Secribe in Part IV 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.       (f) Part 10 (f) (f) Part 900 (f) (f) (f) (f) (f) Part 900 (f)											
2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         Part IV       Grants and Other Assistance to Domestic Organization and States of monitoring the use of grant and States.         Part IV, line 21, for any recipient that received more than \$\$,000. Part II can be duplicated if additional space is needed.         1 (a) Name and address of organization or government       (b) EIN       (c) (RC section or grant of cash assistance       (b) Amount of cash assistance       (b) EiN (c) (RC section of grant of cash assistance       (b) Amount of cash assistance       (c) Amoun											
Part III       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) EIN       (c) RC section (ft applicable)       (e) Amount of cash assistance       (f) Method of valuation or government       (g) Description of noncesh assistance       (f) Durpose of grant or assistance         1 (a) Name and address of organization or government       (b) EIN       (c) EIN       (c) RC section (ft applicable)       (d) Amount of cash assistance       (f) Method of valuation or noncesh (ft applicable)       (f) Method of valuation or government       (g) Description of noncesh assistance       (f) Purpose of grant or assistance         1 (a) MEDGRY EINE RD. MAGALIA, CA 95954       83-483365       501(C) (3)       18,064.       PKV       MEDICAL SUPPLIES       MERGENCY         (2) MELL LEAMAN PREE CLINIC       54-1993876       501(C) (3)       11,961.       PKV       MEDICAL SUPPLIES       N=-00ING         (3) MEDING KIDS       1135 TATUM DRIVE NEW BERN, NC 28560       56-2034052       501(C) (3)       21,579.       PKV       MEDICAL SUPPLIES       ON-e0ING         (f) MERCY MERDICAL CLINIC       58-203523       501(C) (3)       267,349.       PKV       MEDICAL SUPPLIES       ON-e0ING											
Part IV, line 21, for any recipient to receive two that be over the subjected if additional space is needed.         1 (a) Name and address of organization or government       (b) EIN       (c) RC section (f applicable)       (a) Amount of cosh assistance       (b) Purpose of grant or assistance         (1) MEDSPIRE       (a) Name and address of organization or government       (b) EIN       (c) RC section (f applicable)       (a) Amount of cosh assistance       (b) Purpose of grant or assistance         (1) MEDSPIRE       (b) REM C section (f applicable)       (c) REM C section (f applicable)       (f) Purpose of grant or assistance         (2) MEL LEAMAN FREE CLINIC       REM C section (f applicable)       Sol (c) (3)       Sol (c) (3)       (f) REM C section (f applicable)       (f) REG section (f applic											
1 (a) Name and address of organization or government       (b) EIN       (c) IRC section (if applicable)       (d) Amount of cash grant       (e) Amount of non- cash assistance       (f) Method of valuation (book, PMV, applials)       (g) Description of noncash assistance       (h) Purpose of grant or assistance         (1) MEDSPIRE											
Certain or governmentCertainCertainCertainConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraintConstraint <th colspan="10">Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.</th>	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
15180 TOREY PINE RD. MAGALIA, CA 95954         83-3483396         501(C)(3)         18,064.         FMV         MEDICAL SUPPLIES         EMERGENCY           (2) MEL LEAMAN FREE CLINIC         54-1993876         501(C)(3)         11,961.         FMV         MEDICAL SUPPLIES         ON-GOING           (3) MENDING KIDS         54-1993876         501(C)(3)         5,111.         FMV         MEDICAL SUPPLIES         ON-GOING           (4) MERCI CLINIC         95-4394305         501(C)(3)         5,111.         FMV         MEDICAL SUPPLIES         EMERGENCY           (5) MERCY HEALTH CENTER, INC.         56-2034052         501(C)(3)         21,579.         FMV         MEDICAL SUPPLIES         ON-GOING           (6) MERCY MEDICAL CLINIC         58-2603523         501(C)(3)         499,492.         FMV         MEDICAL SUPPLIES         ON-GOING           (7) MERCY MEDICAL CLINIC         501(C)(3)         499,492.         FMV         MEDICAL SUPPLIES         ON-GOING           500 S. COIT ST. FLORENCE, SC 29501-0000         501(C)(3)         267,349.         FMV         MEDICAL SUPPLIES         ON-GOING           (6) MERCY WATCH         FO. DOX 1550 MUKILTEO, WA 98275         81-2889138         501(C)(3)         25,367.         FMV         MEDICAL SUPPLIES         ON-GOING           (6) MERCY WATCH <th></th> <th>(b) EIN</th> <th></th> <th></th> <th></th> <th>(book, FMV, appraisal,</th> <th></th> <th></th>		(b) EIN				(book, FMV, appraisal,					
(2) MEL LEAMAN FREE CLINIC       601 RADIO HILL RD MARION, VA 24354       54-1993876       501(C)(3)       11,961. FMV       MEDICAL SUPPLIES       ON-GOING         (3) MENDING KIDS       21255 BURBANK BLVD GLENDALE, CA 91367       95-4394305       501(C)(3)       5,111. FMV       MEDICAL SUPPLIES       EMERGENCY         (4) MERCI CLINIC       56-2034052       501(C)(3)       21,579. FMV       MEDICAL SUPPLIES       ON-GOING         (5) MERCY HEALTH CENTER, INC.       56-2034052       501(C)(3)       21,579. FMV       MEDICAL SUPPLIES       ON-GOING         (6) MERCY HEALTH CENTER, INC.       700 OGLETHORPE AVE. ATHENS, GA 30606       58-2603523       501(C)(3)       267,349. FMV       MEDICAL SUPPLIES       ON-GOING         (7) MERCY MEDICAL CLINIC       61-1211189       501(C)(3)       25,367. FMV       MEDICAL SUPPLIES       ON-GOING         (7) MERCY MEDICINE FREE CLINIC       501(C)(3)       25,367. FMV       MEDICAL SUPPLIES       ON-GOING         (8) MERCY MATCH       61-289138       501(C)(3)       96,212. FMV       MEDICAL SUPPLIES       ON-GOING         (9) MERICIAN BEHAVIORAL HEALTHCORE, INC       81-2889138       501(C)(3)       96,212. FMV       MEDICAL SUPPLIES       ON-GOING         (4300 SW 13TH STREET GAINESVILLE, FI 32608       59-1906214       501(C)(3)       1,029,665. FMV       ME	(1) MEDSPIRE										
601 RADIO HILL RD MARION, VA 24354         54-1993876         501 (C) (3)         11,961.         FMV         MEDICAL SUPPLIES         ON-GOING           (3) MENDING KIDS         21255 BURBANK BLVD GLENDALE, CA 91367         95-4394305         501 (C) (3)         5,111.         FMV         MEDICAL SUPPLIES         EMERGENCY           (4) MERCI CLINIC         95-4394305         501 (C) (3)         5,111.         FMV         MEDICAL SUPPLIES         EMERGENCY           1315 TATUM DRIVE NEW BERN, NC 28560         56-2034052         501 (C) (3)         21,579.         FMV         MEDICAL SUPPLIES         ON-GOING           (5) MERCY HEALTH CENTER, INC.         58-2603523         501 (C) (3)         21,579.         FMV         MEDICAL SUPPLIES         ON-GOING           (6) MERCY MEDICAL CLINIC         58-2603523         501 (C) (3)         267,349.         FMV         MEDICAL SUPPLIES         ON-GOING           (7) MERCY MEDICINE FREE CLINIC         501 (C) (3)         501 (C) (3)         267,349.         FMV         MEDICAL SUPPLIES         ON-GOING           (8) MERCY WATCH         1.1693093         501 (C) (3)         25,367.         FMV         MEDICAL SUPPLIES         ON-GOING           (9) MERIDIAN BEHAVIORAL HEALTHCARE, INC         41-289138         501 (C) (3)         96,212.         FMV         MEDICAL	15180 TOREY PINE RD. MAGALIA, CA 95954	83-3483396	501(C)(3)		18,064.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(3) MENDING KIDS       95-4394305       501(C)(3)       5,111.       FMV       MEDICAL SUPPLIES       EMERGENCY         (4) MERCI CLINIC       1315 TATUM DRIVE NEW BERN, NC 28560       56-2034052       501(C)(3)       21,579.       FMV       MEDICAL SUPPLIES       ON-GOING         (5) MERCY HEALTH CENTER, INC.       700 OGLETHORPE AVE. ATHENS, GA 30606       58-2603523       501(C)(3)       499,492.       FMV       MEDICAL SUPPLIES       ON-GOING         (6) MERCY MEDICAL CLINIC       61-1211189       501(C)(3)       267,349.       FMV       MEDICAL SUPPLIES       ON-GOING         (7) MERCY MEDICINE FREE CLINIC       500(C)(3)       25,367.       FMV       MEDICAL SUPPLIES       ON-GOING         (8) MERCY WATCH       9-0. BOX 1550 MUKILTEO, WA 98275       81-2889138       501(C)(3)       25,367.       FMV       MEDICAL SUPPLIES       ON-GOING         (9) MERIDIAN BEHAVIORAL HEALTHCARE, INC       4300 SW 13TH STREET GAINESVILLE, FL 32608       59-1906214       501(C)(3)       1,029,665.       FMV       MEDICAL SUPPLIES       ON-GOING	(2) MEL LEAMAN FREE CLINIC										
21255       BURBANK BLVD GLENDALE, CA 91367       95-4394305       501(C)(3)       5,111.       FMV       MEDICAL SUPPLIES       EMERGENCY         (4)       MERCI CLINIC       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A       A <t< td=""><td>601 RADIO HILL RD MARION, VA 24354</td><td>54-1993876</td><td>501(C)(3)</td><td></td><td>11,961.</td><td>FMV</td><td>MEDICAL SUPPLIES</td><td>ON-GOING</td></t<>	601 RADIO HILL RD MARION, VA 24354	54-1993876	501(C)(3)		11,961.	FMV	MEDICAL SUPPLIES	ON-GOING			
(4) MERCI CLINIC         MERCI CLINIC         MEDICAL SUPPLIES         N-GOING           1315 TATUM DRIVE NEW BERN, NC 28560         56-2034052         501(C)(3)         21,579.         FMV         MEDICAL SUPPLIES         N-GOING           (5) MERCY HEALTH CENTER, INC.         700 OGLETHORPE AVE. ATHENS, GA 30606         58-2603523         501(C)(3)         499,492.         FMV         MEDICAL SUPPLIES         N-GOING           (6) MERCY MEDICAL CLINIC         61-1211189         501(C)(3)         267,349.         FMV         MEDICAL SUPPLIES         N-GOING           (7) MERCY MEDICINE FREE CLINIC         501(C)(3)         501(C)(3)         267,349.         FMV         MEDICAL SUPPLIES         N-GOING           (8) MERCY WATCH         501(C)(3)         501(C)(3)         25,367.         FMV         MEDICAL SUPPLIES         N-GOING           (9) MERIDIAN BEHAVIORAL HEALTHCARE, INC         81-2889138         501(C)(3)         96,212.         FMV         MEDICAL SUPPLIES         ON-GOING           (4) 300 SW 13TH STREET GAINESVILLE, FL 32608         59-1906214         501(C)(3)         1,029,665.         FMV         MEDICAL SUPPLIES         ON-GOING	(3) MENDING KIDS										
1315 TATUM DRIVE NEW BERN, NC 2856056-2034052501(C)(3)21,579.FMVMEDICAL SUPPLIESN-GOING(5) MERCY HEALTH CENTER, INC	21255 BURBANK BLVD GLENDALE, CA 91367	95-4394305	501(C)(3)		5,111.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(5) MERCY HEALTH CENTER, INC.58-2603523501(C)(3)499,492.FMVMEDICAL SUPPLIESON-GOING(6) MERCY MEDICAL CLINIC58-2603523501(C)(3)267,349.FMVMEDICAL SUPPLIESON-GOING(7) MERCY MEDICINE FREE CLINIC61-1211189501(C)(3)267,349.FMVMEDICAL SUPPLIESON-GOING(7) MERCY MEDICINE FREE CLINIC501(C)(3)501(C)(3)25,367.FMVMEDICAL SUPPLIESON-GOING(8) MERCY WATCH501(C)(3)501(C)(3)25,367.FMVMEDICAL SUPPLIESON-GOING(9) MERIDIAN BEHAVIORAL HEALTHCARE, INC501(C)(3)501(C)(3)96,212.FMVMEDICAL SUPPLIESON-GOING(9) MERIDIAN BEHAVIORAL HEALTHCARE, INC4300 SW 13TH STREET GAINESVILLE, FL 3260859-1906214501(C)(3)1,029,665.FMVMEDICAL SUPPLIESON-GOING	(4) MERCI CLINIC										
700 OGLETHORPE AVE. ATHENS, GA 3060658-2603523501(C)(3)499,492.FMVMEDICAL SUPPLIESON-GOING(6) MERCY MEDICAL CLINIC761-121189501(C)(3)267,349.FMVMEDICAL SUPPLIESON-GOING(7) MERCY MEDICINE FREE CLINIC77700 (C)(3)200 (C)(3)200 (C)(3)200 (C)(3)200 (C)(3)200 (C)(3)200 (C)(3)700 (C)(3)<	1315 TATUM DRIVE NEW BERN, NC 28560	56-2034052	501(C)(3)		21,579.	FMV	MEDICAL SUPPLIES	ON-GOING			
(6) MERCY MEDICAL CLINICAnd the second s	(5) MERCY HEALTH CENTER, INC.										
615 WASHINGTON ST. SHELBYVILLE, KY 4006561-1211189501(C)(3)267,349.FMVMEDICAL SUPPLIESON-GOING(7) MERCY MEDICINE FREE CLINIC <td>700 OGLETHORPE AVE. ATHENS, GA 30606</td> <td>58-2603523</td> <td>501(C)(3)</td> <td></td> <td>499,492.</td> <td>FMV</td> <td>MEDICAL SUPPLIES</td> <td>ON-GOING</td>	700 OGLETHORPE AVE. ATHENS, GA 30606	58-2603523	501(C)(3)		499,492.	FMV	MEDICAL SUPPLIES	ON-GOING			
(7) MERCY MEDICINE FREE CLINIC       And Control of the second state of the second sta	(6) MERCY MEDICAL CLINIC										
500 S. COIT ST. FLORENCE, SC 29501-0000       31-1693093       501(C)(3)       25,367.       FMV       MEDICAL SUPPLIES       ON-GOING         (8) MERCY WATCH	615 WASHINGTON ST. SHELBYVILLE, KY 40065	61-1211189	501(C)(3)		267,349.	FMV	MEDICAL SUPPLIES	ON-GOING			
(8) MERCY WATCH         81-2889138         501(C)(3)         96,212.         FMV         MEDICAL SUPPLIES         ON-GOING           (9) MERIDIAN BEHAVIORAL HEALTHCARE, INC         59-1906214         501(C)(3)         1,029,665.         FMV         MEDICAL SUPPLIES         ON-GOING	(7) MERCY MEDICINE FREE CLINIC										
P.O. BOX 1550 MUKILTEO, WA 98275       81-2889138       501(C)(3)       96,212.       FMV       MEDICAL SUPPLIES       ON-GOING         (9) MERIDIAN BEHAVIORAL HEALTHCARE, INC       501(C)(3)       1,029,665.       FMV       MEDICAL SUPPLIES       ON-GOING	500 S. COIT ST. FLORENCE, SC 29501-0000	31-1693093	501(C)(3)		25,367.	FMV	MEDICAL SUPPLIES	ON-GOING			
(9) MERIDIAN BEHAVIORAL HEALTHCARE, INC	(8) MERCY WATCH										
4300 SW 13TH STREET GAINESVILLE, FL 32608 59-1906214 501(C)(3) 1,029,665. FMV MEDICAL SUPPLIES ON-GOING	P.O. BOX 1550 MUKILTEO, WA 98275	81-2889138	501(C)(3)		96,212.	FMV	MEDICAL SUPPLIES	ON-GOING			
	(9) MERIDIAN BEHAVIORAL HEALTHCARE, INC										
10) METROCARE SERVICES	4300 SW 13TH STREET GAINESVILLE, FL 32608	59-1906214	501(C)(3)		1,029,665.	FMV	MEDICAL SUPPLIES	ON-GOING			
	(10) METROCARE SERVICES										
1345 RIVER BEND DRIVE DALLAS, TX 75247 75-1285603 501(C)(3) 258,207. FMV MEDICAL SUPPLIES ON-GOING	1345 RIVER BEND DRIVE DALLAS, TX 75247	75-1285603	501(C)(3)		258,207.	FMV	MEDICAL SUPPLIES	ON-GOING			
(11) MHRC FACT TEAM	(11) MHRC FACT TEAM										
5266 GOLDEN GATE PKWY NAPLES, FL 34116 59-1905344 OTHER 8,467. FMV MEDICAL SUPPLIES ON-GOING	5266 GOLDEN GATE PKWY NAPLES, FL 34116	59-1905344	OTHER		8,467.	FMV	MEDICAL SUPPLIES	ON-GOING			
12) MIAMI RESCUE MISSION CLINIC INC	(12) MIAMI RESCUE MISSION CLINIC INC										
2015 NW 1ST AVE MIAMI, FL 33127 45-1481860 501(C)(3) 46,307. FMV MEDICAL SUPPLIES ON-GOING								ON-GOING			
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		0	0					▶			
3 Enter total number of other organizations listed in the line 1 table	3 Enter total number of other organizations lis	ted in the line	a 1 table					•			

SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States										
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Com	plete if the o	-	wered "Yes" on F ttach to Form 990		, line 21 or 22.		Open to Public			
Department of the Treasury				-			Inspection			
Internal Revenue Service Name of the organization	► G0		/Form990 for the I	atest mormation	l.	Employer identifi	-			
AMERICARES FOUNDATION, INC.						06-1008				
	d Accistone	•				00-1008	595			
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?										
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 t	hat received	more than \$5	,000. Part II can I	be duplicated if	additional space is	needed.				
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistanc				
(1) MID-DEL COMMUNITY CLINIC										
4748 S. BRYANT AVE. OKLAHOMA CITY, OK 73129	73-1173695	501(C)(3)		77,799.	FMV	MEDICAL SUPPLIES	ON-GOING			
(2) MIDDLE FLINT AREA COMMUNITY SERVICE BOARD										
120 N DUDLEY ST AMERICUS, GA 31709	58-2111079	501(C)(3)		1,096,544.	FMV	MEDICAL SUPPLIES	ON-GOING			
(3) MIDDLE PENINSULA NORTHERN NECK CSB										
P.O. BOX 2468 GLOUCESTER, VA 23061	54-0958505	OTHER		68,238.	FMV	MEDICAL SUPPLIES	ON-GOING			
(4) MIDLAND COMMUNITY CHILDREN'S CLINIC										
1101 E. FRONT ST. MIDLAND, TX 79701	75-1875246	501(C)(3)		37,601.	FMV	MEDICAL SUPPLIES	ON-GOING			
(5) MIGRANT HEALTH CENTER										
CALLE RAMON E BETANCES MAYAGUEZ, PR 00680	66-0427801	501(C)(3)		198,853.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(6) MILAN PUSKAR HEALTH RIGHT										
341 SPRUCE ST. MORGANTOWN, WV 26507	31-1118673	501(C)(3)		61,369.	FMV	MEDICAL SUPPLIES	ON-GOING			
(7) MINISTRIES OF JESUS										
1100 E. I-35 FRONTAGE RD. EDMOND, OK 73034	73-1622804	501(C)(3)		919,731.	FMV	MEDICAL SUPPLIES	ON-GOING			
(8) MINNESOTA DEPARTMENT OF HEALTH										
P.O. BOX 64975 ST. PAUL, MN 55164	999999999	501(C)(3)		162,500.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(9) MISSION ARLINGTON MEDICAL CLINIC										
210 W. SOUTH ARLINGTON, TX 76010	75-2724385	115		3,490,832.	FMV	MEDICAL SUPPLIES	ON-GOING			
(10) MISSION CLINIC OF PALM SPRINGS, INC										
4949 S CONGRESS AVE PALM SPRINGS, FL 33461	47-3441097	501(C)(3)		1,146,208.	FMV	MEDICAL SUPPLIES	ON-GOING			
(11) MISSION HOSPITAL- MEDICATION ASSISTANCE PRO										
1 HOSPITAL DRIVE ASHEVILLE, NC 28801	58-1450888	501(C)(3)		365,521.	FMV	MEDICAL SUPPLIES	ON-GOING			
(12) MISSION MEDICAL CENTER										
2125 E. LASALLE COLORADO SPRINGS, CO 80909	68-0506812			297,471.		MEDICAL SUPPLIES	ON-GOING			
2 Enter total number of section 501(c)(3) and							▶			
3 Enter total number of other organizations lis	ted in the line	1 table					•			

			Assistance t	-	•	-	OMB No. 1545-0047			
	(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Com	plete if the oi	-	wered "Yes" on F ttach to Form 990		, line 21 or 22.		Open to Public			
Department of the Treasury	► Go		/Form990 for the I		<b>`</b>		Inspection			
Internal Revenue Service Name of the organization	<b>G</b> 0		Formago for the l		l.	Employer identifi				
AMERICARES FOUNDATION, INC.						06-1008				
	d Assistanc	<u>م</u>				00 1000	575			
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?										
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 t	hat received	more than \$5	,000. Part II can I	be duplicated if	additional space is	needed.				
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance				
(1) MISSION OF MERCY										
22 SOUTH MARKET ST FREDERICK, MD 21701	86-0704883	501(C)(3)		1,970,010.	FMV	MEDICAL SUPPLIES	ON-GOING			
(2) MISSION OF MERCY TEXAS CLINICS										
2421 AYERS ST. CORPUS CHRISTI, TX 78404	86-0704883	501(C)(3)		5,631.	FMV	MEDICAL SUPPLIES	ON-GOING			
(3) MISSION OF MERCY-ARIZONA										
2034 E SOUTHERN AVE TEMPE, AZ 85282	86-0704883	501(C)(3)		310,035.	FMV	MEDICAL SUPPLIES	ON-GOING			
(4) MISSION WACO HEALTH CLINIC										
1315 N. 15TH ST WACO, TX 76707	74-2605621	501(C)(3)		294,805.	FMV	MEDICAL SUPPLIES	ON-GOING			
(5) MLK FAMILY CLINIC DBA FOREMOST FAMILY HEALT										
3515 SHEPHERD LANE BALCH SPRINGS, TX 75180	75-2098992	501(C)(3)		19,592.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(6) MONTGOMERY COUNTY FREE CLINIC										
816 MILL ST CRAWFORDSVILLE, IN 47933	27-1198512	501(C)(3)		156,503.	FMV	MEDICAL SUPPLIES	ON-GOING			
(7) MOORE FREE AND CHARITABLE CLINIC, INC.										
211 TRIMBLE PLANT RD S. PINES, NC 28387	01-0781234	501(C)(3)		45,665.	FMV	MEDICAL SUPPLIES	ON-GOING			
(8) MOROVIS COMMUNITY HEALTH CENTER, INC.										
P.O. BOX 518 MOROVIS, PR 00687	66-0480948	501(C)(3)		287,501.	FMV	MEDICAL SUPPLIES	ON-GOING			
(9) MOROVIS COMMUNITY HEALTH CENTER, INC.										
P.O. BOX 518 MOROVIS, PR 00687	66-0480948	501(C)(3)		5,761.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(10) MORTON COMPREHENSIVE SERVICES										
P.O. BOX 481090 TULSA, OK 74148	73-1177858	501(C)(3)		46,906.	FMV	MEDICAL SUPPLIES	ON-GOING			
(11) MOUNTAIN HEALTH & COMMUNITY SERVICES, INC.										
31115 HWY 94 CAMPO, CA 91906	33-0164420	501(C)(3)		30,585.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(12) M-POWER MINISTRIES HEALTH CENTER	_									
4022 4TH AVE SOUTH BIRMINGHAM, AL 35222	31-1639601			114,658.		MEDICAL SUPPLIES	ON-GOING			
	•	•								
3 Enter total number of other organizations lis										

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	itions,	Ļ	OMB No. 1545-0047			
(Form 990) Go	vernme	nts, and Ir	ndividuals ii	n the Unite	d States		2019			
Com	plete if the o	rganization ans	wered "Yes" on F	orm 990. Part IV	. line 21 or 22.					
		-	ttach to Form 990				Open to Public			
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest informatior	۱.		Inspection			
Name of the organization						Employer identif	ication number			
AMERICARES FOUNDATION, INC.						06-1008	3595			
Part I General Information on Grants and	d Assistanc	e								
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?										
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.										
			<u> </u>		nlete if the organiz	vation answered	"Yes" on Form 990			
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description o noncash assistand				
(1) MUSLIM COMMUNITY CENTER FOR HUMAN SERVICES										
7600 GLENVIEW DR. RICHLAND HILLS, TX 76180	75-2580088	501(C)(3)		1,090,286.	FMV	MEDICAL SUPPLIES	ON-GOING			
(2) NAOMI BERRIE DIABETES CENTER/NYP/COLUMBIA U										
1150 SAINT NICHOLAS AVE. NEW YORK, NY 10032	13-3957095	501(C)(3)		259,405.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(3) NAVAJO NATION										
P.O. BOX 7440 WINDOW ROCK, AZ 86515	86-0092333	501(C)(3)		150,718.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(4) NC MEDASSIST										
4428 TAGGART CREEK RD. CHARLOTTE, NC 28208	56-2018957	115		13,376.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(5) NC MEDASSIST										
4428 TAGGART CREEK RD. CHARLOTTE, NC 28208	56-2018957	501(C)(3)		208,266.	FMV	MEDICAL SUPPLIES	ON-GOING			
(6) NEIGHBOR FOR NEIGHBOR										
505 E 36TH ST N TULSA, OK 74106	73-0776404	501(C)(3)		866,773.	FMV	MEDICAL SUPPLIES	ON-GOING			
(7) NEIGHBORHOOD CLINIC	_									
1323 S YAKIMA AVE. TACOMA, WA 98405	91-1318144	501(C)(3)		8,172.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(8) NEIGHBORHOOD CLINIC	_									
1323 S YAKIMA AVE. TACOMA, WA 98405	91-1318144	501(C)(3)		10,393.	FMV	MEDICAL SUPPLIES	ON-GOING			
(9) NEIGHBORHOOD FELLOWSHIP INC	_									
4600 SUNSET AVE. INDIANAPOLIS, IN 46208	35-2035206	501(C)(3)		394,118.	FMV	MEDICAL SUPPLIES	ON-GOING			
(10) NEIGHBORHOOD HEALTH CLINIC	_									
88 12TH ST. N. NAPLES, FL 34102	59-3546884	501(C)(3)		192,177.	FMV	MEDICAL SUPPLIES	ON-GOING			
(11) NEIGHBORHOOD HEALTH PARTNERS OF INDIANAPOLI	_									
7911 MICHIGAN RD. INDIANAPOLIS, IN 46268	84-4269148	501(C)(3)		86,411.	FMV	MEDICAL SUPPLIES	ON-GOING			
(12) NEIGHBORHOOD SERVICE ORGANIZATION	4									
NSO TUMAINI CENTER DETROIT, MI 48201	38-1561624			67,853.		MEDICAL SUPPLIES				
2 Enter total number of section 501(c)(3) and	0	0								
3 Enter total number of other organizations list	ted in the line	1 table	<u></u>		<u></u>		•			

SCHEDULE I (Form 990)				Assistance t Individuals in			F	OMB No. 1545-0047		
(								2019		
	Com	piete if the of	-	wered "Yes" on F ttach to Form 990		, line 21 of 22.		Open to Public		
Department of the Treasury Internal Revenue Service		► Go		/Form990 for the I		h		Inspection		
Name of the organization		<b>P</b> 00	to mm			•	Employer identifi			
AMERICARES FOUNDA	TTON INC						06-1008			
	rmation on Grants an	d Assistanc	e				00 1000			
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?										
<ul> <li>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>										
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,										
Part IV, line 2	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.									
<b>1 (a)</b> Name and add or gove		<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistanc			
(1) NEMOURS CHILDRENS SPI	ECIALTY CARE									
807 CHILDRENS WAY JAC	CKSONVILLE, FL 32207	59-0634433	501(C)(3)		255,429.	FMV	MEDICAL SUPPLIES	EMERGENCY		
(2) NEVADA OBSTETRICAL CH	HARITY CLINIC									
1950 PINTO LANE LAS V	VEGAS, NV 89106	26-4834603	501(C)(3)		1,304,491.	FMV	MEDICAL SUPPLIES	ON-GOING		
(3) NEW JERSEY VOLUNTARY	ORGS ACTIVE									
1636-44 RT. 38 LUMBER	RTON, NJ 08048	56-2336149	501(C)(3)		870,031.	FMV	MEDICAL SUPPLIES	EMERGENCY		
(4) NEW LIFE COMMUNITY H	EALTH CENTER									
82-10 QUEENS BLVD. EI	LMHURST, NY 11373	11-3204890	501(C)(3)		69,534.	FMV	MEDICAL SUPPLIES	ON-GOING		
(5) NEWHOPE CLINIC										
41 S. COURT ST. OWING	GSVILLE, KY 40360	61-1363437	501(C)(3)		235,891.	FMV	MEDICAL SUPPLIES	ON-GOING		
(6) NORTH BROWARD HOSPITA	AL DISTRICT									
1101 BROWARD FORT LAU	UDERDALE, FL 33311	59-6012065	501(C)(3)		109,745.	FMV	MEDICAL SUPPLIES	ON-GOING		
(7) NORTH BROWARD HOSPITA	AL DISTRICT									
2011 NW 3RD AVE. POMP	PANO BEACH, FL 33060	59-6012065	501(C)(3)		256,874.	FMV	MEDICAL SUPPLIES	ON-GOING		
(8) NORTH BROWARD HOSPITA	AL DISTRICT	_								
200 NW 7TH AVE. FORT	LAUDERDALE, FL 33311	59-6012065	501(C)(3)		258,127.	FMV	MEDICAL SUPPLIES	ON-GOING		
(9) N BROWARD HOSPITAL DI	ISTRICT D/B/A BROWARD	_								
303 SE 17TH ST. FORT	LAUDERDALE, FL 33316	59-6012065	501(C)(3)		104,024.	FMV	MEDICAL SUPPLIES	ON-GOING		
(10) NORTH DALLAS SHARED N	MINISTRIES	_								
2875 MERRELL RD. DALI	LAS, TX 75229	75-1908563	501(C)(3)		150,214.	FMV	MEDICAL SUPPLIES	ON-GOING		
(11) NORTH HUDSON COMMUNIT	TY ACTION CORPORATION	_								
800-31ST STREET UNION	N CITY, NJ 07087	22-1818699	501(C)(3)		468,323.	FMV	MEDICAL SUPPLIES	ON-GOING		
(12) NORTH JEFFERSON COUNT	TY CLINIC PHARMACY	4								
1295 PEARL ST. BEAUMO		74-6000291			252,051.		MEDICAL SUPPLIES	ON-GOING		
								►		
3 Enter total number of										

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	ations,	Ļ	OMB No. 1545-0047			
(Form 990) Go	vernme	nts, and Ir	ndividuals ii	n the Unite	d States		2019			
Com	plete if the o	rganization ans	wered "Yes" on F	orm 990. Part IV	. line 21 or 22.					
		-	ttach to Form 990		,		Open to Public			
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	ı.		Inspection			
Name of the organization						Employer identif	ication number			
AMERICARES FOUNDATION, INC.						06-100	3595			
Part I General Information on Grants and	d Assistanc	e								
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?										
<ul> <li>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>										
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.										
		more man 55	,000. Part II can t		•					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistant				
(1) NORTH MIAMI BEACH MEDICAL CENTER										
13899 BISCAYNE NORTH MIAMI BEACH, FL 33181	65-1032266	OTHER		28,218.	FMV	MEDICAL SUPPLIES	ON-GOING			
(2) NORTHERN NECK FREE HEALTH CLINIC										
51 WILLIAM GRANT CRT. KILMARNOCK, VA 22482	54-1679279	501(C)(3)		34,779.	FMV	MEDICAL SUPPLIES	ON-GOING			
(3) NORTHSHORE SCOTTSDALE PHARMACY										
6050 STERLING CREEK RD. PORTAGE, IN 46368	35-2028588	501(C)(3)		244,339.	FMV	MEDICAL SUPPLIES	ON-GOING			
(4) NORTHSIDE CHRISTIAN HEALTH CARE CENTER										
816 MIDDLE STREET PITTSBURGH, PA 15212	25-1715426	501(C)(3)		149,451.	FMV	MEDICAL SUPPLIES	ON-GOING			
(5) NORTHWEST MICHIGAN HEALTH SERVICES										
10767 TRAVERSE HWAY TRAVERSE CITY, MI 49684	38-1958790	501(C)(3)		401,171.	FMV	MEDICAL SUPPLIES	ON-GOING			
(6) NOVA SCRIPTSCENTRAL										
6400 ARLINGTON BLVD FALLS CHURCH, VA 22042	65-1275162	501(C)(3)		200,213.	FMV	MEDICAL SUPPLIES	ON-GOING			
(7) NURSES GLOBAL OUTREACH, INC.										
402 N TOPEKA ST WICHITA, KS 67202	83-1687039	501(C)(3)		157,208.	FMV	MEDICAL SUPPLIES	ON-GOING			
(8) NUVANCE HEALTH	_									
24 HOSPITAL AVE. DANBURY, CT 06810	06-0646597	OTHER		65,000.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(9) OAKLAWN	4									
330 LAKEVIEW DR. GOSHEN, IN 46528	35-1070041	501(C)(3)		52,334.	FMV	MEDICAL SUPPLIES	ON-GOING			
(10) OASIS FREE CLINICS	4									
66 BARIBEAU DR. BRUNSWICK, ME 04011	01-0497587	501(C)(3)		159,359.	FMV	MEDICAL SUPPLIES	ON-GOING			
(11) OASIS OF HOPE CENTER	_									
522 LEONARD ST GRAND RAPIDS, MI 49504-4258	20-2781312	501(C)(3)		56,602.	FMV	MEDICAL SUPPLIES	ON-GOING			
(12) OHIO VALLEY HEALTH CENTER	4									
423 SOUTH ST. STEUBENVILLE, OH 43952	20-3924355	1		308,045.		MEDICAL SUPPLIES	ON-GOING			
2 Enter total number of section 501(c)(3) and	•	•					▶			
3 Enter total number of other organizations list	ed in the line	1 table			<u></u>		•			

SCHEDULE I				Assistance t				OMB No. 1545-0047
(Form 990)	Go	vernmei	nts, and Ir	ndividuals in	n the Unite	d States		2019
	Comp	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			► A	ttach to Form 990				Open to Public
Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest information	<b>1</b> .		Inspection
Name of the organization							Employer identificat	ion number
AMERICARES FOUN	DATION, INC.						06-100859	95
Part I General Ir	nformation on Grants and	d Assistanc	e					
	ation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance, and	
•	eria used to award the grant			•		• • •		X Yes No
	IV the organization's proced							
	d Other Assistance to D					ploto if the organiz	zation answord "	(os" on Form 000
			-					es on on 550,
Part IV, IIr	ne 21, for any recipient the	hat received	more than \$5	,000. Part II can t	be auplicated in	additional space is	needed.	
	d address of organization government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) OKLAHOMA FOOD BAN	к							
3355 SOUTH PURDUE	OKLAHOMA CITY, OK 74145	73-1100380	501(C)(3)		13,187.	FMV	MEDICAL SUPPLIES	EMERGENCY
(2) OLDE TOWNE MEDICA	L & DENTAL CENTER							
	OAD WILLIAMSBURG, VA 23188	54-1663905	501(C)(3)		524,475.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) ONE STOP CLINIC								
701 17TH AVE W BR	ADENTON, FL 34205	59-3340921	501(C)(3)		910,703.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) ONEWORLD COMMUNIT	Y HEALTH CENTERS INC							
4920 S. 30TH STRE	ET OMAHA, NE 68107	47-0548990	501(C)(3)		7,094.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) OPEN ARMS CLINIC								
109 BIG A ROAD TO	CCOA, GA 30577	20-3296577	501(C)(3)		395,932.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) OPEN ARMS FREE CL	INIC, INC.							
PO BOX 678 ELKHORI	N, WI 53121	45-4475625	501(C)(3)		32,312.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) OPEN ARMS HEALTH	CLINIC							
3311 LITTLE RD AR	LINGTON, TX 76016	45-0621201	501(C)(3)		711,707.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) OPEN BIBLE MEDICA	L CLINIC & PHARMACY							
555 COSTILLA ST C	OLORADO SPRINGS, CO 80903	84-1345520	501(C)(3)		69,246.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) OPEN DOOR FAMILY I	MEDICAL CENTER							
165 MAIN ST OSSIN	ING, NY 10562-4702	13-2813103	501(C)(3)		11,307.	FMV	MEDICAL SUPPLIES	EMERGENCY
(10) OPEN DOOR HEALTH	CENTER							
P.O. BOX 901642 H	OMESTEAD, FL 33090	83-0375996	501(C)(3)		2,039,580.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) OPEN DOOR HEALTH	CLINIC							
100 N LINCOLN ST	ELLENSBURG, WA 98926	65-1185178	501(C)(3)		109,308.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) OPEN M								
941 PRINCETON ST 2		34-1046107	501(C)(3)		135,089.		MEDICAL SUPPLIES	ON-GOING
	er of section 501(c)(3) and	•	•					
3 Enter total numb	er of other organizations list	ted in the line	1 table	<u></u>		<u></u>	<u> </u>	
For Paperwork Reduction	on Act Notice, see the Instructi	ions for Form 9	90.				Scl	nedule I (Form 990) (2019)

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	ations,	Ļ	OMB No. 1545-0047			
(Form 990) GC	vernme	nts, and Ir	ndividuals ii	n the Unite	d States		എ <b>പ</b>			
		•	wered "Yes" on F				2019			
		-	ttach to Form 990		,		Open to Public			
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	<b>1</b> .		Inspection			
Name of the organization		<b>U</b>				Employer identit	fication number			
AMERICARES FOUNDATION, INC.						06-100	8595			
Part I General Information on Grants an	d Assistanc	e								
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?										
<ul> <li>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>										
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.										
	lat received	more man 55	,000. Part II can t		•					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistant				
(1) ORANGEBURG-CALHOUN FREE MEDICAL CLINIC										
141 CENTRE STREET ORANGEBURG, SC 29115	26-3762573	501(C)(3)		124,797.	FMV	MEDICAL SUPPLIES	ON-GOING			
(2) ORCHARD HOSPITAL										
240 SPRUCE STREET GRIDLEY, CA 95948	94-1049467	501(C)(3)		47,685.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(3) ORTHOPAEDIC HEMOPHILIA TREATMENT CENTER										
403 W ADAMS BLVD LOS ANGELES, CA 90007	95-1644604	501(C)(3)		85,048.	FMV	MEDICAL SUPPLIES	ON-GOING			
(4) OZARKS COMMUNITY HEALTH CENTER										
18614 JACKSON ST HERMITAGE, MO 65668	20-5822485	501(C)(3)		61,142.	FMV	MEDICAL SUPPLIES	ON-GOING			
(5) OZARKS COMMUNITY HEALTH CENTER - URBANA										
PO BOX 125 HERMITAGE, MO 65668	20-5822485	501(C)(3)		13,216.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(6) OZARKS COMMUNITY HEALTH CENTER - URBANA										
PO BOX 125 HERMITAGE, MO 65668	20-5822485	OTHER		558,720.	FMV	MEDICAL SUPPLIES	ON-GOING			
(7) PALMETTO HEALTH COUNCIL, INC.										
643 MAIN STREET PALMETTO, GA 30268	58-1307597	OTHER		3,051,658.	FMV	MEDICAL SUPPLIES	ON-GOING			
(8) PANCARE OF FLORIDA, INC.										
403 E 11TH STREET PANAMA CITY, FL 32401	91-2189932	501(C)(3)		6,509.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(9) PANCARE OF FLORIDA, INC.										
403 E 11TH STREET PANAMA CITY, FL 32401	91-2189932	501(C)(3)		1,085,934.	FMV	MEDICAL SUPPLIES	ON-GOING			
(10) PARADISE VALLEY INTERNATIONAL MEDICAL MISSI	_									
1615 SWEETWATER RD NATIONAL CITY, CA 91950	20-3781653	501(C)(3)		6,374.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(11) PARADISE VALLEY INTERNATIONAL MEDICAL MISSI	_									
1615 SWEETWATER RD NATIONAL CITY, CA 91950	20-3781653	501(C)(3)		116,925.	FMV	MEDICAL SUPPLIES	ON-GOING			
(12) PARKVIEW MEDICAL CLINIC	4									
1205 DR. MLK JR. WAY HAINES CITY, FL 33844	01-0790991			817,616.		MEDICAL SUPPLIES	ON-GOING			
2 Enter total number of section 501(c)(3) and							▶			
3 Enter total number of other organizations lis	ted in the line	1 table					•			
East Device when Device and Marthan and the Instruct	iawa fan Fanna (	00					0 - 1 - 1 - 1 / 5			

(form 990)       Governments, and Individuals in the United States       Department of the organization manager (Yes* on Form 990, Part IV, line 21 or 22. ) A tach to Form 990, Part IV, line 21 or 23. ) A tach to Form 990, Part IV, line 21 or 23. ) A tach to Form 990, Part IV, line 21 or 23. ) A tach to Form 990, Part IV, line 21 or 23. ) A tach to Form 990, Part IV, line 21 or 23. ) A tach to Form 990, Part IV, line 21 or 23. ) A tach to Form 990, Part IV, line 21 or 23. ) A tach to Form 990, Part IV, line 21 or 23. ) A tach to Form 990, Part IV, line 21, or 24. ) A tach to Form 990, Part IV, line 21 or 23. ) A tach to Form 990, Part IV, line 21, or 24. ) A tach to Form 990, Part IV, line 21, or 24. ) A tach to a substance of the selection orterial used to award the grants or assistance, the grants end States.       Complete If the organization number 06-1008595         Part Concernant State Advance				Assistance t			ļ	OMB No. 1545-0047			
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.         Open to Public Inspection           Name of the organization         Each organization         Enables of 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, line 21 nor any topic privation on procedures for monitoring the use of grant funds in the United States.         Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 nor any topic private of the organization answered "Yes" on Form 990, Part IV, line 21 nor any topic private of the organization of grant and skines of opposite of organization answered "Yes" on Form 990, Part IV, line 21 nor any topic private of the organization answered "Yes" on Form 990, Part IV, line 21 nor any topic private of the organization of another topic private of the organization answered "Yes" on Form 990, Part IV, line 21 nor any topic private of the organization answered "Yes" on Form 990, Part IV, line 21 nor any topic private of the organization and the organization answered "Yes" on Form 990, Part IV, line 21 nor any topic private of the organization and address of opposite of the organization and prove of the organization and prove of the organization and the organization answered "Yes" on Form 990, Part IV, line 21 nor any topic private of the organization and the organi	(Form 990) Go	vernmei	nts, and Ir	ndividuals ii	n the Unite	d States		201 <b>0</b>			
Deparation of the lease of the accumulation         Import identification number           Name of the oparatation         Employer identification number           AMERICARES FOUNDATION, INC.         Bindport identification number           1         Describe in Part Vint the organization and Assistance or substantiate the amount of the grants or assistance, the grant sor assistance, and the selection criteria used to award the grants or assistance?         Image: substantiate intervents to substantiate the amount of the grants or assistance, the grant sor assistance and the selection criteria used to award the grants or assistance?         Image: substantiate intervents intervents.           Carter and other Assistance to Domestic Organizations and Domestic Organizations and Domestic Organization and Domestic Organization and the organization and and Domestic Organization and Domestic Organization and the organization and other the grant of the figure intervents.         Image: substantiate interventsubstantiate intervents.         Image: substan	Com	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.					
Internal Reserved Served         Description         Dispection           AMERICARES         For to www.irs.gov/Form990 for the latest information.         Employee identification number 06-1008595           Part II         General Information on Grants and Assistance         International control to substantiate the amount of the grants or assistance, the grants or assistance, and the selection criteria used to award the grants or assistance?         International control to substantiate the amount of the grants or assistance, the grant sort assistance, and the selection criteria used to award the grants or assistance?         International control to substantiate the amount of the grant sort assistance.           Part III         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 III can be duplicated if additional space is needed.         (a) Partwore of grant of cash or government         (b) Ein         (a) Reserved for any space is needed.           1         (a) Name and address of grant admost, net variable space is needed.         (b) Ein         (a) Reserved for additional space is needed.         (b) Partwore of grant admost or grant admost or assistance         (b) Partwore of grant admost or admost or admost admost or admost admost or admost admost or admost or admost or admost or admost admost or admost or admost admost or admost admost or admost or admost or admost or admost or admost admost or admost admost or admost admost or admost or admost admost or admost or admost admost	Department of the Treasury		► At	ttach to Form 990							
Description         Inc.         06-1008595           Part         General Information on Crants and Assistance         Inc.         06-1008595           Part         General Information no Crants and Assistance         Inc.         Inc.         Inc.           1         Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection criteria used to award the grants or assistance?         Inc.         <		► Go	to www.irs.gov	/Form990 for the I	atest information	ı.		Inspection			
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?       Image: Complete the grants or assistance and the selection criteria used to award the grants or 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 of or any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.       (b) EN       (c) Excession (d) Amount of cent grants or assistance (d) Amount of cent grants or used to cent grant of the grants or used to cent grant of the grants or used to cent grant or assistance (d) additional space is needed.       (b) EN       (c) Excession (d) Amount of cent grants or used to	Name of the organization						Employer identif	ication number			
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?       No         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         PartIII       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.         11       (a) Name and address of organization or governments       (b) EIN (c) BCC section (f) amount of cesh (f) admount of cesh	AMERICARES FOUNDATION, INC.										
the selection oriteria used to award the grants or assistance?       X       Yes       No         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.       Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.       IV and address of 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.       IV and address of 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.       IV and address of 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.       IV and address of 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.       IV) Purpose of grant or assistance?         (1) PARTNERS FUE HEALTHON INC       62-1834800       501(01(3)       288,660, mer       IV DICAL, SUPPLIES       IV or assistance?         (2) PARUTE INTER DEVINE CHART HEAD TITLE DEVINE CHART CITLE DEVINE       62-1834800       501(01(3)       288,660, mer       IVEDICAL, SUPPLIES       IVEDI	Part I General Information on Grants and Assistance										
2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         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 droganization       (b) Elin       (b) Elin       (c) Received more than \$5,000. Part II can be duplicated if additional space is needed.         1 (a) Name and address droganization       (b) Elin       (c) Received more than \$5,000. Part II can be duplicated if additional space is needed.         1 (a) Name and address droganization       (b) Elin       (c) Received more than \$5,000. Part II can be duplicated if additional space is needed.         1 (a) Name and address droganization       (b) Elin       (c) Received more than \$5,000. Part II can be duplicated if additional space is needed.         1 (a) Name and address droganizations       (b) Elin       (c) Received more than \$5,000. Part II can be duplicated if additional space is needed.         1 (b) Name and address droganizations       (c) Elin Line (c) Received more than \$5,000. Part II can be duplicated if additional space is needed.       (c) Description of non-original formation of cash (c) Received more than \$5,000. Part II can be duplicated if additional space is needed.         (c) Particles of Received more than \$5,000. Part II can be duplicated if additional space is needed.       (c) Description of non-original formation of cash (c) Received more than \$5,000. Part II can be duplicated if additional space is needed.         (c) Parotest transpore duplicated if additional sp	1 Does the organization maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	s' eligibility for the gran	ts or assistance, a	and			
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 or government         (a) Amount of cash grant         (b) Amount of cash grant         (c)	the selection criteria used to award the grant	s or assistand	e?					X Yes No			
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 (f) applicable)         (e) Amount of cash grant         (f) Amount of non- cash assistance         (f) Obscription, converging         (g) Description, converging         (g) Description, convergi	2 Describe in Part IV the organization's proceed	dures for mor	nitoring the use	of grant funds in the	e United States.						
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 (f) applicable)         (g) Amount of csh (grant         (g) Amount of nom- cash assistance         (g) Monte of yaluation on control of the entrol         (g) Description of or assistance         (h) Purpose of grant or assistance           109 REST BLACKERLI TULIANDAN, TN 37388         62-1834800         501(c)(3)         288,660.         PMV         KEDICAL SUPPLIES         0N-001N0           (2) PAITTE INDIA TRIBE OF UTAH         62-035805         501(c)(3)         7,488.         PMV         KEDICAL SUPPLIES         0N-001N0           (3) PEDIFLACE         502 OLD ORCHARD LINE LENISVILLE, TX 75067         78-2512752         OTHER         150.954.         PMV         KEDICAL SUPPLIES         0N-001N0           (4) PROFILES CLINIC         38-3274342         501(c)(3)         170,103.         PMV         KEDICAL SUPPLIES         0N-001N0           (5) PEDIFLES MEANT MELLINESS CLINIC         03-043200         OTHER         21,602.         PMV         KEDICAL SUPPLIES         0N-001N0           (6) PERSIN CENTER COMMENT WILLESS CLINIC         03-043200         OTHER         21,602.         PMV         KEDICAL SUPPLIES         0N-001N0           (6) PERSIN CENTER COMMENT WEED CARN BERLINESSILES	Part II Grants and Other Assistance to D	omestic Or	anizations ar	d Domestic Gov	vernments, Con	plete if the organiz	ration answered	"Yes" on Form 990			
1 (a) Name and address of organization of government       (b) EN       (c) IRC section (f applicable)       (d) Amount of cash assistance       (e) Amount of non- cash assistance       (f) Detected valuation of non-cash assistance       (g) Description of non-cash assistance       (h) Purpose of grant or assistance         (1) PARTNERS FOR HEALING INC			-								
Image: Control of government submitted         (b) EN         (b) applicable         (b) agrant         Coash assistance         (book, FMV, apprise)         monocash assistance         (b) or assistance           (1) PARTNERS FOR HEALING INC						•					
(1)         PARTNERS FOR HEALING INC         2288,660.         PMV         MEDICAL SUPPLIES         ON-GOING           (2)         PAUTE INCIAN TRIBE OF UTAN         87-0365095         501(C)(3)         288,660.         PMV         MEDICAL SUPPLIES         ON-GOING           (3)         PEDIFLACE         87-0365095         501(C)(3)         7,488.         PMV         MEDICAL SUPPLIES         ON-GOING           (4)         PEDIFLACE         150,954.         PMV         MEDICAL SUPPLIES         ON-GOING           (5)         PEDULS ECLINC         38-3274342         501(C)(3)         170,103.         PMV         MEDICAL SUPPLIES         ON-GOING           (5)         PEDULS HEALTH WILLINESS CLINIC         38-3274342         501(C)(3)         170,103.         PMV         MEDICAL SUPPLIES         ON-GOING           (5)         PEDULS HEALTH WILLINESS CLINIC         38-3274342         501(C)(3)         170,103.         PMV         MEDICAL SUPPLIES         ON-GOING           (6)         PERONC CENTERE DARITHERITIES IN DAA AMARA M         56-2271889         501(C)(3)         203,757.         PMV         MEDICAL SUPPLIES         ON-GOING           (7)         PHORIX CENTERC COMMENTY SERVICE BOARD         58-205235         501(C)(3)         116,965.         PMV         MEDICAL SUPPL		(b) EIN				(book, FMV, appraisal,					
109 WEST BLACKWELL TULLAHOMA, TN 37388         62-1834800         501(C)(3)         288,660         PMV         MEDICAL SUPPLIES         ON-GOING           (2) PAUTTE INDIAN TRIBE OF UTAH         440 NORTH PAIUTE DRIVE CEDAL SUPPLIES         07-0365095         501(C)(3)         7,488.         PMV         MEDICAL SUPPLIES         ON-GOING           (3) PEDIFLACE         502 OLD ORCHARD LANE LEWISVILLE, TX 75067         75-2512752         OTHER         150,954.         PMV         MEDICAL SUPPLIES         ON-GOING           (4) PROFLES CLINIC         38-3274342         501(C)(3)         170,103.         PMV         MEDICAL SUPPLIES         ON-GOING           (5) PROFLES HEALTH WEILENSS CLINIC         553 NORTH MAIN STREET BARRE, VT 05641         03-0343290         OTHER         21,602.         PMV         MEDICAL SUPPLIES         ON-GOING           (6) PERSON CENTERE DARRINGTER, NZ 3206         56-2271889         501(C)(3)         203,757.         PMV         MEDICAL SUPPLIES         ON-GOING           (7) PHOENIX CENTER COMMUNITY SERVICE BOARD         56-2105225         501(C)(3)         116,965.         PMV         MEDICAL SUPPLIES         ON-GOING           (4) PLOCE MART ROBINS, GA 31088         58-2105225         501(C)(3)         116,965.         PMV         MEDICAL SUPPLIES         ON-GOING           (5) PLOCE MERTRIN, RALINT RES	(1) DARTINERS FOR HEALTING INC										
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440 NORTH PAIUTE DRIVE CEDAR CITY, UT 84721         87-0365095         501(c)(3)         7,488.         PNV         MEDICAL SUPPLIES         ON-GOING           (3) PEDIFLACE         502 OLD ORCHARD LANE LEWISVILLE, TX 75067         75-2512752         OTHER         150,954.         PNV         MEDICAL SUPPLIES         ON-GOING           (4) PEOPLES CLINIC         3111 ELECTRIC AVE PORT HURON, MI 48060         38-3274342         501(c)(3)         170,103.         PNV         MEDICAL SUPPLIES         ON-GOING           (5) PEOPLES CLINIC         553 NORTH MAIN STREET BARE, VT 05641         03-0343290         OTHER         21,602.         PNV         MEDICAL SUPPLIES         ON-GOING           (6) PERSON CRIVERE DEARTRESSITES IN DEA AMARA W         56-2271889         501(c)(3)         203,757.         PNV         MEDICAL SUPPLIES         ON-GOING           (7) PHOEMIX CENTER COMMUNITY SERVICE BOARD         58-2105225         501(c)(3)         116,965.         PNV         MEDICAL SUPPLIES         ON-GOING           (40) FORCE OF HOPE CLINIC         58-205215         501(c)(3)         310,073.         PNV         MEDICAL SUPPLIES         ON-GOING           (50) FORC MEDICAL FERE CLINIC         58-2051133         501(c)(3)         330,073.         PNV         MEDICAL SUPPLIES         ON-GOING           (50) FORC MEDICAL FERE CLINIC											
(3) PEDIPLACE         502 OLD ORCHARD LANE LEWISVILLE, TX 75067         75-2512752         OTHER         150,954.         PMV         MEDICAL SUPPLIES         ON-GOING           (4) PEOPLES CLINIC		87-0365095	501(C)(3)		7.488.	FMV	MEDICAL SUPPLIES	ON-GOING			
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(4) PEOPLES CLINIC       38-3274342       501(C)(3)       170,103.       PMV       MEDICAL SUPPLIES       ON-GOING         (5) PEOPLES HEALTH WELNESS CLINIC       03-0343290       OTHER       21,602.       FMV       MEDICAL SUPPLIES       ON-GOING         (6) PERSON CENTERED PARTNERSHIPS IN DBA AMARA W       56-2271889       501(C)(3)       203,757.       FMV       MEDICAL SUPPLIES       ON-GOING         (7) PHOENIX CENTER COMMUNITY SERVICE BOARD       56-2271889       501(C)(3)       116,965.       FMV       MEDICAL SUPPLIES       ON-GOING         (9) POCHER OF DEP CLINIC       58-205225       501(C)(3)       116,965.       FMV       MEDICAL SUPPLIES       ON-GOING         (9) POCHELO FREE CLINIC       58-2656313       OTHER       412,645.       FMV       MEDICAL SUPPLIES       ON-GOING         (10) N. 7TH AVE. POCATELLO, ID 83201       82-0351133       501(C)(3)       330,073.       FMV       MEDICAL SUPPLIES       ON-GOING         (11) PONCE MEDICAL SCHOOL FOUNDATION, INC.       90.0 ADMAY BOLIVAR, MO 65613       43-1268665       501(C)(3)       15,848.       FMV       MEDICAL SUPPLIES       ON-GOING         (12) POINER MEDICAL SCHOOL FOUNDATION, INC.       66-0379122       OTHER       489,620.       FMV       MEDICAL SUPPLIES       ON-GOING         (12) POINER S		75-2512752	OTHER		150,954.	FMV	MEDICAL SUPPLIES	ON-GOING			
3111 ELECTRIC AVE PORT HURON, MI 48060       38-3274342       501(C)(3)       170,103. FMV       MEDICAL SUPPLIES       ON-GOING         (5) PEOPLES HEALTH WELLNESS CLINIC       553 NORTH MAIN STREET BARRE, VT 05641       03-0343290       OTHER       21,602. FMV       MEDICAL SUPPLIES       ON-GOING         (6) FERSON CENTERED PARTNERSHIPS IN DBA AMARA W       56-2271889       501(C)(3)       203,757. FMV       MEDICAL SUPPLIES       ON-GOING         (7) PHOENIX CENTER COMMUNITY SERVICE BOARD       58-2105225       501(C)(3)       116,965. FMV       MEDICAL SUPPLIES       ON-GOING         (8) PLACE OF HOPE CLINIC       58-2105225       501(C)(3)       116,965. FMV       MEDICAL SUPPLIES       ON-GOING         (9) POCATELLO FREE CLINIC       58-2055313       OTHER       412,645. FMV       MEDICAL SUPPLIES       ON-GOING         (10) N. 7TH AVE. POCATELLO, ID 83201       82-0351133       501(C)(3)       330,073. FMV       MEDICAL SUPPLIES       ON-GOING         (10) POLK COUNTY HEALTH CENTER       43-1268665       501(C)(3)       15,848. FMV       MEDICAL SUPPLIES       ON-GOING         (11) PONCE MEDICAL SCHOOL FOUNDATION, INC.       FNO       MEDICAL SUPPLIES       ON-GOING       MEDICAL SUPPLIES       ON-GOING         (12) PORTER STARKE SERVICES D.B.A. MARRAM HEALTH       601 WALL STREET VALPARAISO, IN 46383       35-1330771 </td <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td>			-								
(5) PEOPLES HEALTH WELLNESS CLINIC03-0343290OTHER21,602.FMVMEDICAL SUPPLIESON-GOING(6) PERSON CENTERED PARTNERSHIPS IN DBA AMARA W 5108 REAGAN DRIVE CHARLOTTE, NC 2820656-2271889501(C)(3)203,757.FMVMEDICAL SUPPLIESON-GOING(7) PHOENIX CENTER COMMUNITY SERVICE BOARD56-2271889501(C)(3)203,757.FMVMEDICAL SUPPLIESON-GOING940 GA HWY 96 WARNER ROBINS, GA 3108858-2105225501(C)(3)116,965.FMVMEDICAL SUPPLIESON-GOING(8) FLACE OF HOPE CLINIC58-2656313OTHER412,645.FMVMEDICAL SUPPLIESON-GOING(9) POCATELLO FREE CLINIC58-2656313OTHER412,645.FMVMEDICAL SUPPLIESON-GOING(10) N. 7TH AVE. POCATELLO, ID 8320182-0351133501(C)(3)330,073.FMVMEDICAL SUPPLIESON-GOING(10) POLK COUNTY HEALTH CENTER43-1268665501(C)(3)15,848.FMVMEDICAL SUPPLIESON-GOING(11) FONCE MEDICAL SCHOOL FOUNDATION, INC.66-0379122OTHER489,620.FWVMEDICAL SUPPLIESN-GOING(12) PORTER STARKE SERVICES D.B.A. MARRAM HEALTH601 WALL STREET VALPARAISO, IN 4638335-1330771501(C)(3)1,016,997.FMVMEDICAL SUPPLIESON-GOING		38-3274342	501(C)(3)		170,103.	FMV	MEDICAL SUPPLIES	ON-GOING			
553 NORTH MAIN STREET BARRE, VT 05641       03-0343290       OTHER       21,602.       FMV       MEDICAL SUPPLIES       ON-GOING         (6) PERSON CENTERED PARTNERSHIPS IN DBA AMARA W       5108 REAGAN DRIVE CHARLOTTE, NC 28206       56-2271889       501(C)(3)       203,757.       FMV       MEDICAL SUPPLIES       ON-GOING         (7) PHOENIX CENTER COMMUNITY SERVICE BOARD       940 GA HWY 96 WARNER ROBINS, GA 31088       58-2105225       501(C)(3)       116,965.       FMV       MEDICAL SUPPLIES       ON-GOING         (8) PLACE OF HOPE CLINIC       58-2656313       OTHER       412,645.       FMV       MEDICAL SUPPLIES       ON-GOING         (9) POCATELLO FREE CLINIC       58-2656313       OTHER       412,645.       FMV       MEDICAL SUPPLIES       ON-GOING         (10) POLK COUNTY HEALTH CENTER       501(C)(3)       330,073.       FMV       MEDICAL SUPPLIES       ON-GOING         (11) PONCE MEDICAL SCHOOL FOUNDATION, INC.	(5) PEOPLES HEALTH WELLNESS CLINIC										
5108 REAGAN DRIVE CHARLOTTE, NC 28206       56-2271889       501(C)(3)       203,757. FWV       MEDICAL SUPPLIES       ON-GOING         (7) PHOENIX CENTER COMMUNITY SERVICE BOARD       940 GA HWY 96 WARNER ROBINS, GA 31088       58-2105225       501(C)(3)       116,965. FMV       MEDICAL SUPPLIES       ON-GOING         (8) PLACE OF HOPE CLINIC       5405 JONESBORO ROAD LAKE CITY, GA 30260       58-2656313       OTHER       412,645. FMV       MEDICAL SUPPLIES       ON-GOING         (9) POCATELLO FREE CLINIC       001 N. 7TH AVE. POCATELLO, ID 83201       82-0351133       501(C)(3)       330,073. FMV       MEDICAL SUPPLIES       ON-GOING         (10) POLK COUNTY HEALTH CENTER       01 A3-1268665       501(C)(3)       15,848. FMV       MEDICAL SUPPLIES       ON-GOING         (11) PONCE MEDICAL SCHOOL FOUNDATION, INC.       01 FMR       489,620. FMV       MEDICAL SUPPLIES       ON-GOING         (12) PORTER STARKE SERVICES D.B.A. MARRAM HEALTH       66-0379122       OTHER       489,620. FMV       MEDICAL SUPPLIES       ON-GOING		03-0343290	OTHER		21,602.	FMV	MEDICAL SUPPLIES	ON-GOING			
5108 REAGAN DRIVE CHARLOTTE, NC 28206       56-2271889       501(C)(3)       203,757. FWV       MEDICAL SUPPLIES       ON-GOING         (7) PHOENIX CENTER COMMUNITY SERVICE BOARD       940 GA HWY 96 WARNER ROBINS, GA 31088       58-2105225       501(C)(3)       116,965. FMV       MEDICAL SUPPLIES       ON-GOING         (8) PLACE OF HOPE CLINIC       5405 JONESBORO ROAD LAKE CITY, GA 30260       58-2656313       OTHER       412,645. FMV       MEDICAL SUPPLIES       ON-GOING         (9) POCATELLO FREE CLINIC       001 N. 7TH AVE. POCATELLO, ID 83201       82-0351133       501(C)(3)       330,073. FMV       MEDICAL SUPPLIES       ON-GOING         (10) POLK COUNTY HEALTH CENTER       01 A3-1268665       501(C)(3)       15,848. FMV       MEDICAL SUPPLIES       ON-GOING         (11) PONCE MEDICAL SCHOOL FOUNDATION, INC.       01 FMR       489,620. FMV       MEDICAL SUPPLIES       ON-GOING         (12) PORTER STARKE SERVICES D.B.A. MARRAM HEALTH       66-0379122       OTHER       489,620. FMV       MEDICAL SUPPLIES       ON-GOING	(6) PERSON CENTERED PARTNERSHIPS IN DBA AMARA W										
940 GA HWY 96 WARNER ROBINS, GA 3108858-2105225501(C)(3)116,965.FMVMEDICAL SUPPLIESON-GOING(8) PLACE OF HOPE CLINIC5405 JONESBORO ROAD LAKE CITY, GA 3026058-2656313OTHER412,645.FMVMEDICAL SUPPLIESON-GOING(9) POCATELLO FREE CLINIC82-0351133501(C)(3)330,073.FMVMEDICAL SUPPLIESON-GOING(10) POLK COUNTY HEALTH CENTER82-0351133501(C)(3)330,073.FMVMEDICAL SUPPLIESON-GOING(11) PONCE MEDICAL SCHOOL FOUNDATION, INC.70.015,848.FMVMEDICAL SUPPLIESON-GOING(11) PONCE, PR 0073266-0379122OTHER489,620.FMVMEDICAL SUPPLIESEMERGENCY(12) PORTER STARKE SERVICES D.B.A. MARRAM HEALTH 601 WALL STREET VALPARAISO, IN 4638335-1330771501(C)(3)1,016,997.FMVMEDICAL SUPPLIESON-GOING		56-2271889	501(C)(3)		203,757.	FMV	MEDICAL SUPPLIES	ON-GOING			
(8) PLACE OF HOPE CLINIC58-2656313OTHER412,645.FMVMEDICAL SUPPLIESON-GOING(9) POCATELLO FREE CLINIC82-0351133501(C)(3)330,073.FMVMEDICAL SUPPLIESON-GOING(10) POLK COUNTY HEALTH CENTER82-0351133501(C)(3)330,073.FMVMEDICAL SUPPLIESON-GOING(11) POLK MEDICAL SCHOOL FOUNDATION, INC.66-0379122OTHER489,620.FMVMEDICAL SUPPLIESON-GOING(12) PORTER STARKE SERVICES D.B.A. MARRAM HEALTH66-037912OTHER489,620.FMVMEDICAL SUPPLIESEMERGENCY(12) PORTER STARKE SERVICES D.B.A. MARRAM HEALTH501(C)(3)1,016,997.FMVMEDICAL SUPPLIESON-GOING	(7) PHOENIX CENTER COMMUNITY SERVICE BOARD										
5405 JONESBORO ROAD LAKE CITY, GA 3026058-2656313OTHER412,645.FMVMEDICAL SUPPLIESON-GOING(9) POCATELLO FREE CLINIC82-0351133501(C)(3)330,073.FMVMEDICAL SUPPLIESON-GOING1001 N. 7TH AVE. POCATELLO, ID 8320182-0351133501(C)(3)330,073.FMVMEDICAL SUPPLIESON-GOING(10) POLK COUNTY HEALTH CENTER1317 W. BROADWAY BOLIVAR, MO 6561343-1268665501(C)(3)15,848.FMVMEDICAL SUPPLIESON-GOING(11) PONCE MEDICAL SCHOOL FOUNDATION, INC.66-0379122OTHER489,620.FMVMEDICAL SUPPLIESEMERGENCY(12) PORTER STARKE SERVICES D.B.A. MARRAM HEALTH 601 WALL STREET VALPARAISO, IN 4638335-1330771501(C)(3)1,016,997.FMVMEDICAL SUPPLIESON-GOING	940 GA HWY 96 WARNER ROBINS, GA 31088	58-2105225	501(C)(3)		116,965.	FMV	MEDICAL SUPPLIES	ON-GOING			
(9) POCATELLO FREE CLINIC82-0351133501(C)(3)330,073. FMVMEDICAL SUPPLIESON-GOING(10) POLK COUNTY HEALTH CENTER1317 W. BROADWAY BOLIVAR, MO 6561343-1268665501(C)(3)15,848. FMVMEDICAL SUPPLIESON-GOING(11) PONCE MEDICAL SCHOOL FOUNDATION, INC.66-0379122OTHER489,620. FMVMEDICAL SUPPLIESON-GOING(12) PORTER STARKE SERVICES D.B.A. MARRAM HEALTH66-0379122OTHER1,016,997. FMVMEDICAL SUPPLIESON-GOING	(8) PLACE OF HOPE CLINIC										
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(10) POLK COUNTY HEALTH CENTERA3-1268665501(C)(3)15,848.FMVMEDICAL SUPPLIESON-GOING1317 W. BROADWAY BOLIVAR, MO 6561343-1268665501(C)(3)15,848.FMVMEDICAL SUPPLIESON-GOING(11) PONCE MEDICAL SCHOOL FOUNDATION, INC	(9) POCATELLO FREE CLINIC										
1317 W. BROADWAY BOLIVAR, MO 65613       43-1268665       501(C)(3)       15,848.       FMV       MEDICAL SUPPLIES       ON-GOING         (11) PONCE MEDICAL SCHOOL FOUNDATION, INC.	1001 N. 7TH AVE. POCATELLO, ID 83201	82-0351133	501(C)(3)		330,073.	FMV	MEDICAL SUPPLIES	ON-GOING			
(11) PONCE MEDICAL SCHOOL FOUNDATION, INC.       66-0379122       OTHER       489,620.       FMV       MEDICAL SUPPLIES       EMERGENCY         (12) PORTER STARKE SERVICES D.B.A. MARRAM HEALTH       601 WALL STREET VALPARAISO, IN 46383       35-1330771       501(C)(3)       1,016,997.       FMV       MEDICAL SUPPLIES       ON-GOING	(10) POLK COUNTY HEALTH CENTER										
P.O. BOX 7004 PONCE, PR 00732       66-0379122       OTHER       489,620.       FMV       MEDICAL SUPPLIES       EMERGENCY         (12) PORTER STARKE SERVICES D.B.A. MARRAM HEALTH       601 WALL STREET VALPARAISO, IN 46383       501(C)(3)       1,016,997.       FMV       MEDICAL SUPPLIES       ON-GOING	1317 W. BROADWAY BOLIVAR, MO 65613	43-1268665	501(C)(3)		15,848.	FMV	MEDICAL SUPPLIES	ON-GOING			
(12) PORTER STARKE SERVICES D.B.A. MARRAM HEALTH       35-1330771       501(C)(3)       1,016,997.       FMV       MEDICAL SUPPLIES       ON-GOING	(11) PONCE MEDICAL SCHOOL FOUNDATION, INC.										
601 WALL STREET VALPARAISO, IN 46383       35-1330771       501(C)(3)       1,016,997.       FMV       MEDICAL SUPPLIES       ON-GOING	P.O. BOX 7004 PONCE, PR 00732	66-0379122	OTHER		489,620.	FMV	MEDICAL SUPPLIES	EMERGENCY			
	(12) PORTER STARKE SERVICES D.B.A. MARRAM HEALTH										
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	601 WALL STREET VALPARAISO, IN 46383	35-1330771	501(C)(3)		1,016,997.	FMV	MEDICAL SUPPLIES	ON-GOING			
		•	•								
3 Enter total number of other organizations listed in the line 1 table	3 Enter total number of other organizations list	ted in the line	1 table	<u></u>		<u></u>		•			

			Assistance t			F	OMB No. 1545-0047				
(Form 990) Go	overnme	nts, and Ir	ndividuals ii	n the Unite	d States		2019				
Com	plete if the o	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.						
Department of the Treasury		► At	ttach to Form 990				Open to Public				
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	ı.		Inspection				
Name of the organization						Employer identifi	cation number				
AMERICARES FOUNDATION, INC.											
Part I General Information on Grants an											
1 Does the organization maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	s' eligibility for the gran	ts or assistance, a	nd				
the selection criteria used to award the gran	ts or assistand	æ?					X Yes No				
2 Describe in Part IV the organization's proce	dures for mor	nitoring the use	of grant funds in the	e United States.							
Part II Grants and Other Assistance to I	omestic Or	ganizations ar	nd Domestic Gov	vernments. Con	nolete if the organiz	ration answered	"Yes" on Form 990.				
Part IV, line 21, for any recipient t		-					,				
			1	1							
1 (a) Name and address of organization or government	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistanc					
(1) POTTAWATTAMIE COUNTY DIV. OF PUBLIC HEALTH 600 S. 4TH ST. COUNCIL BLUFFS, IA 51503	42-6004433	501(C)(3)		14,679.	FMV	MEDICAL SUPPLIES	ON-GOING				
(2) PRESBYTERIAN MEDICAL CARE MISSION	12 0001100	501(0)(5)									
1857 PINE ST STE 100 ABILENE, TX 79601	75-1910600	OTHER		886,834.	FMV	MEDICAL SUPPLIES	ON-GOING				
(3) PROJECT HOPE											
PO BOX 6685 HAMDEN, CT 06517-0685	35-2473244	501(C)(3)		36,815.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(4) PROJECT SOS -SUPPORT OUR SOLDIERS INC.											
2412 DUE WEST DRIVE THE VILLAGES, FL 32162	27-2932657	501(C)(3)		14,509.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(5) PROJECT SOS -SUPPORT OUR SOLDIERS INC.											
2412 DUE WEST DRIVE THE VILLAGES, FL 32162	27-2932657	501(C)(3)		19,919.	FMV	MEDICAL SUPPLIES	ON-GOING				
(6) PROTEUS											
1221 CENTER ST DES MOINES, IA 50309	42-1186501	501(C)(3)		65,652.	FMV	MEDICAL SUPPLIES	ON-GOING				
(7) PRYMED MEDICAL CARE											
CARRETERA 149, KM 13 CIALES, PR 00638	66-0428120	501(C)(3)		734,685.	FMV	MEDICAL SUPPLIES	ON-GOING				
(8) PRYMED MEDICAL CARE											
CARRETERA 149, KM 13 CIALES, PR 00638	66-0428120	501(C)(3)		143,713.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(9) RAPHA CLINIC OF WEST GEORGIA INC											
RAPHA CLINIC OF W GEORGIA TEMPLE, GA 30179	27-1188932	501(C)(3)		344,904.	FMV	MEDICAL SUPPLIES	ON-GOING				
(10) RAPHAEL COMMUNITY FREE CLINIC, INC.											
1807 WATER STREET KERRVILLE, TX 78028	74-2819628	501(C)(3)		171,502.	FMV	MEDICAL SUPPLIES	ON-GOING				
(11) REACH OUT OF MONTGOMERY COUNTY											
25 E. FORAKER DAYTON, OH 45409	31-1434282	501(C)(3)		15,306.	FMV	MEDICAL SUPPLIES	ON-GOING				
(12) REMOTE AREA MEDICAL											
2200 STOCK CREEK BLVD ROCKFORD, TN 37853	62-1650446			126,828.		MEDICAL SUPPLIES	ON-GOING				
2 Enter total number of section 501(c)(3) and	-	-					▶				
3 Enter total number of other organizations lis	ted in the line	1 table	<u></u>		<u></u>		•				

SCHEDULE I	F	OMB No. 1545-0047									
		•	ndividuals in				2019				
Com		-	wered "Yes" on F ttach to Form 990		, inte 21 of 22.		Open to Public				
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.											
Name of the organization	<b>P</b> 00	to mm			•	Employer identific					
AMERICARES FOUNDATION, INC.						06-1008					
	Part I General Information on Grants and Assistance										
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> </ol>						is of assistance, an	X Yes No				
2 Describe in Part IV the organization's proce											
<b>-</b>			5								
Part II Grants and Other Assistance to D		-					"Yes" on Form 990,				
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is	needed.					
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
(1) RENEWED HOPE HEALTH CLINIC											
894 MARSHALL ST. ALLEGAN, MI 49010	16-1760734	501(C)(3)		147,582.	FMV	MEDICAL SUPPLIES	ON-GOING				
(2) RICHLAND HILLS HELPING HANDS MINISTRY											
7100 BLVD 26 RICHLAND HILLS, TX 76180	47-5624322	501(C)(3)		93,440.	FMV	MEDICAL SUPPLIES	ON-GOING				
(3) RILEY MED CLINIC/FIRST BAPTIST CHURCH JONES											
147 CHURCH STREET JONESBORO, GA 30236	58-0685903	501(C)(3)		209,255.	FMV	MEDICAL SUPPLIES	ON-GOING				
(4) RIVER CITY MINISTRY											
1021 E WASH AVE NORTH LITTLE ROCK, AR 72114	71-0786539	501(C)(3)		188,465.	FMV	MEDICAL SUPPLIES	ON-GOING				
(5) RIVER HILLS COMMUNITY HEALTH CENTER											
201 SOUTH MARKET STREET OTTUMWA, IA 52501	42-1489471	501(C)(3)		22,006.	FMV	MEDICAL SUPPLIES	ON-GOING				
(6) RIVER HILLS COMMUNITY HEALTH CENTER											
100 W MAIN ST RICHLAND, IA 52585	42-1489471	501(C)(3)		224,841.	FMV	MEDICAL SUPPLIES	ON-GOING				
(7) RIVER VALLEY FAMILY HEALTH CENTER											
P.O. BOX 529 OLATHE, CO 81425	27-3757444	501(C)(3)		6,608.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(8) RIVER VALLEY FAMILY HEALTH CENTER											
P.O. BOX 529 OLATHE, CO 81425	27-3757444	OTHER		906,382.	FMV	MEDICAL SUPPLIES	ON-GOING				
(9) RIVERVIEW HEALTH SERVICES											
722 REYNOLDS AVENUE KANSAS CITY, KS 66101	48-1072716	OTHER		7,689.	FMV	MEDICAL SUPPLIES	ON-GOING				
(10) ROANOKE CHOWAN COMMUNITY HEALTH CEN. (RCCHC											
120 HEALTH CENTER DRIVE AHOSKIE, NC 27910	42-1638714	501(C)(3)		95,456.	FMV	MEDICAL SUPPLIES	ON-GOING				
(11) ROCK RIVER FREE CLINIC											
1541 ANNEX ROAD JEFFERSON, WI 53549	47-0898219	501(C)(3)		443,782.	FMV	MEDICAL SUPPLIES	ON-GOING				
(12) ROCK SPRINGS CLINIC											
211 ROCK SPRINGS ROAD MILNER, GA 30257	26-4485460	1		354,872.		MEDICAL SUPPLIES	ON-GOING				
2 Enter total number of section 501(c)(3) and							•				
3 Enter total number of other organizations lis	ted in the line	1 table				I	•				

SCHEDULE I Grants and Other Assistance to Organizations,	OMB No. 1545-0047
(Form 990) Governments, and Individuals in the United States	2019
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	
Department of the Treasury Attach to Form 990.	Open to Public
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organization Employer identific	ation number
AMERICARES FOUNDATION, INC. 06-10085	595
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, an	t
the selection criteria used to award the grants or assistance?	X 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) D ( )
1 (a) Name and address of organization or government     (b) EIN     (c) IRC section (if applicable)     (d) Amount of cash grant     (e) Amount of non- cash assistance     (f) Method of valuation (book, FMV, appraisal, other)     (g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ROLETTE COUNTY PUBLIC HEALTH DISTRICT         02-0761623         501(C)(3)         32,518.         FMV         MEDICAL SUPPLIES	ON-GOING
(2) ROPHE FREE CLINIC	
4374 W 52ND ST INDIANAPOLIS, IN 46254         81-2339063         501(C)(3)         347,462.         FMV         MEDICAL SUPPLIES	ON-GOING
(3) ROSA CLARK MEDICAL CLINIC	
301 MEMORIAL DR SENECA, SC 29678         58-6076010         501(C)(3)         188,632.         FMV         MEDICAL SUPPLIES	ON-GOING
(4) ROSE GARDEN CENTER FOR HOPE AND HEALING	
2020 MADISON AVE COVINGTON, KY 41014 27-2425177 501(C)(3) 306,464. FMV MEDICAL SUPPLIES	ON-GOING
(5) ROTACARE INC	
875 JERUSALEM AVE UNIONDALE, NY 11530 11-3135331 501(C)(3) 205,339. FMV MEDICAL SUPPLIES	ON-GOING
(6) RURAL HEALTH NETWORK OF MONROE COUNTY	
3706 N ROOSEVELT BLVD KEY WEST, FL 33040 65-0474953 501(C)(3) 50,771. FMV MEDICAL SUPPLIES	ON-GOING
(7) RUTHS PLACE	
1411 CRAWFORD AVENUE GRANBURY, TX 76048 20-4594680 501(C)(3) 221,104. FMV MEDICAL SUPPLIES	ON-GOING
(8) RUTLAND FREE CLINIC	
145 STATE STREET RUTLAND, VT 05701 83-0427544 501(C)(3) 395,838. FMV MEDICAL SUPPLIES	ON-GOING
(9) SACRED HEART COMMUNITY CLINIC	
620 ROUND ROCK WEST DR ROUND ROCK, TX 78681 27-2901548 501(C)(3) 28,209. FMV MEDICAL SUPPLIES	ON-GOING
(10) SAFE HARBOR FREE CLINIC	
7209 265TH ST. NW STANWOOD, WA 98292 26-3825107 501(C)(3) 7,672. FMV MEDICAL SUPPLIES	ON-GOING
(11) SAFENETRX PHARMACY	
11100 AURORA AVE URBANDALE, IA 50322 42-1518875 501(C)(3) 185,740. FMV MEDICAL SUPPLIES	ON-GOING
(12) SALINA FAMILY HEALTHCARE CENTER	
651 EAST PRESCOTT ROAD SALINA, KS 67401 48-0858197 501(C)(3) 291,307. FMV MEDICAL SUPPLIES	ON-GOING
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	•
3 Enter total number of other organizations listed in the line 1 table	•

Governments, and Individuals in the United States       Log 19         Department of the Treasury Internal Accentus States       Department of the Treasury Internal Accentus Accent	SCHEDULE I	Grants ar	nd Other A	Assistance t	o Organiza	itions,	Ļ	OMB No. 1545-0047			
Complete if the organization answerdel "Ves" on Form 990, Part IV, line 21 or 22.         Open to Public Instance           Name of the organization maintain records to substantiate the amount of the grants or assistance. the granteest eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?         Image: Selection criteria used to award the grants or assistance?         Image: Selection criteria used to award the grants or assistance?         Image: Selection criteria used to award the grants or assistance?         Image: Selection criteria used to award the grants or assistance?         Image: Selection criteria used to award the grants or assistance?         Image: Selection criteria used to award the grants or assistance?         Image: Selection criteria used to award the grants or assistance?         Image: Selection criteria used to award the grants or assistance?         Image: Selection criteria used to award the grants or assistance?         Image: Selection criteria used to award the grants or assistance?         Image: Selection criteria used to award the grants or assistance?         Image: Selection criteria used to award the grants or assistance?         Image: Selection criteria used to award the grants or assistance?         Image: Selection criteria used to award the grants or assistance?         Image: Selection criteria used to award the grants or assistance?         Image: Selection criteria used to award the grants or assistance?         Image: Selection criteria used to award the grants or assistance?         Image: Selection criteria used to award the grants or assistance?         Image: Selection criteria used to award the grants or assistance?         Image: Selection criteria used to award the gran	(Form 990)	Governmer	nts, and Ir	ndividuals ii	n the Unite	d States		<i>ର</i> ଲ <b>1</b> 0			
International method         Colo www.is.gov/Form990 for the latest information         Opent to Public hyperiod           Name of the organization         Colo www.is.gov/Form990 for the latest information         0.41008595           Part D Core of the organization maintain records to substantiate the amount of the grants or assistance, and the selection criteria used to award the grants or assistance?         Image of the organization maintain records to substantiate the amount of the grants or assistance?         Image of the organization and the selection criteria used to award the grants or assistance?         Image of the organization and the selection criteria used to award the grants or assistance?         Image of the organization and the selection criteria used to award the grants or assistance?         Image of 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 (e) Nume and address of organization         (b) EN         (e) Rescale (f) and (f) a		Complete if the or	ganization ans	wered "Yes" on F	orm 990. Part IV	. line 21 or 22.					
Internet de los generation         De Go to www.irs.gov/Form990 for the latest information.         Image de los generation           Attema of 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?         Image de los generation         Image			-			,		Open to Public			
AMERICARES FOUNDATION, INC.         06-1008595           Part I         General Information on Crants and Assistance         Image: Comparization anishing records to substantiate the amount of the grants or assistance, and the selection criteria used to award the grants or assistance?         Image: Comparization anishing records to substantiate the amount of the grants or assistance, and the selection criteria used to award the grants or assistance?         Image: Comparization and Comparisation and Comparisation and Comparisation and Comparisation and Comparization and Comparisation and Comparis and Comparisation and Comparisation and Comparizati		► Go t	to www.irs.gov	/Form990 for the I	atest information	۱.		Inspection			
Part I       General Information on Grants and Assistance         1       Does the organization maintain records to substantiate the amount of the grants or assistance,	Name of the organization						Employer identif	cation number			
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 or there is no exact the grants or assistance?       Image: Control of the selection or there is no exact the grant to assistance?       Image: Control of the selection or the selection of the organization of of the organiz	AMERICARES FOUNDATION, INC	<b>.</b> .					06-1008	3595			
1 Does the organization maintain records to substantiate the anount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?     2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Part IV, Ine 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 droganization     (b) EIN (9) EI	Part I General Information on	Part I General Information on Grants and Assistance									
the selection criteria used to award the grants or assistance?       X       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.       (a) Name address of organization       (b) EIN       (c) IPC Section       (a) Amount of cosh       (b) Method of valuation, organization       (b) Purpose of grant or assistance?         (1) Shirt Lark county intervent       (a) Diano address of organization       (b) IPN       (c) IPC Section       (c) Amount of cosh       (b) Method of valuation, organization       (b) Purpose of grant or assistance?         (2) Soluto INTERED IS ALL LARK CUTY, UF 84114       87-6000315       501(c)(1)       20,412.       NW       NEDICAL SUPPLIES       NH coling         (3) Subto INTERNA ISBNI       05100       66-00329532       071100       66-00329532       071100       07-02780       NH coling											
2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         Part II Crants 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         0) EEN (b) EEN (c) EEC section         (f) applicable							lo of declotarioo, a	X Yes No			
Part III       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) RC section grant       (d) Amount of cash (grant       (b) Amount		-						•			
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 (if applicable)       (a) Amount of cash grant       (a) Amount of non- cash assistance       (b) Method of valuation Description of cash assistance       (b) Method of valuation Description of cash assistance       (b) Purpose of grant on assistance         (1) SALT LAKE COUNTY BELATH DEFARTMENT       20.0 INTEGRAL BN LA NONTMAR (SIM)       20.0 (1) 3       20.0 (1) 3       20.0 (1) 3       0.0 (1) 0.0 (1) 3       0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1) 0.0 (1)						a plata if the organi-	ation on outpared	"Vaa" on Farm 000			
1 (a) Name and address of organization or government       (b) EN       (c) RC section (I applicable)       (d) Amount of cash grant       (e) Amount of cash assistance       (f) Mount of organization or government       (g) Description of non-cash assistance       (h) Purpose of grant or assistance         (1) SLIT LME COUNTY HEALTH DEPARTMENT       2001 STATE ST SALT LME CITY, UT 48114       B7-6000316       501(C)(3)       20,419       PWV       HEDICAL SUPPLIES       0N-001N3         (2) SALUD INTEGRAL EN LA MONTANA (SIN)       66-0329532       OTHER       88,490       PWV       HEDICAL SUPPLIES       0N-001N3         (3) SALUD INTEGRAL EN LA MONTANA (SIN)       66-0329532       OTHER       88,490       PWV       HEDICAL SUPPLIES       0N-001N3         (4) SUMARITAN HEALTH CENTER       13 ROSE STRET DANUARY, CT 06610       75-1358057       501(C)(3)       21,925       PWV       HEDICAL SUPPLIES       0N-001N3         (f) SAMARITAN HEDISE       114 STH AVE RESMOND CITY, CA 9063       23-7416272       501(C)(3)       21,925       PWV       HEDICAL SUPPLIES       0N-001N3         (f) SAMARITAN HEDISE       114 STH AVE RESMOND CITY, CA 9063       23-7416272       501(C)(3)       21,934       PW       HEDICAL SUPPLIES       0N-001N3         (f) SAMARITAN HEDISE       014 STH AVE RESMOND CITY, CA 90463       23-7416272       501(C)(3)       21,935			-					res on Form 990,			
Ley No. or government         Ley Nr.         (d' applicable)         (d' applicab	Part IV, line 21, for any	recipient that received	more than \$5	,000. Part II can r	be auplicated if a	additional space is	needed.				
Line         2001 STATE ST SALT LAKE CITY, UT 84114         87-6000316         501(C)(3)         20,419.         PWV         MEDICAL SUPPLIES         DN-GOING           (2) SALUD INTEGRAL EN LA MONTARA (SIM)         66-0329532         OTHER         88,490.         PMV         MEDICAL SUPPLIES         DN-GOING           (3) SALUD INTEGRAL EN LA MONTARA (SIM)         66-0329532         OTHER         88,490.         PMV         MEDICAL SUPPLIES         DN-GOING           (4) SAMARITAN HEALTH CENTER         13 ROGE STREET DANGERY, CT 06810         75-3258057         501(C)(3)         21,925.         PMV         MEDICAL SUPPLIES         DN-GOING           (6) SAMARITAN HOUSE         114 STH AVE REPMOND CITY, CA 94063         23-7416272         501(C)(3)         190,946.         PMV         MEDICAL SUPPLIES         ON-GOING           (1) SANARITAN HOUSE         114 STH AVE REPMOND CITY, CA 94063         23-7416272         501(C)(3)         190,946.         PMV         MEDICAL SUPPLIES         ON-GOING           (6) SAMARITAN RECONAL MEALTH CLINIC         937 BROADMAY CAPE GIRARDEAU, MO 63701         27-5427837         501(C)(3)         789,103.         PMV         MEDICAL SUPPLIES         ON-GOING           (10) SAMUEL DIXON FAM HEALTH CENTICES, INC-VAL         02-077338         501(C)(3)         188,220.         PMV         MEDICAL SUPPLIES <t< th=""><th></th><th>tion (b) EIN</th><th></th><th></th><th></th><th>(book, FMV, appraisal,</th><th></th><th></th></t<>		tion (b) EIN				(book, FMV, appraisal,					
(2) SALUD INTEGRAL EN LA KONTANA (SIM)       66-0329532       OTHER       88,490.       FWV       NEDICAL SUPPLIES       ON-GOING         (3) SALUD INTEGRAL EN LA KONTANA (SIM)       66-0329532       OTHER       88,490.       FWV       NEDICAL SUPPLIES       ON-GOING         (3) SALUD INTEGRAL EN LA KONTANA (SIM)       66-0329532       501(C)(3)       36,430.       FWV       NEDICAL SUPPLIES       ON-GOING         (4) SAMARITAN HEALTH CENTER       13 ROSE STREET DANBURY, CT 06810       75-3258057       501(C)(3)       21,925.       FWV       NEDICAL SUPPLIES       ON-GOING         (5) SAMARITAN HOUSE       114 STM AVE REPOOD CITY, CA 94063       23-7416272       501(C)(3)       190,946.       FWV       NEDICAL SUPPLIES       ON-GOING         (7) SAMARITAN REGIONAL HEALTH CLINIC       937 ERCAUMAY CAPE GIRARDEAU, NO 63701       27-5427837       501(C)(3)       789,103.       FWV       NEDICAL SUPPLIES       ON-GOING         (6) SAMARITAN FRGIONAL HEALTH CLINIC       937 ERCAUMAY CAPE GIRARDEAU, NO 63701       27-6427837       501(C)(3)       789,103.       FWV       NEDICAL SUPPLIES       ON-GOING         (10) SAMARITAN STOUCH CARE CENTER       301(C)(3)       818,220.       FWV       NEDICAL SUPPLIES       ON-GOING         (9) SAMUE DIXON FAM HEALTH CENTERS, INC-VAL       95-4278726       501(C)(3)	(1) SALT LAKE COUNTY HEALTH DEPARTMEN	νT									
CENTRO DE SALUD NARANJITO, PR 00719       66-0329532       OTHER       88,490. FMV       NEDICAL SUPPLIES       DN-GOING         (3) SALUD INTEGRAL EN LA MONTANA (SIM)       66-0329532       501(C)(3)       36,430. FMV       MEDICAL SUPPLIES       EMERGENCY         (4) SAMARITAN HEALTH CENTER       13 ROSE STREET DANBURY, CT 06810       75-3258057       501(C)(3)       21,925. FMV       MEDICAL SUPPLIES       ON-GOING         (5) SAMARITAN HOUSE       114 STR AVE REDROOD CITY, CA 94063       23-7416272       501(C)(3)       190,946. FWV       MEDICAL SUPPLIES       ON-GOING         937 BROADKAY CAPE GIRARDEAU, NO 63701       27-5427837       501(C)(3)       789,103. FWV       MEDICAL SUPPLIES       ON-GOING         (7) SAMARITAN REGIONAL HEALTH CLINIC       95-427874       501(C)(3)       789,103. FWV       MEDICAL SUPPLIES       ON-GOING         (7) SAMARITANS TOUCH CARE CENTER       02-077338       501(C)(3)       789,103. FWV       MEDICAL SUPPLIES       ON-GOING         (6) SAMUEL DIXON FAM HEALTH CENTERS, INC-VAL       95-4278726       501(C)(3)       188,220. FMV       MEDICAL SUPPLIES       ON-GOING         (7) SAMARITAN STORED VALENCIA, CA 91355       95-4278726       501(C)(3)       168,832. FMV       MEDICAL SUPPLIES       ON-GOING         (9) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-VAL       95-4278726 <td< td=""><td>2001 STATE ST SALT LAKE CITY, UT</td><td>84114 87-6000316</td><td>501(C)(3)</td><td></td><td>20,419.</td><td>FMV</td><td>MEDICAL SUPPLIES</td><td>ON-GOING</td></td<>	2001 STATE ST SALT LAKE CITY, UT	84114 87-6000316	501(C)(3)		20,419.	FMV	MEDICAL SUPPLIES	ON-GOING			
(3) SALUD INTEGRAL EN LA MONTANA (SIM)       SALUD INTEGRAL EN LA MONTANA (SIM)       REMERGENCY         (4) SAMARITAN HEALTH CENTER       SAMARITAN HEALTH CENTER       NEDICAL SUPPLIES       REMERGENCY         (4) SAMARITAN HEALTH CENTER       SAMARITAN HEALTH CENTER       NEDICAL SUPPLIES       ON-GOING         (5) SAMARITAN HOUSE       SAMARITAN HOUSE       NEDICAL SUPPLIES       ON-GOING         (1) SAMARITAN HOUSE       SUPPLIES       SUPPLIES       ON-GOING         (1) SAMARITAN REDICAL HALTH CLINIC       SUPPLIES       SUPPLIES       ON-GOING         (1) SAMARITAN STOUCH CARE CENTER       SUPPLIES       SUPPLIES       ON-GOING         (1) SAMARITAN STOUCH CARE CENTER       SUPPLIES       ON-GOING       NEDICAL SUPPLIES       ON-GOING         (3) SAMUEL DIXON FAM HALTH CEN, INC-CANYON COU       SUPPLIES       SUPPLIES       SUPPLIES       ON-GOING         (3) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-VAL       SUPPLIES       SUPPLIES       SUPPLIES       ON-GOING         (10) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-VAL       SUPPLIES       SUPPLIES       SUPPLIES       ON-GOING         (11) SAN DIXON FAMILY HEALTH CENTERS, INC-VAL       SUPPLIES       SUPPLIES       SUPPLIES       ON-GOING         (10) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-VAL       SUPPLIES       SUPPLIES       SUPPLIES </td <td>(2) SALUD INTEGRAL EN LA MONTANA (SIM</td> <td>1)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(2) SALUD INTEGRAL EN LA MONTANA (SIM	1)									
CENTRO DE SALUD NARANJITO, PR 00719         66-0329532         501(c)(3)         36,430.         FMV         MEDICAL SUPPLIES         EMERGENCY           (4) SAMARITAN HEALTH CENTER         75-3258057         501(c)(3)         21,925.         FMV         MEDICAL SUPPLIES         Nn-GOING           (5) SAMARITAN HEALTH CENTER         75-3258057         501(c)(3)         21,925.         FMV         MEDICAL SUPPLIES         Nn-GOING           (6) SAMARITAN HEALTH CLNIC         190,946.         FMV         MEDICAL SUPPLIES         Nn-GOING           (7) SAMARITAN REGIONAL HEALTH CLNIC         937 BROADNAY CAPE GIRANDEAU, MO 63701         27-5427837         501(c)(3)         789,103.         FMV         MEDICAL SUPPLIES         Nn-GOING           (7) SAMARITANS TOUCH CARE CENTER         02-0773338         501(c)(3)         818,220.         FMV         MEDICAL SUPPLIES         ON-GOING           (8) SAMUEL DIXON FAM HEALTH CENTERS, INC-CANYON COU         25115 AVENUE STANFORD VALENCIA, CA 91355         95-4278726         501(c)(3)         168,832.         FMV         MEDICAL SUPPLIES         ON-GOING           (9) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-VAEU         25115 AVENUE STANFORD VALENCIA, CA 91355         95-4278726         501(c)(3)         134,479.         FMV         MEDICAL SUPPLIES         ON-GOING           (10) SAMUEL DIXON FAMILY HEALTH CENT	CENTRO DE SALUD NARANJITO, PR 007	719 66-0329532	OTHER		88,490.	FMV	MEDICAL SUPPLIES	ON-GOING			
(4) SAMARITAN HEALTH CENTER       75-3258057       501(C)(3)       21,925.       FMV       MEDICAL SUPPLIES       0N-GOING         (5) SAMARITAN HOUSE       114 5TH AVE REDMODD CITY, CA 94063       23-7416272       501(C)(3)       190.946.       FMV       MEDICAL SUPPLIES       0N-GOING         (6) SAMARITAN REDMOD CITY, CA 94063       23-7416272       501(C)(3)       190.946.       FMV       MEDICAL SUPPLIES       0N-GOING         937 BROADWAY CAPE GIRARDEAU, MO 63701       27-5427837       501(C)(3)       789,103.       FMV       MEDICAL SUPPLIES       0N-GOING         (7) SAMARITANS TOUCH CARE CENTER       02-0773338       501(C)(3)       818,220.       FMV       MEDICAL SUPPLIES       0N-GOING         (8) SAMUE DIXON FAM HEALTH CENTERS, INC-CAN       02-077338       501(C)(3)       818,220.       FMV       MEDICAL SUPPLIES       0N-GOING         (9) SAMUEL DIXON FAM HEALTH CENTERS, INC-CAN       02-077338       501(C)(3)       168,832.       FMV       MEDICAL SUPPLIES       0N-GOING         (10) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-CAN       95-4278726       501(C)(3)       134,479.       FMV       MEDICAL SUPPLIES       0N-GOING         (11) SAM LE DIXON FAMILY HEALTH CENTERS, INC-CAN       95-4278726       501(C)(3)       127,270.       FMV       MEDICAL SUPPLIES       0N-GOING <td>(3) SALUD INTEGRAL EN LA MONTANA (SIM</td> <td>1)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(3) SALUD INTEGRAL EN LA MONTANA (SIM	1)									
13 ROSE STREET DANBURY, CT 06810       75-3258057       501(C)(3)       21,925.       FMV       MEDICAL SUPPLIES       ON-GOING         (6) SAMARITAN HOUSE       114 5TH AVE REDWOOD CITY, CA 94063       23-7416272       501(C)(3)       190,946.       FMV       MEDICAL SUPPLIES       ON-GOING         (6) SAMARITAN REGIONAL HEALTH CLINIC       937 BROADWAY CAPE GIRARDEAU, MO 63701       27-5427837       501(C)(3)       769,103.       FMV       MEDICAL SUPPLIES       ON-GOING         (7) SAMARITANS TOUCH CARE CENTER       3015 HERRING AVE. SEBRING, FL 33870       02-0773338       501(C)(3)       818,220.       FMV       MEDICAL SUPPLIES       ON-GOING         (8) SAMUEL DIXON FAM HEALTH CEN, INC-CANYON COU       25115 AVENUE STANFORD VALENCIA, CA 91355       95-4278726       501(C)(3)       168,832.       FMV       MEDICAL SUPPLIES       ON-GOING         (9) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-NEW       95-4278726       501(C)(3)       134,479.       FMV       MEDICAL SUPPLIES       ON-GOING         (10) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-VAL       25115 AVENUE STANFORD VALENCIA, CA 91355       95-4278726       501(C)(3)       127,270.       FMV       MEDICAL SUPPLIES       ON-GOING         (11) SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION       5575 RUFFIN RD STE 250 SAN DIEGO, CA 92123       95-2568714       501(C)(3)       17,036. <t< td=""><td>CENTRO DE SALUD NARANJITO, PR 007</td><td>719 66-0329532</td><td>501(C)(3)</td><td></td><td>36,430.</td><td>FMV</td><td>MEDICAL SUPPLIES</td><td>EMERGENCY</td></t<>	CENTRO DE SALUD NARANJITO, PR 007	719 66-0329532	501(C)(3)		36,430.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(5) SAMARITAN HOUSE       114 5TH AVE REDWOOD CITY, CA 94063       23-7416272       501(C)(3)       190,946. FWV       MEDICAL SUPPLIES       ON-GOING         (6) SAMARITAN REGIONAL HEALTH CLINIC       937 BROADWAY CAPE GIRARDEAU, MO 63701       27-5427837       501(C)(3)       789,103. FMV       MEDICAL SUPPLIES       ON-GOING         (7) SAMARITAN STOUCH CARE CENTER       02-077338       501(C)(3)       818,220. FMV       MEDICAL SUPPLIES       ON-GOING         (8) SAMUEL DIXON FAM HEALTH CEN, INC-CANYON COU       02-077338       501(C)(3)       168,832. FMV       MEDICAL SUPPLIES       ON-GOING         (9) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-NEW       95-4278726       501(C)(3)       168,832. FMV       MEDICAL SUPPLIES       ON-GOING         (10) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-NEW       95-4278726       501(C)(3)       134,479. FMV       MEDICAL SUPPLIES       ON-GOING         (11) SAN USED STANFORD VALENCIA, CA 91355       95-4278726       501(C)(3)       127,270. FMV       MEDICAL SUPPLIES       ON-GOING         (11) SAN USED COUNTY MEDICAL SOCIETY FOUNDATION 5575 RUFFIN RD STE 250 SAN DIEGO, CA 92123       95-2568714       501(C)(3)       17,036. FMV       MEDICAL SUPPLIES       ON-GOING         (12) SAN FRANCISCO FREE CLINIC 4900 CALIFORNY ST. SAN FRANCISCO, CA 94118       95-2568714       501(C)(3)       17,036. FMV       MEDICAL SUPPLIES <td>(4) SAMARITAN HEALTH CENTER</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(4) SAMARITAN HEALTH CENTER										
114 5TH AVE REDWOOD CITY, CA 94063       23-7416272       501(C)(3)       190,946.       FMV       MEDICAL SUPPLIES       ON-GOING         (6) SAMARITAN REGIONAL HEALTH CLINIC       937 BROADNAY CAPE GIRARDEAU, MO 63701       27-5427837       501(C)(3)       789,103.       FMV       MEDICAL SUPPLIES       ON-GOING         (7) SAMARITANS TOUCH CARE CENTER       02-0773338       501(C)(3)       818,220.       FMV       MEDICAL SUPPLIES       ON-GOING         (8) SAMUEL DIXON FAM HEALTH CEN, INC-CANYON COU       02-077338       501(C)(3)       168,832.       FMV       MEDICAL SUPPLIES       ON-GOING         (9) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-NEW       95-4278726       501(C)(3)       168,832.       FMV       MEDICAL SUPPLIES       ON-GOING         (10) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-NEW       95-4278726       501(C)(3)       134,479.       FMV       MEDICAL SUPPLIES       ON-GOING         (11) SAM DIEGO COUNTY MEDICAL SOCIETY FOUNDATION       95-4278726       501(C)(3)       127,270.       FMV       MEDICAL SUPPLIES       ON-GOING         (12) SAM DIEGO COUNTY MEDICAL SOCIETY FOUNDATION       95-2568714       501(C)(3)       127,270.       FMV       MEDICAL SUPPLIES       ON-GOING         (12) SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION       95-2568714       501(C)(3)       17,036.       FMV </td <td>13 ROSE STREET DANBURY, CT 06810</td> <td>75-3258057</td> <td>501(C)(3)</td> <td></td> <td>21,925.</td> <td>FMV</td> <td>MEDICAL SUPPLIES</td> <td>ON-GOING</td>	13 ROSE STREET DANBURY, CT 06810	75-3258057	501(C)(3)		21,925.	FMV	MEDICAL SUPPLIES	ON-GOING			
(6) SAMARITAN REGIONAL HEALTH CLINIC       937 BROADWAY CAPE GIRARDEAU, MO 63701       27-5427837       501(C)(3)       789,103.       FMV       MEDICAL SUPPLIES       ON-GOING         (7) SAMARITANS TOUCH CARE CENTER       3015 HERRING AVE. SEBRING, FL 33870       02-0773338       501(C)(3)       818,220.       FMV       MEDICAL SUPPLIES       ON-GOING         (8) SAMUEL DIXON FAM HEALTH CEN, INC-CANYON COU       25115 AVENUE STANFORD VALENCIA, CA 91355       95-4278726       501(C)(3)       168,832.       FMV       MEDICAL SUPPLIES       ON-GOING         (9) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-NEW       25115 AVENUE STANFORD VALENCIA, CA 91355       95-4278726       501(C)(3)       134,479.       FMV       MEDICAL SUPPLIES       ON-GOING         (10) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-NEW       25115 AVENUE STANFORD VALENCIA, CA 91355       95-4278726       501(C)(3)       134,479.       FMV       MEDICAL SUPPLIES       ON-GOING         (10) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-VAL       127,270.       FMV       MEDICAL SUPPLIES       ON-GOING         (11) SAN DIEGO COUNTY MEDICAL SOLETY FOUNDATION       95-2568714       501(C)(3)       17,036.       FMV       MEDICAL SUPPLIES       ON-GOING         (12) SAN FRANCISCO FREE CLINIC       4900 CALIFORNIA ST. SAN FRANCISCO, CA 94118       94-3186248       501(C)(3)       186,937.       FMV	(5) SAMARITAN HOUSE										
937 BROADWAY CAPE GIRARDEAU, MO 63701       27-5427837       501(C)(3)       789,103.       FMV       MEDICAL SUPPLIES       ON-GOING         (7) SAMARITANS TOUCH CARE CENTER       3015 HERRING AVE. SEBRING, FL 33870       02-0773338       501(C)(3)       818,220.       FMV       MEDICAL SUPPLIES       ON-GOING         (8) SAMUEL DIXON FAM HEALTH CEN, INC-CANYON COU       25115 AVENUE STANFORD VALENCIA, CA 91355       95-4278726       501(C)(3)       168,832.       FMV       MEDICAL SUPPLIES       ON-GOING         (9) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-NEW       25115 AVENUE STANFORD VALENCIA, CA 91355       95-4278726       501(C)(3)       134,479.       FMV       MEDICAL SUPPLIES       ON-GOING         (10) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-NEW       25115 AVENUE STANFORD VALENCIA, CA 91355       95-4278726       501(C)(3)       134,479.       FMV       MEDICAL SUPPLIES       ON-GOING         (10) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-VAL       25115 AVENUE STANFORD VALENCIA, CA 91355       95-4278726       501(C)(3)       127,270.       FMV       MEDICAL SUPPLIES       ON-GOING         (11) SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION       575 RUFFIN RD STE 250 SAN DIEGO, CA 92123       95-2568714       501(C)(3)       17,036.       FMV       MEDICAL SUPPLIES       ON-GOING         (12) SAN FRANCISCO FREE CLINIC       4900 CALLFORNIA ST. SAN FRANCISCO, C	114 5TH AVE REDWOOD CITY, CA 9406	53 23-7416272	501(C)(3)		190,946.	FMV	MEDICAL SUPPLIES	ON-GOING			
(7) SAMARITANS TOUCH CARE CENTER       02-077338       01C)(3)       818,220.       FMV       MEDICAL SUPPLIES       ON-GOING         (8) SAMUEL DIXON FAM HEALTH CEN, INC-CANYON COU       02-077338       501(C)(3)       168,832.       FMV       MEDICAL SUPPLIES       ON-GOING         (9) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-NEW       05-4278726       501(C)(3)       168,832.       FMV       MEDICAL SUPPLIES       ON-GOING         (10) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-VAL       05-4278726       501(C)(3)       134,479.       FMV       MEDICAL SUPPLIES       ON-GOING         (11) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-VAL       05-4278726       501(C)(3)       127,270.       FMV       MEDICAL SUPPLIES       ON-GOING         (12) SAM DIEGO COUNTY MEDICAL SOCIETY FOUNDATION       5575 RUFFIN RD STE 250 SAN DIEGO, CA 92123       95-2568714       501(C)(3)       17,036.       FMV       MEDICAL SUPPLIES       ON-GOING         (12) SAN FRANCISCO FREE CLINIC       186,937.       FMV       MEDICAL SUPPLIES       ON-GOING       ON-GOING         2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       186,937.       FMV       MEDICAL SUPPLIES       ON-GOING	(6) SAMARITAN REGIONAL HEALTH CLINIC										
3015 HERRING AVE. SEBRING, FL 33870       02-0773338       501(C)(3)       818,220. FMV       MEDICAL SUPPLIES       ON-GOING         (8) SAMUEL DIXON FAM HEALTH CEN, INC-CANYON COU       168,832. FMV       MEDICAL SUPPLIES       ON-GOING         (9) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-NEW       168,832. FMV       MEDICAL SUPPLIES       ON-GOING         (10) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-VAL       134,479. FMV       MEDICAL SUPPLIES       ON-GOING         (11) SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION       501(C)(3)       127,270. FMV       MEDICAL SUPPLIES       ON-GOING         (12) SAN FRANCISCO FREE CLINIC       94-3186248       501(C)(3)       17,036. FMV       MEDICAL SUPPLIES       ON-GOING         2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       186,937. FMV       MEDICAL SUPPLIES       ON-GOING	937 BROADWAY CAPE GIRARDEAU, MO 6	53701 27-5427837	501(C)(3)		789,103.	FMV	MEDICAL SUPPLIES	ON-GOING			
(8) SAMUEL DIXON FAM HEALTH CEN, INC-CANYON COU       95-4278726       501(C)(3)       168,832.       FMV       MEDICAL SUPPLIES       ON-GOING         (9) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-NEW       95-4278726       501(C)(3)       134,479.       FMV       MEDICAL SUPPLIES       ON-GOING         (10) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-VAL       95-4278726       501(C)(3)       134,479.       FMV       MEDICAL SUPPLIES       ON-GOING         (11) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-VAL       95-4278726       501(C)(3)       127,270.       FMV       MEDICAL SUPPLIES       ON-GOING         (11) SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION       95-2568714       501(C)(3)       17,036.       FMV       MEDICAL SUPPLIES       ON-GOING         (12) SAN FRANCISCO FREE CLINIC       94-3186248       501(C)(3)       186,937.       FMV       MEDICAL SUPPLIES       ON-GOING         2       Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       186,937.       FMV       MEDICAL SUPPLIES       ON-GOING	(7) SAMARITANS TOUCH CARE CENTER										
25115 AVENUE STANFORD VALENCIA, CA 91355       95-4278726       501(C)(3)       168,832.       FMV       MEDICAL SUPPLIES       ON-GOING         (9) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-NEW       25115 AVENUE STANFORD VALENCIA, CA 91355       95-4278726       501(C)(3)       134,479.       FMV       MEDICAL SUPPLIES       ON-GOING         (10) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-VAL       25115 AVENUE STANFORD VALENCIA, CA 91355       95-4278726       501(C)(3)       127,270.       FMV       MEDICAL SUPPLIES       ON-GOING         (11) SAM DIEGO COUNTY MEDICAL SOCIETY FOUNDATION       5575 RUFFIN RD STE 250 SAN DIEGO, CA 92123       95-2568714       501(C)(3)       17,036.       FMV       MEDICAL SUPPLIES       ON-GOING         (12) SAN FRANCISCO FREE CLINIC       4900 CALIFORNIA ST. SAN FRANCISCO, CA 94118       94-3186248       501(C)(3)       186,937.       FMV       MEDICAL SUPPLIES       ON-GOING         2       Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       186,937.       FMV       MEDICAL SUPPLIES       ON-GOING	3015 HERRING AVE. SEBRING, FL 338	370 02-0773338	501(C)(3)		818,220.	FMV	MEDICAL SUPPLIES	ON-GOING			
(9) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-NEW       95-4278726       501(C)(3)       134,479.       FMV       MEDICAL SUPPLIES       ON-GOING         (10) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-VAL       95-4278726       501(C)(3)       127,270.       FMV       MEDICAL SUPPLIES       ON-GOING         (11) SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION       95-4278726       501(C)(3)       127,270.       FMV       MEDICAL SUPPLIES       ON-GOING         (12) SAN FRANCISCO FREE CLINIC       95-2568714       501(C)(3)       17,036.       FMV       MEDICAL SUPPLIES       ON-GOING         (12) SAN FRANCISCO FREE CLINIC       94-3186248       501(C)(3)       186,937.       FMV       MEDICAL SUPPLIES       ON-GOING         2       Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(8) SAMUEL DIXON FAM HEALTH CEN, INC-	-CANYON COU									
25115 AVENUE STANFORD VALENCIA, CA 91355       95-4278726       501(C)(3)       134,479.       FMV       MEDICAL SUPPLIES       ON-GOING         (10) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-VAL       95-4278726       501(C)(3)       127,270.       FMV       MEDICAL SUPPLIES       ON-GOING         (11) SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION       95-4278726       501(C)(3)       127,270.       FMV       MEDICAL SUPPLIES       ON-GOING         (12) SAN FRANCISCO FREE CLINIC       95-2568714       501(C)(3)       17,036.       FMV       MEDICAL SUPPLIES       ON-GOING         (12) SAN FRANCISCO FREE CLINIC       94-3186248       501(C)(3)       186,937.       FMV       MEDICAL SUPPLIES       ON-GOING         2< Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	25115 AVENUE STANFORD VALENCIA, C	CA 91355 95-4278726	501(C)(3)		168,832.	FMV	MEDICAL SUPPLIES	ON-GOING			
(10) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-VAL       95-4278726       501(C)(3)       127,270.       FMV       MEDICAL SUPPLIES       ON-GOING         (11) SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION       95-2568714       501(C)(3)       17,036.       FMV       MEDICAL SUPPLIES       ON-GOING         (12) SAN FRANCISCO FREE CLINIC       94-3186248       501(C)(3)       17,036.       FMV       MEDICAL SUPPLIES       ON-GOING         2       Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       186,937.       FMV       MEDICAL SUPPLIES       ON-GOING	(9) SAMUEL DIXON FAMILY HEALTH CENTER	RS, INC-NEW									
25115 AVENUE STANFORD VALENCIA, CA 91355       95-4278726       501(C)(3)       127,270.       FMV       MEDICAL SUPPLIES       ON-GOING         (11) SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION       5575 RUFFIN RD STE 250 SAN DIEGO, CA 92123       95-2568714       501(C)(3)       17,036.       FMV       MEDICAL SUPPLIES       ON-GOING         (12) SAN FRANCISCO FREE CLINIC       4900 CALIFORNIA ST. SAN FRANCISCO, CA 94118       94-3186248       501(C)(3)       186,937.       FMV       MEDICAL SUPPLIES       ON-GOING         2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	25115 AVENUE STANFORD VALENCIA, C	CA 91355 95-4278726	501(C)(3)		134,479.	FMV	MEDICAL SUPPLIES	ON-GOING			
(11) SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION         5575 RUFFIN RD STE 250 SAN DIEGO, CA 92123       95-2568714       501(C)(3)       17,036. FMV       MEDICAL SUPPLIES       ON-GOING         (12) SAN FRANCISCO FREE CLINIC       4900 CALIFORNIA ST. SAN FRANCISCO, CA 94118       94-3186248       501(C)(3)       186,937. FMV       MEDICAL SUPPLIES       ON-GOING         2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       501(C)(3)       186,937. FMV       MEDICAL SUPPLIES       ON-GOING	(10) SAMUEL DIXON FAMILY HEALTH CENTER	RS, INC-VAL									
5575 RUFFIN RD STE 250 SAN DIEGO, CA 92123       95-2568714       501(C)(3)       17,036.       FMV       MEDICAL SUPPLIES       ON-GOING         (12) SAN FRANCISCO FREE CLINIC       4900 CALIFORNIA ST. SAN FRANCISCO, CA 94118       94-3186248       501(C)(3)       186,937.       FMV       MEDICAL SUPPLIES       ON-GOING         2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	25115 AVENUE STANFORD VALENCIA, C	CA 91355 95-4278726	501(C)(3)		127,270.	FMV	MEDICAL SUPPLIES	ON-GOING			
(12) SAN FRANCISCO FREE CLINIC       4900 CALIFORNIA ST. SAN FRANCISCO, CA 94118       94-3186248       501(C)(3)       186,937.       FMV       MEDICAL SUPPLIES       ON-GOING         2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(11) SAN DIEGO COUNTY MEDICAL SOCIETY	FOUNDATION									
4900 CALIFORNIA ST. SAN FRANCISCO, CA 94118       94-3186248       501(C)(3)       186,937.       FMV       MEDICAL SUPPLIES       ON-GOING         2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       Image: Contract of table       Image:	5575 RUFFIN RD STE 250 SAN DIEGO,	, CA 92123 95-2568714	501(C)(3)		17,036.	FMV	MEDICAL SUPPLIES	ON-GOING			
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(12) SAN FRANCISCO FREE CLINIC										
3 Enter total number of other organizations listed in the line 1 table			•					▶			
	3 Enter total number of other orga	nizations listed in the line	1 table			<u></u>		•			

Complete if the organization answered Yes' on Form 990, Part IV, line 21 or 22.				Assistance t			ļ	OMB No. 1545-0047			
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.         Open to PUBIC Inspection           Name of the organization answered "Yes" on Form 990, Part IV, line 21 or 22.         Open to PUBIC Inspection           Name of the organization answered "Yes" on Form 990.         Eart IV, line 21 or 22.         Open to PUBIC Inspection           Name of the organization answered "Yes" on Form 990.         Eart IV, line 21 or 22.         Open to PUBIC Inspection           Name of the organization answered "Yes" on Form 990.         Data the selection criteria used to sward the grants or assistance?         Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"           To assistance to comparization answered "Yes" on Form 900.           Data bit Colspan="2"         Colspan="2"         Colspan="2"         Colspan="2"           Colspan="2"         Colspan="2"         Colspan="2"         Colspan="2"         Colspan="2"         Colspan="2"         Colspan="2"         Colspan="2"         Colspan="2" <th <="" colspan="2" th=""><th>(Form 990) GC</th><th>vernme</th><th>nts, and Ir</th><th>ndividuals ii</th><th>n the Unite</th><th>d States</th><th></th><th>୬ଲ <b>1</b> 0</th></th>	<th>(Form 990) GC</th> <th>vernme</th> <th>nts, and Ir</th> <th>ndividuals ii</th> <th>n the Unite</th> <th>d States</th> <th></th> <th>୬ଲ <b>1</b> 0</th>		(Form 990) GC	vernme	nts, and Ir	ndividuals ii	n the Unite	d States		୬ଲ <b>1</b> 0	
Attach to Form 990.       Open to PUblic Inspection         Image: Inspection         AMERICARES FOUNDATION, INC.       Employer identification number 06-1008595         Part I General Information on Grants and Assistance       Open to PUblic Inspection         AMERICARES FOUNDATION, INC.       Employer identification number 06-1008595         Part I General Information 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?       No         Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         1 (a) Name and address of organization or government       (b) FMC eaction (d e) Amount of nom- (b, for avaluation or context) assistance or assistance.       (b) Public proceed grant or assistance.         2 Barch text (cut text)       74.000000000000000000000000000000000000	Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.					
Content Revenue Sance         End bet endpanded         Endpanded endpanded         Endpanded endpanded           AMERICARES FOUNDATION, INC.         06-1008595           PartI         Ceneral Information or Grants and Assistance         06-1008595           PartI         Ceneral Information or Grants and Assistance         X         Yes         No           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 ortheria used to award the grants or assistances 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.         (a) Amount of cone (b) Amount of cone (c) Amount of cone			-					Open to Public			
AMERICARES FOUNDATION, INC.       06-1008595         Part I General Information on Grants and Assistance       Image: Comparison of Comp	Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	า.		Inspection			
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?       Image: Comparison of the organization's procedures for monitoring the use of grant funds in the United States.         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.       (e) Hender Valuation of non-formed in address of organization or descention of government       (e) Hender Valuation of non-formed in the United States.         1 (a) Name and address of organization or government       (b) EIN       (e) HEN (c) IR Section (f) (annual of cesh grant cesh (e) Amount of cesh of the organization or descention of address of organization or descention (f) applicable)       (f) Purpose of grant or descention (f) applicable)       (g) Amount of cesh cesh assistance       (g) Amount of cesh cesh cesh cesh cesh assistance       (g) Amount of cesh cesh cesh cesh cesh cesh cesh cesh	Name of the organization						Employer identi	fication number			
Dees 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?     Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.     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 address of organization         (b) EIN         (c) IRC section         (c) IRC section         (d) Amount of cash         (e) Amount of cash         (f) Amount of cash         (g) Amount	AMERICARES FOUNDATION, INC. 06-1008595										
the selection criteria used to award the grants or assistance?       X       Yes       No         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.       Yes       No         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.       Yes       No         2       Describe in Part IV the organization and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV the 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.       (f) Method of valuation or government       (f) Purpose of grant or assistance       (f) Method of valuation or grant funds in the United States.       (f) Description of noncash assistance       (f) Purpose of grant or assistance       (f) Purpose of	Part I General Information on Grants and Assistance										
the selection criteria used to award the grants or assistance?       X       Yes       No         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.       Yes       No         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.       Yes       No         2       Describe in Part IV the organization and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV the 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.       (f) Method of valuation or government       (f) Purpose of grant or assistance       (f) Method of valuation or grant funds in the United States.       (f) Description of noncash assistance       (f) Purpose of grant or assistance       (f) Purpose of	1 Does the organization maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	s' eligibility for the gran	ts or assistance, a	and			
PartII       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) (RC section of frapplication) (r) Amount of cash or grant       (e) Amount of non- cash address of organization or on cash assistance       (f) Method of valuation or government       (g) Description of on cash assistance       (h) Purpose of grant or assistance         (1) SAN JOSE CLINIC								X Yes No			
Part IV, line 21, for any recipient to recived more than \$5,000. Part II can be duplicated if additional space is needed.         1 (a) Name and address of organization or government       (b) EN       (c) IRC section (ff applicable)       (d) Amount of cash assistance       (D) Method of valuation on consolva assistance       (g) Description of noncesh assistance       (g) Descripti	2 Describe in Part IV the organization's proce	dures for mor	nitoring the use	of grant funds in the	e United States.						
Part IV, line 21, for any recipient to 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) EN       (c) IRC section (ff applicable)       (d) Amount of cash assistance       (b) Method of valuation on cosh assistance       (g) Description of on consets assistance       (g) Description of on conset       (g) Description of on conset       (g) Description of on conset       (g) Description of	Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments Con	nolete if the organiz	zation answered	d "Yes" on Form 990			
1 (a) Name and address of organization or government       (b) EIN       (c) IRC section (ft applicable)       (d) Amount of cash grant       (e) Amount of non- cash assistance       (f) Method of valuation on cash assistance       (g) Description of noncash assistance       (h) Purpose of grant or assistance         (1) SAN JOSE CLINIC       76-0373703       501(C)(3)       645,796.       FWV       MEDICAL SUPPLIES       ON-OGING         (2) SANTA CRUZ COMMUNTY HEALTH       76-0373703       501(C)(3)       5,457.       FWV       MEDICAL SUPPLIES       DMERGENCY         (3) SAVE THE CHILDENN US       06-0726487       501(C)(3)       5,457.       FWV       MEDICAL SUPPLIES       DMERGENCY         (4) SCHUTLER COUNSELING AND HEALTH SERVICES       06-0726487       501(C)(3)       5,253.       FWV       MEDICAL SUPPLIES       DMERGENCY         (4) SCHUTLER COUNSELING AND HEALTH SERVICES       06-0726487       501(C)(3)       11,702.       FWV       MEDICAL SUPPLIES       DMERGENCY         (12) SCULARD COMMUNITY HEALTH CLINIC       06-0726487       501(C)(3)       113,881.       FWV       MEDICAL SUPPLIES       DM-GOING         (13) SCULAR COUNSELING AND HEALTH SERVICES       00-03118924       501(C)(3)       113,881.       FWV       MEDICAL SUPPLIES       DM-GOING         (14) SCHUTLER CULLINUTY HEALTH CLINIC       00-3118924 <t< th=""><th></th><th></th><th>-</th><th></th><th></th><th></th><th></th><th></th></t<>			-								
Interference         Open Migram				·		•	[				
(1) SAN JOSE CLINIC       76-0373703       501(C)(3)       645,796.       PMV       MEDICAL SUPPLIES       N-GOING         (2) SANTA CRUZ COMMUNITY HEALTH       76-0373703       501(C)(3)       5,457.       PMV       MEDICAL SUPPLIES       N-GOING         (3) SAVE THE CHILDERN US       501(C)(3)       5,457.       PMV       MEDICAL SUPPLIES       EMERGENCY         (4) SCHVILKE COMMUNITY HEALTH       23-7428303       501(C)(3)       5,457.       PMV       MEDICAL SUPPLIES       EMERGENCY         (3) SAVE THE CHILDERN US       06-0726487       501(C)(3)       5,263.       PMV       MEDICAL SUPPLIES       EMERGENCY         (4) SCHVILKE COMMUNITY HEALTH SERVICES       06-0726487       501(C)(3)       11,702.       FMV       MEDICAL SUPPLIES       ON-GOING         (5) SCOTLAND COMUNITY HEALTH SERVICES       06-0726487       501(C)(3)       11,702.       FMV       MEDICAL SUPPLIES       ON-GOING         (5) SCOTLAND COMUNITY HEALTH SERVICES       00-3118924       501(C)(3)       113,881.       FMV       MEDICAL SUPPLIES       ON-GOING         (6) SCOTL COUNTY HEALTH SERVICES       00-3118924       501(C)(3)       646,340.       FMV       MEDICAL SUPPLIES       ON-GOING         (7) SEAGER MEMORIAL CLINIC       00-3118924       501(C)(3)       239,623.       <		(b) EIN				(book, FMV, appraisal,					
2615 FANNIN ST, STE 2703 HOUSTON, TX 77002       76-0373703       501(C)(3)       645,796. FMV       MEDICAL SUPPLIES       ON-GOING         (2) SANTA CRUZ, COMMUNITY HEALTH       P.O. BOX 542 SANTA CRUZ, CA 95061-0542       23-7428303       501(C)(3)       5,457. FMV       MEDICAL SUPPLIES       EMERGENCY         (3) SAVE THE CHILDREN US       06-0726487       501(C)(3)       5,263. FMV       MEDICAL SUPPLIES       EMERGENCY         (4) SCHUTLER COUNSELING AND HEALTH SERVICES       06-0726487       501(C)(3)       11,702. FMV       MEDICAL SUPPLIES       ON-GOING         (5) SCOTLAND COMMUNITY HEALTH CLINIC       06-0726487       501(C)(3)       113,881. FMV       MEDICAL SUPPLIES       ON-GOING         (6) SCOTL COUNTY HEALTH CLINIC       00-3118924       501(C)(3)       113,881. FMV       MEDICAL SUPPLIES       ON-GOING         (7) SEAGER MEMORIAL CLINIC       00-3118924       501(C)(3)       646,340. FMV       MEDICAL SUPPLIES       ON-GOING         (7) SEAGER MEMORIAL CLINIC       00-3118924       501(C)(3)       239,623. FMV       MEDICAL SUPPLIES       ON-GOING         (7) SEAGER MEMORIAL CLINIC       00-3118924       501(C)(3)       239,623. FMV       MEDICAL SUPPLIES       ON-GOING         (7) SEAGER MEMORIAL CLINIC       00-3118924       501(C)(3)       239,623. FMV       MEDICAL SUPPLIES	(1) SAN TOSE OF THIS										
(2) SANTA CRUZ COMMUNITY HEALTH       23-7428303       501(C)(3)       5,457.       FMV       MEDICAL SUPPLIES       EMERGENCY         (3) SAVE THE CHILDREN US       501(C)(3)       5,457.       FMV       MEDICAL SUPPLIES       EMERGENCY         (4) SCHUYLER COUNSELING AND HEALTH SERVICES       06-0726487       501(C)(3)       5,263.       FMV       MEDICAL SUPPLIES       EMERGENCY         (5) SCHUYLER COUNSELING AND HEALTH SERVICES       37-0923523       501(C)(3)       11,702.       FMV       MEDICAL SUPPLIES       ON-GOING         (5) SCOTLAND COMMUNITY HEALTH CLINIC       1405-B WEST BUVD LAURINBURG, NC 28353       20-2841940       501(C)(3)       113,881.       FMV       MEDICAL SUPPLIES       ON-GOING         (6) SCOTT COUNTY HEALTH DEPARTMENT       1296 N. GARDNER ST SCOTTSBURG, IN 47170       00-3118924       501(C)(3)       646,340.       FMV       MEDICAL SUPPLIES       ON-GOING         (7) SEAGER MEMORIAL CLINIC       7       7       7       640-0711300       OTHER       136,569.       FMV       MEDICAL SUPPLIES       ON-GOING         (7) SEAGER MEMORIAL CLINIC       7       7       7       7       0-3118924       501(C)(3)       239,623.       FMV       MEDICAL SUPPLIES       ON-GOING         (7) SEAGER MEMORIAL CLINIC       7       7       7 </td <td></td> <td>76-0373703</td> <td>501(C)(3)</td> <td></td> <td>645.796.</td> <td>FMV</td> <td>MEDICAL SUPPLIES</td> <td>5 ON-GOING</td>		76-0373703	501(C)(3)		645.796.	FMV	MEDICAL SUPPLIES	5 ON-GOING			
P.O. BOX 542 SANTA CRUZ, CA 95061-0542       23-7428303       501(C)(3)       5,457.       FMV       MEDICAL SUPPLIES       EMERGENCY         (3) SAVE THE CHILDREN US       06-0726487       501(C)(3)       5,457.       FMV       MEDICAL SUPPLIES       EMERGENCY         (4) SCUUYLER COUNSELING AND HEALTH SERVICES       06-0726487       501(C)(3)       5,263.       FMV       MEDICAL SUPPLIES       EMERGENCY         (5) SCUTAND COMMUNITY HEALTH CLINIC       37-0923523       501(C)(3)       11,702.       FMV       MEDICAL SUPPLIES       ON-GOING         (6) SCOTLAND COMMUNITY HEALTH CLINIC       00-3118924       501(C)(3)       113,881.       FMV       MEDICAL SUPPLIES       ON-GOING         (7) SEAGER MEMORIAL CLINIC       00-3118924       501(C)(3)       646,340.       FMV       MEDICAL SUPPLIES       ON-GOING         (7) SEAGER MEMORIAL CLINIC       0-3118924       501(C)(3)       646,340.       FMV       MEDICAL SUPPLIES       ON-GOING         (7) SEAGER MEMORIAL CLINIC       0-0.       0-0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0			501(0)(5)		010,1001						
(3) SAVE THE CHILDREN US06-0726487501(C)(3)5,263.FMVMEDICAL SUPPLIESEMERGENCY(4) SCHUYLER COUNSELING AND HEALTH SERVICES37-0923523501(C)(3)11,702.FMVMEDICAL SUPPLIESON-GOING(5) SCOTLAND COMMUNITY HEALTH CLINIC37-0923523501(C)(3)11,702.FMVMEDICAL SUPPLIESON-GOING(6) SCOTT COUNTY HEALTH CLINIC20-2841940501(C)(3)113,881.FMVMEDICAL SUPPLIESON-GOING(7) SEAGER MEMORIAL CLINIC00-3118924501(C)(3)646,340.FMVMEDICAL SUPPLIESON-GOING(7) SEAGER MEMORIAL CLINIC46-0711300OTHER136,569.FMVMEDICAL SUPPLIESON-GOING(8) SEMO HEALTH NETWORK43-1253101501(C)(3)239,623.FMVMEDICAL SUPPLIESON-GOING(9) SENIOR FRIENDSHIP CENTERS, INC.59-1522614501(C)(3)264,400.FMVMEDICAL SUPPLIESON-GOING(10) SHEPHERDS CLINIC59-1522614501(C)(3)264,400.FMVMEDICAL SUPPLIESON-GOING		23-7428303	501(C)(3)		5.457.	FMV	MEDICAL SUPPLIES	5 EMERGENCY			
501 KINGS HIGHNAY E FAIRFIELD, CT 06825       06-0726487       501(C)(3)       5,263.       FMV       MEDICAL SUPPLIES       EMERGENCY         (4) SCHUYLER COUNSELING AND HEALTH SERVICES       37-0923523       501(C)(3)       11,702.       FMV       MEDICAL SUPPLIES       ON-GOING         (5) SCOTLAND COMMUNITY HEALTH CLINIC       37-0923523       501(C)(3)       11,702.       FMV       MEDICAL SUPPLIES       ON-GOING         (6) SCOT COUNTY HEALTH CLINIC       20-2841940       501(C)(3)       113,881.       FMV       MEDICAL SUPPLIES       ON-GOING         (7) SEAGER MEMORIAL CLINIC       31-092352       501(C)(3)       646,340.       FMV       MEDICAL SUPPLIES       ON-GOING         (7) SEAGER MEMORIAL CLINIC       46-0711300       OTHER       646,340.       FMV       MEDICAL SUPPLIES       ON-GOING         (7) SEAGER MEMORIAL CLINIC       46-0711300       OTHER       136,569.       FMV       MEDICAL SUPPLIES       ON-GOING         (8) SEMO HEALTH NETWORK       46-0711300       OTHER       136,569.       FMV       MEDICAL SUPPLIES       ON-GOING         (9) SENIOR FRIENDSHIP CENTERS, INC.       41-1253101       501(C)(3)       239,623.       FMV       MEDICAL SUPPLIES       ON-GOING         (9) SENIOR FRIENDSHIP CENTERS, INC.       501(C)(3)       244,400		13 / 120303	501(0)(5)		5,15,1						
(4) SCHUYLER COUNSELING AND HEALTH SERVICES 127 S. LIBERTY RUSHVILLE, IL 6268137-0923523501(C)(3)11,702. FMVMEDICAL SUPPLIESON-GOING(5) SCOTLAND COMMUNITY HEALTH CLINIC 1405-B WEST BLVD LAURINBURG, NC 2835320-2841940501(C)(3)113,881. FMVMEDICAL SUPPLIESON-GOING(6) SCOTT COUNTY HEALTH DEPARTMENT 1296 N. GARDNER ST SCOTTSBURG, IN 4717000-3118924501(C)(3)646,340. FMVMEDICAL SUPPLIESON-GOING(7) SEAGER MEMORIAL CLINIC P.O. BOX 150143 OGDEN, UT 84415-014346-0711300OTHER136,569. FMVMEDICAL SUPPLIESON-GOING(8) SEMO HEALTH NETWORK 6738 STATE HWY 77 BENTON, MO 6373643-1253101501(C)(3)239,623. FMVMEDICAL SUPPLIESON-GOING(9) SENIOR FRIENDSHIP CENTERS, INC. 1900 BROTHER GEENEN WAY SARASOTA, FL 3423659-1522614501(C)(3)264,400. FMVMEDICAL SUPPLIESON-GOING(10) SHEPHERDS CLINICImage: Clinic c		06-0726487	501(C)(3)		5,263.	FMV	MEDICAL SUPPLIE:	5 EMERGENCY			
127 S. LIBERTY RUSHVILLE, IL 62681       37-0923523       501(C)(3)       11,702.       FMV       MEDICAL SUPPLIES       on-GOING         (5) SCOTLAND COMMUNITY HEALTH CLINIC       20-2841940       501(C)(3)       113,881.       FMV       MEDICAL SUPPLIES       on-GOING         (6) SCOTT COUNTY HEALTH DEPARTMENT       00-3118924       501(C)(3)       646,340.       FMV       MEDICAL SUPPLIES       on-GOING         (7) SEAGER MEMORIAL CLINIC       00-3118924       501(C)(3)       646,340.       FMV       MEDICAL SUPPLIES       on-GOING         (8) SEMO HEALTH NETWORK       46-0711300       OTHER       136,569.       FMV       MEDICAL SUPPLIES       on-GOING         (9) SENIOR FRIENDSHIP CENTERS, INC.       43-1253101       501(C)(3)       239,623.       FMV       MEDICAL SUPPLIES       on-GOING         (10) SHEPHERDS CLINIC       59-1522614       501(C)(3)       244,400.       FMV       MEDICAL SUPPLIES       on-GOING											
(5) SCOTLAND COMMUNITY HEALTH CLINICAnd the second sec	$\rightarrow$ /	37-0923523	501(C)(3)		11,702.	FMV	MEDICAL SUPPLIE:	S ON-GOING			
1405-B WEST BLVD LAURINBURG, NC 2835320-2841940501(C)(3)113,881.FMVMEDICAL SUPPLIESON-GOING(6) SCOTT COUNTY HEALTH DEPARTMENT1296 N. GARDNER ST SCOTTSBURG, IN 4717000-3118924501(C)(3)646,340.FMVMEDICAL SUPPLIESON-GOING(7) SEAGER MEMORIAL CLINIC46-0711300OTHER136,569.FMVMEDICAL SUPPLIESON-GOING(8) SEMO HEALTH NETWORK46-0711300OTHER136,569.FMVMEDICAL SUPPLIESON-GOING(9) SENIOR FRIENDSHIP CENTERS, INC.9-1522614501(C)(3)239,623.FMVMEDICAL SUPPLIESON-GOING(10) SHEPHERDS CLINIC9-1522614501(C)(3)264,400.FMVMEDICAL SUPPLIESON-GOING											
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1296 N. GARDNER ST SCOTTSBURG, IN 4717000-3118924501(C)(3)646,340.FMVMEDICAL SUPPLIESON-GOING(7) SEAGER MEMORIAL CLINIC	(6) SCOTT COUNTY HEALTH DEPARTMENT										
P.O. BOX 150143 OGDEN, UT 84415-014346-0711300OTHER136,569.FMVMEDICAL SUPPLIESON-GOING(8) SEMO HEALTH NETWORK	1296 N. GARDNER ST SCOTTSBURG, IN 47170	00-3118924	501(C)(3)		646,340.	FMV	MEDICAL SUPPLIE:	S ON-GOING			
(8) SEMO HEALTH NETWORK       A3-1253101       501(C)(3)       239,623.       FMV       MEDICAL SUPPLIES       ON-GOING         (9) SENIOR FRIENDSHIP CENTERS, INC.       1900 BROTHER GEENEN WAY SARASOTA, FL 34236       59-1522614       501(C)(3)       264,400.       FMV       MEDICAL SUPPLIES       ON-GOING         (10) SHEPHERDS CLINIC	(7) SEAGER MEMORIAL CLINIC										
6738 STATE HWY 77 BENTON, MO 63736       43-1253101       501(C)(3)       239,623.       FMV       MEDICAL SUPPLIES       ON-GOING         (9) SENIOR FRIENDSHIP CENTERS, INC.       1900 BROTHER GEENEN WAY SARASOTA, FL 34236       59-1522614       501(C)(3)       264,400.       FMV       MEDICAL SUPPLIES       ON-GOING         (10) SHEPHERDS CLINIC	P.O. BOX 150143 OGDEN, UT 84415-0143	46-0711300	OTHER		136,569.	FMV	MEDICAL SUPPLIES	S ON-GOING			
(9) SENIOR FRIENDSHIP CENTERS, INC.       59-1522614       501(C)(3)       264,400.       FMV       MEDICAL SUPPLIES       ON-GOING         (10) SHEPHERDS CLINIC       (10) SHEPHERDS SHEP	(8) SEMO HEALTH NETWORK										
1900 BROTHER GEENEN WAY SARASOTA, FL 34236       59-1522614       501(C)(3)       264,400.       FMV       MEDICAL SUPPLIES       ON-GOING         (10) SHEPHERDS CLINIC	6738 STATE HWY 77 BENTON, MO 63736	43-1253101	501(C)(3)		239,623.	FMV	MEDICAL SUPPLIE:	5 ON-GOING			
(10) SHEPHERDS CLINIC	(9) SENIOR FRIENDSHIP CENTERS, INC.										
	1900 BROTHER GEENEN WAY SARASOTA, FL 34236	59-1522614	501(C)(3)		264,400.	FMV	MEDICAL SUPPLIE:	5 ON-GOING			
	(10) SHEPHERDS CLINIC										
2000 AIRA AVE. BALILIMORE, MD 21210 52-1/32001 201(C)(3) /8,485. FMV MEDICAL SUPPLIES ON-GOING	2800 KIRK AVE. BALTIMORE, MD 21218	52-1739001	501(C)(3)		78,485.	FMV	MEDICAL SUPPLIE:	5 ON-GOING			
(11) SHERIDAN HEALTH CENTER	(11) SHERIDAN HEALTH CENTER										
P.O. BOX 682 SHERIDAN, WY 82801 20-1389307 501(C)(3) 155,911. FMV MEDICAL SUPPLIES ON-GOING	P.O. BOX 682 SHERIDAN, WY 82801	20-1389307	501(C)(3)		155,911.	FMV	MEDICAL SUPPLIE:	5 ON-GOING			
12) SHIFA CLINIC	(12) SHIFA CLINIC										
1092 JOHNNIE DODDS BL MT PLEASANT, SC 29464 04-3810161 501(C)(3) 531,514. FMV MEDICAL SUPPLIES ON-GOING	1092 JOHNNIE DODDS BL MT PLEASANT, SC 29464	04-3810161	501(C)(3)		531,514.	FMV	MEDICAL SUPPLIES	5 ON-GOING			
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		•	•					▶			
3 Enter total number of other organizations listed in the line 1 table	3 Enter total number of other organizations lis	ted in the line	1 table					•			

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	ations,	Ļ	OMB No. 1545-0047
(Form 990) GC	overnme	nts, and Ir	ndividuals i	n the Unite	d States		2019
Com	plete if the o	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
		-	ttach to Form 990		,		Open to Public
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	ı.		Inspection
Name of the organization						Employer identif	ication number
AMERICARES FOUNDATION, INC.						06-1008	3595
Part I General Information on Grants an	d Assistanc	e					
1 Does the organization maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	s' eliaibility for the aran	ts or assistance. a	Ind
the selection criteria used to award the gran							X Yes No
2 Describe in Part IV the organization's proce							
Part II Grants and Other Assistance to D			5		aploto if the organiz	ration answered	Vos" on Form 000
		-					i ies oiri oini 990,
Part IV, line 21, for any recipient t	nat received	more man 55	,000. Part II can i		1		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description on noncash assistant	
(1) SHIFA CLINIC , OKLAHOMA CITY							
3840 ST. CLAIRE AVE OKLAHOMA CITY, OK 73112	04-3810161	501(C)(3)		117,034.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) SILOAM FAMILY HEALTH CENTER							
820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)(3)		240,039.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) SINCLAIR HEALTH CLINIC							
301 N. CAMERON ST. WINCHESTER, VA 22601	54-1373296	501(C)(3)		32,589.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) SISTER MAURA BRANNICK HEALTH CENTER							
326 S. CHAPIN ST. SOUTH BEND, IN 46601	53-0196617	501(C)(3)		99,093.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) SMITH MEDICAL CLINIC, INC							
99 BASKERVILL DR PAWLEYS ISLAND, SC 29585	57-0786699	501(C)(3)		444,937.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) SMITHVILLE COMMUNITY CLINIC							
800 BURLESON ST SMITHVILLE, TX 78957	20-4515999	501(C)(3)		33,835.	FMV	MEDICAL SUPPLIES	EMERGENCY
(7) SNAKE RIVER COMMUNITY CLINIC							
P.O. BOX 6 LEWISTON, ID 83501	31-1726460	501(C)(3)		597,837.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) SOCIAL HEALTH AND MEDICAL SERVICE CLINIC (S	_						
7439 FRANKFORD AVE PHILADELPHIA, PA 19136	04-3810161	501(C)(3)		18,773.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) SOCIAL WELFARE BOARD	_						
904 S. 10TH, SUITE A ST. JOSEPH, MO 64503	44-6000455	501(C)(3)		240,952.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) SOCIEDAD PUERTORIQUENO DE ENDOCRINOLOGIA Y							
BAYAMON HEALTH CENTER BAYAMON, PR 00960	66-0575386	OTHER		156,760.	FMV	MEDICAL SUPPLIES	EMERGENCY
(11) SOCIETY OF ST. VINCENT DE PAUL	_						
2033 FISH HATCHERY RD MADISON, WI 53725	39-0824876	501(C)(3)		29,619.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) SOCIETY OF ST. VINCENT DE PAUL CHARITABLE P	_						
3826 GILBERT AVENUE DALLAS, TX 75219		501(C)(3)		695,792.		MEDICAL SUPPLIES	ON-GOING
2 Enter total number of section 501(c)(3) and	-	-					▶
3 Enter total number of other organizations lis	ted in the line	1 table					▶

Governments, and Individuals in the United States       Description         Description       Complete if the organization nansered "Ves" on Form 990, Part IV, line 21 or 22.				Assistance t	-	•	ŀ	OMB No. 1545-0047			
Description         Control Public         Open to Public           AMER TORKES FOUNDATION, TWO:         Braining Monoway Services         Does the organization         One of the grants or assistance         One of the organization           AMER TORKES FOUNDATION, TWO:         Concernation         Open to Public         Does the organization maintain records to substantiate the amount of the grants or assistance, the grant set sistance, and the selection criteria used to award the grants or assistance?         Image: Concernation maintain records to substantiate the amount of the grants or assistance, the grant set sistance on any concernation sprocedures for monitoring the use of grant funds in the United States.           PartLI Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part II can be duplicated if additional space is needed.         Image: Concernation of the form and set of grant conference			•					2019			
Department of the Treasury         Image of the operation         Displection           Name of the operation         Employee identification number 06=1068595           VARIE CORRES FOUNDATION, TAC.         Employee identification number 06=1068595           VARIE CORRES FOUNDATION, TAC.         Employee identification number 06=1068595           VARIE CORRES FOUNDATION, TAC.         Image: contract of the operation number 06=1068595           VARIE CORRES FOUNDATION, TAC.         Image: contract of the operation number 06=1068595           VARIE CORRES FOUNDATION, TAC.         Image: contract of the operation number 06=1068595           VARIE CORRES FOUNDATION, TAC.         Image: contract of the operation of th	Comp	Diete if the o	-			, line 21 of 22.		Open to Public			
Name of the opposition         Employer identification number           AMERICARES FOUNDATION, INC.         06-1008595           2211         General Information on Grants and Assistance         0           1         Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection orterial used to award the grants or assistance?         If yes         No           2         Describe in Part IV the organization sprocedures for monitoring the use of grant funds in the United States.         Comparization 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.         (g) Description of regionment         (p) Purpose of gran or assistance to pomotion of the grants and software of the probability of assistance to provide additional space is needed.         (g) Description of regionment         (g) Descr		► Go			-	n					
MERCICARES FOUNDATION, INC.         06-1008595           Partl         General Information on Crants and Assistance         No           1         Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection criteria used to award the grants or assistance?         No         No           2         Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         Yes         No           2         Describe in Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         (1) South cantreal maintain received more than \$5,000. Part II can be duplicated if additional space is needed.         (1) Purpose of grant of		<b>P</b> 00	to www.n3.gov			•	Employer identific	-			
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?       Image: Construction of the grants or assistance	5										
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 orteria used to award the grants or assistance?     2 Describe in Part IV kine 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.     1 (a) Name and addises of organizations     (b) EN     (c) EN     (c) (c											
the selection criteria used to award the grants or assistance?       X       Yes       No         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.       Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.       Image: 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.       Image: 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.       Image: Complete item 100, Complete											
2       Describe in Part IV the organizations in procedures for monitoring the use of grant funds in the United States.         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 droganization       (b) EIN       (c) ECK section       (d) Amount of cash (g) applicable       (e) Amount of cash (g) Amount of cash (g							is of assistance, ar				
Part III       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) RC section 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.       (b) Purpose of grant organization         1 (a) Name and address of organization or government:       (b) EIN       (c) RC section grant       (a) Amount of cash grant       (b) Amount of cash grant       (b) Amount of cash grant       (b) Amount of cash grant       (b) Amount of cash grant       (c) Amount											
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) EN         (b) EN         (b) Amount of ccash or government         (b) Amount of or a line of the bold of grant or assistance         (b) Method of valuation or down assistance         (b) Method valuation of down assistance         (b) Method valuation of down assistance         (b) Method valuation of down assistanceof down assistan	<b></b>										
1 (a) Name and address of organization or government       (b) EIN       (c) HRC section (lapplicable)       (d) Amount of cash grant       (e) Amount of cash assistance       (f) Mount of realization (lapplicable)       (g) Description of noncash assistance       (h) Purpose of grant         (1) South CENTRAL MISSOURI COMMUNTY HEALTH CEN       1081 LBAT LETH STREET ROLLA, NO 64401       26-2522083       501(013)       912,748, FWV       MEDICAL SUPPLIES       0H-ODING         (2) SOUTH DENTRAL MISSOURI COMMUNTY HEALTH CEN       26-2522083       501(013)       32,565, FWV       MEDICAL SUPPLIES       0H-ODING         (3) SOUTH ROUT MEDICAL CLINIC       52-1725543       501(013)       32,565, FWV       MEDICAL SUPPLIES       0H-ODING         (4) SOUTH SUPPLIES CONST MEDICAL CLINIC       52-1725543       501(013)       87,999, FWV       MEDICAL SUPPLIES       0H-ODING         (4) SOUTH SUPPLIES CONST MEDICAL CUNTER HEALTH CENFOR       84-6032810       501(013)       87,999, FWV       MEDICAL SUPPLIES       0H-ODING         (5) SOUTH SUPPLIES INT COLUME SUPPLIES       59-3690750       OTHER       511,516, FWV       MEDICAL SUPPLIES       0H-ODING         (6) SOUTH SUPERT COLUMEDS, OH 43215       31-0940189       501(01(3)       705,466, FWV       MEDICAL SUPPLIES       0H-ODING         (7) SOUTHEAST INSTREET COLUMEDS, OH 43215       31-0940189       501(01(3)       705,466,			-					"Yes" on Form 990,			
Cription or government         (b) EV         (b) applicable         (b) agrant         Cash assistance         (book, FMV, apprisist, one of assistance         (book, FMV, apprisist, other)         (b) addition           (1) SOUTH CENTRAL NESSOURI COMMUNITY HEALTH CEN 10B1 EAST 18TH STRET ROLLA, NO 55401         24-2522083         501(C)(3)         912,748.         FMV         HEDICAL SUPPLIES         38-601MG           (2) SOUTH ROLT MERTIN MEDICAL CLINIC         263 FARMINGTON AVE FARMINGTON, CT 06030         52-1725543         501(C)(3)         32,565.         FMV         HEDICAL SUPPLIES         38-601MG           (4) SOUTH ROUTT MEDICAL CUNTER HEALTH SERVICE D         44-6032810         501(C)(3)         87,999.         FMV         HEDICAL SUPPLIES         08-601MG           (4) SOUTH ROUTT MEDICAL CUTTER BALLTH SERVICE D         54-6032810         501(C)(3)         87,999.         FMV         HEDICAL SUPPLIES         08-601MG           (4) SOUTH SANTA ROSA INTERFAITH MINISTRIES         59-369075         071HER         511,516.         FMV         HEDICAL SUPPLIES         08-601MG           (5) SOUTH SUPERATING CHARGE ALL CORPOR         61.396.         FMV         HEDICAL SUPPLIES         08-601MG           (5) SOUTH SETS TOLL MENTS & HEALTH CORPOR         71-1728621         501(C)(3)         705,466.         FMV         HEDICAL SUPPLIES         08-601MG	Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can b	be duplicated if	additional space is	needed.				
1081 EAST 18TH STREET ROLLA, MO 65401         26-2522083         501(C)(3)         912,748.         PMV         MEDICAL SUPPLIES         ON-GOING           (2) SUTH PARK INT MEDICAL CLINIC         263 FARMINGTON NUT PARMINGTON, CT 06030         52-1725543         501(C)(3)         32,565.         PMV         MEDICAL SUPPLIES         ON-GOING           (3) SUTH ROUTT MEDICAL CLINIC         263 FARMINGTON NUT PARMINGTON, CT 06030         52-1725543         501(C)(3)         87.999.         PMV         MEDICAL SUPPLIES         ON-GOING           (4) SUTH SANTA ROSA INTERFAITH MINISTRIES         GOOD SAMARITAN CLINIC GULF BREEZ, PL 32563         59-3690750         THER         511,516.         PWV         MEDICAL SUPPLIES         ON-GOING           (5) SUTH TEXAS FAMILY PLANNING & HEALTH CORPOR         4455 FARE ISL. DR CORPUS CHRIST, TX 78411         74-1728621         501(C)(3)         6,396.         PWV         MEDICAL SUPPLIES         ON-GOING           (6) SUTHERST INC.         16 WEST LONG STREET COLUMEUS, OH 43215         31-0940189         501(C)(3)         705,466.         PMV         MEDICAL SUPPLIES         ON-GOING           (7) SUTHERST MERTAL HEALTH SERVICES         11         10         10         99,819.         PMV         MEDICAL SUPPLIES         ON-GOING           (9) SUTHWEST BUDEVARD FANILY HEALTH CLINIC         10         99,819.         PMV<		<b>(b)</b> EIN				(book, FMV, appraisal,					
(2)         SOUTH FARK INN MEDICAL CLINIC         South ROLL	(1) SOUTH CENTRAL MISSOURI COMMUNITY HEALTH CEN										
263 FARMINGTON AVE FARMINGTON, CT 06030       52-1725543       501(C)(3)       32,565. PWV       MEDICAL SUPPLIES       DN-GOING         (3) SOUTH NOUTT NEDICAL CENTER HEALTH SERVICE D       B4-6032810       501(C)(3)       87.999. FWV       MEDICAL SUPPLIES       DN-GOING         (4) SOUTH SATA ROGA INTERFAITH MINISTRIES       0000 SAMARITAN CLINC GULF BREEZE, PL 32563       59-3690750       OTHER       511,516. FWV       MEDICAL SUPPLIES       DN-GOING         (5) SOUTH SATA ROGA INTERFAITH MINISTRIES       0000 SAMARITAN CLINC GULF BREEZE, PL 32563       59-3690750       OTHER       511,516. FWV       MEDICAL SUPPLIES       DN-GOING         (6) SOUTH SATA ROGA INTERFAITH MINISTRIES       0000 SAMARITAN CLINC GULF BREEZE, PL 32563       501(C)(3)       6,396. FWV       MEDICAL SUPPLIES       DN-GOING         (6) SOUTHEAST INC.       16 SET LONG STREET COLUMBUS, OH 43215       31-0940189       501(C)(3)       705,466. FWV       MEDICAL SUPPLIES       DN-GOING         (7) SOUTHEAST MENTAL HEALTH SERVICES       711 BARNES AVENUE LA JUNFA, CO 81050       84-0519607       501(C)(3)       99,819. FMV       MEDICAL SUPPLIES       DN-GOING         (9) SOUTHNEST MUNELA MEALTH CLINIC       300 SN BOULEVARD KANEAS CITY, KS 66103       48-106752       501(C)(3)       254,957. FMV       MEDICAL SUPPLIES       DN-GOING         (10) SOUTHNEST MINSOURI AREA COALITION       1500 EAST 1	1081 EAST 18TH STREET ROLLA, MO 65401	26-2522083	501(C)(3)		912,748.	FMV	MEDICAL SUPPLIES	ON-GOING			
263 FARMINGTON AVE FARMINGTON, CT 06030       52-1725543       501(C)(3)       32,565. PWV       MEDICAL SUPPLIES       DN-GOING         (3) SOUTH NOUTT NEDICAL CENTER HEALTH SERVICE D       B4-6032810       501(C)(3)       87.999. FWV       MEDICAL SUPPLIES       DN-GOING         (4) SOUTH SATA ROGA INTERFAITH MINISTRIES       0000 SAMARITAN CLINC GULF BREEZE, PL 32563       59-3690750       OTHER       511,516. FWV       MEDICAL SUPPLIES       DN-GOING         (5) SOUTH SATA ROGA INTERFAITH MINISTRIES       0000 SAMARITAN CLINC GULF BREEZE, PL 32563       59-3690750       OTHER       511,516. FWV       MEDICAL SUPPLIES       DN-GOING         (6) SOUTH SATA ROGA INTERFAITH MINISTRIES       0000 SAMARITAN CLINC GULF BREEZE, PL 32563       501(C)(3)       6,396. FWV       MEDICAL SUPPLIES       DN-GOING         (6) SOUTHEAST INC.       16 SET LONG STREET COLUMBUS, OH 43215       31-0940189       501(C)(3)       705,466. FWV       MEDICAL SUPPLIES       DN-GOING         (7) SOUTHEAST MENTAL HEALTH SERVICES       711 BARNES AVENUE LA JUNFA, CO 81050       84-0519607       501(C)(3)       99,819. FMV       MEDICAL SUPPLIES       DN-GOING         (9) SOUTHNEST MUNELA MEALTH CLINIC       300 SN BOULEVARD KANEAS CITY, KS 66103       48-106752       501(C)(3)       254,957. FMV       MEDICAL SUPPLIES       DN-GOING         (10) SOUTHNEST MINSOURI AREA COALITION       1500 EAST 1	(2) SOUTH PARK INN MEDICAL CLINIC										
P.O. BOX & OAK CREEK, CO 80467       84-6032810       501(C)(3)       87,999.       FMV       MEDICAL SUPPLIES       ON-GOING         (4) SOUTH SANTA ROSA INTERPATT MINISTRIES GOOD SAMARITAN CLINC GULF BEREZE, FL 32563       59-3690750       OTHER       511,516.       FMV       MEDICAL SUPPLIES       ON-GOING         (5) SOUTH EXAS FAMILY PLANNING & HEALTH CORPOR 4455 FADRE ISL. DR CORPUS CHRIST, TX 78411       74-1728621       501(C)(3)       6,396.       FMV       MEDICAL SUPPLIES       ON-GOING         (6) SOUTHEAST INC.       16 WEST LONG STREET COLUMBUS, OH 43215       31-0940189       501(C)(3)       705,466.       FMV       MEDICAL SUPPLIES       ON-GOING         (7) SOUTHEAST MENTAL HEALTH SERVICES       10       99,819.       FMV       MEDICAL SUPPLIES       ON-GOING         (8) SOUTHREST BOULEVARD FAMILY HEALTH CLINIC       300 SW BOULEVARD KANSAS CITY, KS 66103       48-1067752       501(C)(3)       254,957.       FMV       MEDICAL SUPPLIES       ON-GOING         (9) SOUTHREST IONA MENTAL HEALTH CLINIC       42-0928938       501(C)(3)       254,957.       FMV       MEDICAL SUPPLIES       ON-GOING         (10) SOUTHREST MISSOURI AREA COALITION       1011 W MAIN BUFFALO, NO 65522       27-3253482       501(C)(3)       80,377.       FMV       MEDICAL SUPPLIES       ON-GOING         (11) SPACE COAST VOLUNTEERS IN MEDICINE		52-1725543	501(C)(3)		32,565.	FMV	MEDICAL SUPPLIES	ON-GOING			
(4) SOUTH SANTA ROSA INTERFAITH MINISTRIES       59-3690750       OTHER       511,516.       FNV       MEDICAL SUPPLIES       ON-GOING         (5) SOUTH TEXAS FAMILY PLANNING & HEALTH CORPOR       74-1728621       501(C)(3)       6,396.       FNV       MEDICAL SUPPLIES       ON-GOING         (6) SOUTHRAST INC.	(3) SOUTH ROUTT MEDICAL CENTER HEALTH SERVICE D										
GOOD SAMARITAN CLINC GULF BREEZE, FL 32563       59-3690750       OTHER       511,516.       FMV       MEDICAL SUPPLIES       ON-GOING         (5) SOUTH TEXAS FAMILY PLANNING & HEALTH CORPOR       4455 PADRE ISL. DR CORPUS CHRISTI, TX 78411       74-1728621       501(C)(3)       6,396.       FMV       MEDICAL SUPPLIES       ON-GOING         (6) SOUTHEAST INC.	P.O. BOX 8 OAK CREEK, CO 80467	84-6032810	501(C)(3)		87,999.	FMV	MEDICAL SUPPLIES	ON-GOING			
(5) SOUTH TEXAS FAMILY PLANNING & HEALTH CORPOR       6,396. FMV       MEDICAL SUPPLIES       ON-GOING         (6) SOUTHEAST INC.       16 WEST LONG STREET COLUMBUS, OH 43215       31-0940189       501(C)(3)       705,466. FMV       MEDICAL SUPPLIES       ON-GOING         (7) SOUTHEAST MENTAL HEALTH SERVICES       711 BARNES AVENUE LA JUNTA, CO 81050       84-0519607       501(C)(3)       99,819. FMV       MEDICAL SUPPLIES       ON-GOING         (8) SOUTHWEST BOLLEVARD FAMILY HEALTH CLINIC       300 SOUTHWEST GOLLEVARD FAMILY HEALTH CLINIC       00-GOING       00-GOING         1500 EAST 10TH STREET ATLANTIC, IA 50022       42-0928938       501(C)(3)       254,957. FMV       MEDICAL SUPPLIES       ON-GOING         (10) SOUTHWEST MISSOURI AREA COALITION       1011 W MAIN BUFFALO, MO 65522       27-3253482       501(C)(3)       46,695. FMV       MEDICAL SUPPLIES       ON-GOING         (11) SPACE COAST VOLUTIERES IN MEDICINE       27-3253482       501(C)(3)       172,797. FMV       MEDICAL SUPPLIES       ON-GOING         (12) SPECTRA HEALTH       27-0056777       501(C)(3)       172,797. FMV       MEDICAL SUPPLIES       ON-GOING         (12) SOUTH ATH STREET GRAND FORKS, ND 58201       27-0056777       501(C)(3)       172,797. FMV       MEDICAL SUPPLIES       ON-GOING         (12) SOUTH ATH STREET GRAND FORKS, ND 58201       27-0056777       501(C)(	(4) SOUTH SANTA ROSA INTERFAITH MINISTRIES										
4455 PADRE ISL. DR CORPUS CHRISTI, TX 78411       74-1728621       501(C)(3)       6,396. FMV       MEDICAL SUPPLIES       ON-GOING         (6) SOUTHEAST INC.       16 WEST LONG STREET COLUMBUS, OH 43215       31-0940189       501(C)(3)       705,466. FMV       MEDICAL SUPPLIES       ON-GOING         (7) SOUTHEAST MENTAL HEALTH SERVICES       711 BARNES AVENUE LA JUNTA, CO 81050       84-0519607       501(C)(3)       99,819. FMV       MEDICAL SUPPLIES       ON-GOING         (8) SOUTHWEST BOULEVARD FAMILY HEALTH CLINIC       300 SOUTHWEST IOWA MENTAL HEALTH CENTER       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	GOOD SAMARITAN CLINC GULF BREEZE, FL 32563	59-3690750	OTHER		511,516.	FMV	MEDICAL SUPPLIES	ON-GOING			
(6) SOUTHEAST INC.       16 WEST LONG STREET COLUMBUS, OH 43215       31-0940189       501(C)(3)       705,466.       FMV       MEDICAL SUPPLIES       ON-GOING         (7) SOUTHEAST MENTAL HEALTH SERVICES       711 BARNES AVENUE LA JUNTA, CO 81050       84-0519607       501(C)(3)       99,819.       FMV       MEDICAL SUPPLIES       ON-GOING         (8) SOUTHWEST BOULEVARD FAMILY HEALTH CLINIC       300 SW BOULEVARD KANSAS CITY, KS 66103       48-1067752       501(C)(3)       254,957.       FMV       MEDICAL SUPPLIES       ON-GOING         (9) SOUTHWEST IOWA MENTAL HEALTH CENTER       1500 EAST 10TH STREET ATLANTIC, IA 50022       42-0928938       501(C)(3)       46,695.       FMV       MEDICAL SUPPLIES       ON-GOING         (10) SOUTHWEST MISSOURI AREA COALITION       1011 W MAIN BUFFALO, MO 65622       27-3253482       501(C)(3)       80,377.       FMV       MEDICAL SUPPLIES       ON-GOING         (11) SPACE COAST VOLUNTEERS IN MEDICINE       27-2135914       501(C)(3)       172,797.       FMV       MEDICAL SUPPLIES       ON-GOING         (12) SPECTRA HEALTH       212 SOUTH 4TH STREET GRAND FORKS, ND 58201       27-0056777       501(C)(3)       21,099.       FMV       MEDICAL SUPPLIES       ON-GOING         212 SOUTH 4TH STREET GRAND FORKS, ND 58201       27-0056777       501(C)(3)       21,099.       FMV       MEDICAL SUPPLIES	(5) SOUTH TEXAS FAMILY PLANNING & HEALTH CORPOR										
16 WEST LONG STREET COLUMBUS, OH 43215       31-0940189       501(C)(3)       705,466.       FMV       MEDICAL SUPPLIES       ON-GOING         (7) SOUTHEAST MENTAL HEALTH SERVICES       711 BARNES AVENUE LA JUNTA, CO 81050       84-0519607       501(C)(3)       99,819.       FMV       MEDICAL SUPPLIES       ON-GOING         (8) SOUTHWEST BOULEVARD FAMILY HEALTH CLINIC       300 SW BOULEVARD FAMILY HEALTH CENTER       A8-1067752       501(C)(3)       254,957.       FMV       MEDICAL SUPPLIES       ON-GOING         (9) SOUTHWEST IOWA MENTAL HEALTH CENTER       42-0928938       501(C)(3)       46,695.       FMV       MEDICAL SUPPLIES       ON-GOING         (10) SOUTHWEST MISSOURI AREA COALITION       42-0928938       501(C)(3)       80,377.       FMV       MEDICAL SUPPLIES       ON-GOING         (11) SPACE COAST VOLUNTEERS IN MEDICINE       27-3253482       501(C)(3)       80,377.       FMV       MEDICAL SUPPLIES       ON-GOING         (12) SPECTRA HEALTH       212 SOUTH 4TH STREET GRAND FORKS, ND 58201       27-0056777       501(C)(3)       172,797.       FMV       MEDICAL SUPPLIES       ON-GOING         212 SOUTH 4TH STREET GRAND FORKS, ND 58201       27-0056777       501(C)(3)       21,099.       FMV       MEDICAL SUPPLIES       ON-GOING         212 SOUTH 4TH Tottel number of section 501(c)(3) and government organizations list	4455 PADRE ISL. DR CORPUS CHRISTI, TX 78411	74-1728621	501(C)(3)		6,396.	FMV	MEDICAL SUPPLIES	ON-GOING			
(7) SOUTHEAST MENTAL HEALTH SERVICES       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0       01-00-0<	(6) SOUTHEAST INC.										
711 BARNES AVENUE LA JUNTA, CO 81050       84-0519607       501(C)(3)       99,819.       FMV       MEDICAL SUPPLIES       ON-GOING         (8) SOUTHWEST EOULEVARD FAMILY HEALTH CLINIC       300 SW EOULEVARD KANSAS CITY, KS 66103       48-1067752       501(C)(3)       254,957.       FMV       MEDICAL SUPPLIES       ON-GOING         (9) SOUTHWEST IOWA MENTAL HEALTH CENTER       1500 EAST 10TH STREET ATLANTIC, IA 50022       42-0928938       501(C)(3)       46,695.       FMV       MEDICAL SUPPLIES       ON-GOING         (10) SOUTHWEST MISSOURI AREA COALITION       1011 W MAIN BUFFALO, MO 65622       27-3253482       501(C)(3)       80,377.       FMV       MEDICAL SUPPLIES       ON-GOING         (11) SPACE COAST VOLUNTEERS IN MEDICINE       2555 JUDGE FRAN JAMIESON VIERA, FL 32940       27-2135914       501(C)(3)       172,797.       FMV       MEDICAL SUPPLIES       ON-GOING         (12) SPECTRA HEALTH       212 SOUTH 4TH STREET GRAND FORKS, ND 58201       27-0056777       501(C)(3)       21,099.       FMV       MEDICAL SUPPLIES       ON-GOING         2       Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       01.099.       FMV       MEDICAL SUPPLIES       ON-GOING	16 WEST LONG STREET COLUMBUS, OH 43215	31-0940189	501(C)(3)		705,466.	FMV	MEDICAL SUPPLIES	ON-GOING			
(8) SOUTHWEST BOULEVARD FAMILY HEALTH CLINIC       0N-GOING         300 SW BOULEVARD KANSAS CITY, KS 66103       48-1067752       501(C)(3)       254,957.       FMV       MEDICAL SUPPLIES       ON-GOING         (9) SOUTHWEST IOWA MENTAL HEALTH CENTER       1500 EAST 10TH STREET ATLANTIC, IA 50022       42-0928938       501(C)(3)       46,695.       FMV       MEDICAL SUPPLIES       ON-GOING         (10) SOUTHWEST MISSOURI AREA COALITION       0N-GOSCONG       0N-GOING       0N-GOING       0N-GOING         1011 W MAIN BUFFALO, MO 65622       27-3253482       501(C)(3)       80,377.       FMV       MEDICAL SUPPLIES       ON-GOING         (11) SPACE COAST VOLUNTEERS IN MEDICINE       0N-GOING       0N-GOING       0N-GOING       0N-GOING         (12) SPECTRA HEALTH       27-2135914       501(C)(3)       172,797.       FMV       MEDICAL SUPPLIES       ON-GOING         (12) SPECTRA HEALTH       212 SOUTH 4TH STREET GRAND FORKS, ND 58201       27-0056777       501(C)(3)       21,099.       FMV       MEDICAL SUPPLIES       ON-GOING         2       Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       0N-GOING       0N-GOING       0N-GOING	(7) SOUTHEAST MENTAL HEALTH SERVICES										
300 SW BOULEVARD KANSAS CITY, KS 66103       48-1067752       501(C)(3)       254,957.       FMV       MEDICAL SUPPLIES       ON-GOING         (9) SOUTHWEST IOWA MENTAL HEALTH CENTER       1500 EAST 10TH STREET ATLANTIC, IA 50022       42-0928938       501(C)(3)       46,695.       FMV       MEDICAL SUPPLIES       ON-GOING         (10) SOUTHWEST MISSOURI AREA COALITION       27-3253482       501(C)(3)       80,377.       FMV       MEDICAL SUPPLIES       ON-GOING         (11) SPACE COAST VOLUNTEERS IN MEDICINE       27-2135914       501(C)(3)       80,377.       FMV       MEDICAL SUPPLIES       ON-GOING         (12) SPECTRA HEALTH       27-0056777       501(C)(3)       172,797.       FMV       MEDICAL SUPPLIES       ON-GOING         212 SOUTH 4TH STREET GRAND FORKS, ND 58201       27-0056777       501(C)(3)       21,099.       FMV       MEDICAL SUPPLIES       ON-GOING         2       Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       0N-GOING       0N-GOING       0N-GOING	711 BARNES AVENUE LA JUNTA, CO 81050	84-0519607	501(C)(3)		99,819.	FMV	MEDICAL SUPPLIES	ON-GOING			
(9) SOUTHWEST IOWA MENTAL HEALTH CENTER42-0928938501(C)(3)46,695.FMVMEDICAL SUPPLIESON-GOING(10) SOUTHWEST MISSOURI AREA COALITION1011 W MAIN BUFFALO, MO 6562227-3253482501(C)(3)80,377.FMVMEDICAL SUPPLIESON-GOING(11) SPACE COAST VOLUNTEERS IN MEDICINE27-2135914501(C)(3)172,797.FMVMEDICAL SUPPLIESON-GOING(12) SPECTRA HEALTH27-0056777501(C)(3)172,797.FMVMEDICAL SUPPLIESON-GOING212 SOUTH 4TH STREET GRAND FORKS, ND 5820127-0056777501(C)(3)21,099.FMVMEDICAL SUPPLIESON-GOING2Enter total number of section 501(C)(3) and government organizations listed in the line 1 table	(8) SOUTHWEST BOULEVARD FAMILY HEALTH CLINIC										
1500 EAST 10TH STREET ATLANTIC, IA 50022       42-0928938       501(C)(3)       46,695.       FNV       MEDICAL SUPPLIES       ON-GOING         (10) SOUTHWEST MISSOURI AREA COALITION	300 SW BOULEVARD KANSAS CITY, KS 66103	48-1067752	501(C)(3)		254,957.	FMV	MEDICAL SUPPLIES	ON-GOING			
(10) SOUTHWEST MISSOURI AREA COALITION       27-3253482       501(C)(3)       80,377.       FMV       MEDICAL SUPPLIES       ON-GOING         1011 W MAIN BUFFALO, MO 65622       27-3253482       501(C)(3)       80,377.       FMV       MEDICAL SUPPLIES       ON-GOING         (11) SPACE COAST VOLUNTEERS IN MEDICINE       2555 JUDGE FRAN JAMIESON VIERA, FL 32940       27-2135914       501(C)(3)       172,797.       FMV       MEDICAL SUPPLIES       ON-GOING         (12) SPECTRA HEALTH       212 SOUTH 4TH STREET GRAND FORKS, ND 58201       27-0056777       501(C)(3)       21,099.       FMV       MEDICAL SUPPLIES       ON-GOING         2       Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       21,099.       FMV       MEDICAL SUPPLIES       ON-GOING	(9) SOUTHWEST IOWA MENTAL HEALTH CENTER										
1011 W MAIN BUFFALO, MO 65622       27-3253482       501 (C) (3)       80,377.       FMV       MEDICAL SUPPLIES       ON-GOING         (11) SPACE COAST VOLUNTEERS IN MEDICINE	1500 EAST 10TH STREET ATLANTIC, IA 50022	42-0928938	501(C)(3)		46,695.	FMV	MEDICAL SUPPLIES	ON-GOING			
(11) SPACE COAST VOLUNTEERS IN MEDICINE       2555 JUDGE FRAN JAMIESON VIERA, FL 32940       27-2135914       501(C)(3)       172,797. FMV       MEDICAL SUPPLIES       ON-GOING         (12) SPECTRA HEALTH       212 SOUTH 4TH STREET GRAND FORKS, ND 58201       27-0056777       501(C)(3)       21,099. FMV       MEDICAL SUPPLIES       ON-GOING         2       Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       01-GOING	(10) SOUTHWEST MISSOURI AREA COALITION										
2555 JUDGE FRAN JAMIESON VIERA, FL 32940       27-2135914       501(C)(3)       172,797.       FMV       MEDICAL SUPPLIES       ON-GOING         (12) SPECTRA HEALTH       212 SOUTH 4TH STREET GRAND FORKS, ND 58201       27-0056777       501(C)(3)       21,099.       FMV       MEDICAL SUPPLIES       ON-GOING         2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       ON-GOING       Image: Construction of the line 1 table       Image: Construction of table	1011 W MAIN BUFFALO, MO 65622	27-3253482	501(C)(3)		80,377.	FMV	MEDICAL SUPPLIES	ON-GOING			
(12) SPECTRA HEALTH       212 SOUTH 4TH STREET GRAND FORKS, ND 58201       27-0056777       501(C)(3)       21,099.       FMV       MEDICAL SUPPLIES       ON-GOING         2       Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(11) SPACE COAST VOLUNTEERS IN MEDICINE										
212 SOUTH 4TH STREET GRAND FORKS, ND 58201       27-0056777       501(C)(3)       21,099. FMV       MEDICAL SUPPLIES       ON-GOING         2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	2555 JUDGE FRAN JAMIESON VIERA, FL 32940	27-2135914	501(C)(3)		172,797.	FMV	MEDICAL SUPPLIES	ON-GOING			
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(12) SPECTRA HEALTH										
			1		1			ON-GOING			
3 Enter total number of other organizations listed in the line 1 table								▶			
	3 Enter total number of other organizations list	ed in the line	1 table	<u></u>		<u></u>		•			

SCHEDULE I (Form 990)	F	OMB No. 1545-0047								
		•	ndividuals in				2019			
Com	plete if the o	-	wered "Yes" on F ttach to Form 990		, line 21 of 22.		Open to Public			
Department of the Treasury Internal Revenue Service	► Go		/Form990 for the I	-	n		Inspection			
Name of the organization	F 00	to www.n3.gov			•	Employer identified				
AMERICARES FOUNDATION, INC. 06-1008595										
Part I General Information on Grants and Assistance										
			aronto or opointo	noo the grantage	l aligibility for the grap	to or oppiatopool or	, d			
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> </ol>						is of assistance, ar				
2 Describe in Part IV the organization's proce										
Part II Grants and Other Assistance to I		-					"Yes" on Form 990,			
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can b	be duplicated if	additional space is	needed.				
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
(1) SPINDLETOP CENTER										
655 SOUTH 8TH STREET BEAUMONT, TX 77701	74-1684198	501(C)(3)		1,137,730.	FMV	MEDICAL SUPPLIES	ON-GOING			
(2) ST ANDREW COMMUNITY MEDICAL CENTER										
3101-B W HIGHWAY 98 PANAMA CITY, FL 32401	32-0103234	501(C)(3)		109,498.	FMV	MEDICAL SUPPLIES	ON-GOING			
(3) ST CLARE HEALTH MISSION PHARMACY										
916 FERRY STREET LA CROSSE, WI 54601	82-3903651	501(C)(3)		108,692.	FMV	MEDICAL SUPPLIES	ON-GOING			
(4) ST LUKE COMMUNITY CLINIC										
316 N ROYAL AVE FRONT ROYAL, VA 22630	54-1801220	501(C)(3)		17,918.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(5) ST LUKE COMMUNITY CLINIC										
316 N ROYAL AVE FRONT ROYAL, VA 22630	54-1801220	501(C)(3)		42,012.	FMV	MEDICAL SUPPLIES	ON-GOING			
(6) ST VINCENT DE PAUL CHARITABLE PHARMACY										
1125 BANK ST. CINCINNATI, OH 45214	30-0272954	501(C)(3)		1,156,808.	FMV	MEDICAL SUPPLIES	ON-GOING			
(7) ST. CLARE MEDICAL OUTREACH										
1407 YORK ROAD LUTHERVILLE, MD 21093	52-1681044	501(C)(3)		896,090.	FMV	MEDICAL SUPPLIES	ON-GOING			
(8) ST. FRANCIS COMMUNITY FREE CLINIC										
1062 N. KOELLER ST. OSHKOSH, WI 54902	39-1334342	501(C)(3)		1,117,338.	FMV	MEDICAL SUPPLIES	ON-GOING			
(9) ST. JOESPH'S NEIGHBORHOOD CENTER										
417 S AVE ROCHESTER, NY 14620	46-1176792	501(C)(3)		586,496.	FMV	MEDICAL SUPPLIES	ON-GOING			
(10) ST. JOHN BOSCO CLINIC, INC.	_									
3661 S. MIAMI AVENUE MIAMI, FL 33133	65-0435764	501(C)(3)		1,036,118.	FMV	MEDICAL SUPPLIES	ON-GOING			
(11) ST. JOSEPH HEALTH CENTER										
510 W. ADAMS ST PLYMOUTH, IN 46563	35-1142669	501(C)(3)		815,613.	FMV	MEDICAL SUPPLIES	ON-GOING			
(12) ST. JOSEPH PRIMARY CARE	4									
4400 FALLS OF NEUSE ROAD RALEIGH, NC 27609	46-5192720	1		460,320.		MEDICAL SUPPLIES	ON-GOING			
2 Enter total number of section 501(c)(3) and							•			
3 Enter total number of other organizations lis	ted in the line	1 table			<u></u>					

SCHEDULE I Grants and Other Assistance to Organizations,	OMB No. 1545-0047								
(Form 990) Governments, and Individuals in the United States	2019								
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
► Attach to Form 990.	Open to Public								
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.									
Name of the organization Employer identification	tion number								
AMERICARES FOUNDATION, INC. 06-10085	95								
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	ł								
the selection criteria used to award the grants or assistance?	X Yes No								
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.									
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "	Yes" on Form 990								
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.									
1 (a) Name and address of organization or government(b) EIN(c) IRC section (if applicable)(d) Amount of cash grant(e) Amount of non- 	(h) Purpose of grant or assistance								
(1) ST. MARTINS HEALTHCARE INC									
ST. MARTIN'S HEALTHCARE GARRETT, IN 46738         20-8609620         501(C)(3)         320,871.         FMV         MEDICAL SUPPLIES	ON-GOING								
(2) ST. MARY'S HEALTH WAGON									
5626 PATRIOT DRIVE WISE, VA 24293 04-3739083 501(C)(3) 15,752. FMV MEDICAL SUPPLIES	ON-GOING								
(3) ST. MARY'S LEGACY CLINIC									
805 S. NORTHSHORE DR. KNOXVILLE, TN 37919 46-2331706 501(C)(3) 178,188. FMV MEDICAL SUPPLIES	ON-GOING								
(4) ST. MICHAEL'S COMMUNITY SERVICES INC									
1005 W. 18TH STREET ANNISTON, AL 36201 82-5246184 501(C)(3) 508,950. FMV MEDICAL SUPPLIES	ON-GOING								
(5) ST. MICHAEL'S MEDICAL CLINIC									
1005 W. 18TH STREET ANNISTON, AL 36201 82-5246184 501(C)(3) 848,996. FMV MEDICAL SUPPLIES	ON-GOING								
(6) ST. THOMAS CLINIC									
600 PAUL HAND BOULEVARD FRANKLIN, IN 46131         35-1449379         501(C)(3)         198,848.         FMV         MEDICAL SUPPLIES	ON-GOING								
(7) ST. THOMAS EAST END MEDICAL CENTER CORP.									
4605 TUTU PARK MALL ST. THOMAS, VI 00802 66-0585077 501(C)(3) 16,110. FMV MEDICAL SUPPLIES	EMERGENCY								
(8) ST. VINCENT DE PAUL FREE CLINIC									
1004 EAST MAIN STREET MERRILL, WI 54452 45-0508546 501(C)(3) 36,971. FMV MEDICAL SUPPLIES	ON-GOING								
(9) ST. VINCENT DE PAUL MEDICAL CLINIC									
420 W WATKINS RD PHOENIX, AZ 85013 86-0096789 501(C)(3) 138,681. FMV MEDICAL SUPPLIES	ON-GOING								
(10) ST. VINCENT DE PAUL VILLAGE FAMILY HEALTH C									
3350 E STREET SAN DIEGO, CA 92102-3332         33-0492302         501(C)(3)         23,169.         FMV         MEDICAL SUPPLIES	ON-GOING								
(11) ST. VINCENT DEPAUL COMMUNITY PHARMACY									
502 GRAMMONT ST MONROE, LA 71201 90-0014479 501(C)(3) 122,994. FMV MEDICAL SUPPLIES	ON-GOING								
(12) ST. VINCENT'S MOBILE HEALTH OUTREACH MINIST									
3 SHIRCLIFF WAY JACKSONVILLE, FL 32204 53-0196617 501(C)(3) 88,905. FMV MEDICAL SUPPLIES	ON-GOING								
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table									
3 Enter total number of other organizations listed in the line 1 table									

			Assistance t			Ļ	OMB No. 1545-0047			
(Form 990) Go	vernme	nts, and Ir	ndividuals ii	n the Unite	d States		2019			
Comr	plete if the o	rganization ans	wered "Yes" on F	orm 990. Part IV	. line 21 or 22.					
		-	ttach to Form 990		,		Open to Public			
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	ı.		Inspection			
Name of the organization						Employer identit	ication number			
AMERICARES FOUNDATION, INC.						06-100	8595			
Part I General Information on Grants and Assistance										
1 Does the organization maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	s' eligibility for the gran	ts or assistance. a	and			
the selection criteria used to award the grant							X Yes No			
2 Describe in Part IV the organization's proceed										
Part II Grants and Other Assistance to D					aploto if the organi-	ration answered	Voc" on Form 000			
		•					i les un fuin 990,			
Part IV, line 21, for any recipient th	hat received	more than \$5	,000. Part II can t		1	needed.				
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistant				
(1) ST. VINCENT'S STUDENT FREE CLINIC										
2817 POST OFFICE ST GALVESTON, TX 77550	74-1384864	501(C)(3)		211,814.	FMV	MEDICAL SUPPLIES	ON-GOING			
(2) ST.MARY'S DINING ROOM										
545 W.SONORA ST. STOCKTON, CA 95203	94-2687280	501(C)(3)		460,138.	FMV	MEDICAL SUPPLIES	ON-GOING			
(3) STAMFORD HEALTH										
ONE HOSPITAL PLAZA STAMFORD, CT 06901	06-0646917	501(C)(3)		32,500.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(4) STAR - STAND TOGETHER AND RECOVER CENTERS,										
3003 N CENTRAL AVE PHOENIX, AZ 85012	86-0586210	501(C)(3)		7,209.	FMV	MEDICAL SUPPLIES	ON-GOING			
(5) STATE OF MASSACHUSETTS - MEMA										
181 ROYAL PLAZA ROAD MARLBOROUGH, MA 01752	9999999999	501(C)(3)		832,000.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(6) STEPHEN F. AUSTIN COMMUNITY HEALTH CENTER										
1612 CALLAWAY DR. ALVIN, TX 77511	41-2273820	115		84,030.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(7) STILLWATER COMMUNITY HEALTH CENTER										
821 S PINE STILLWATER, OK 74074	73-1502192	501(C)(3)		186,728.	FMV	MEDICAL SUPPLIES	ON-GOING			
(8) SULZBACHER HEALTH CENTER										
611 E. ADAMS ST JACKSONVILLE, FL 32202	59-3229898	501(C)(3)		12,982.	FMV	MEDICAL SUPPLIES	ON-GOING			
(9) SUMPTER FREE MEDICAL CLINIC DBA SUMPTER FRE										
1083 HWY 35 SAINT STEPHEN, SC 29479	27-1097304	501(C)(3)		351,190.	FMV	MEDICAL SUPPLIES	ON-GOING			
(10) SURRY MEDICAL MINISTRIES	_									
PO BOX 349 MOUNT AIRY, NC 27030	56-1829347	501(C)(3)		258,084.	FMV	MEDICAL SUPPLIES	ON-GOING			
(11) SWAIN COUNTY CARING CORNER										
PO BOX 1998 BRYSON CITY, NC 28713	47-2593010	501(C)(3)		186,011.	FMV	MEDICAL SUPPLIES	ON-GOING			
(12) TALBOT HOUSE MINISTRIES OF LAKELAND, INC.	4									
814 NORTH KENTUCKY AVE. LAKELAND, FL 33801	85-8012641	501(C)(3)		479,028.		MEDICAL SUPPLIES	ON-GOING			
2 Enter total number of section 501(c)(3) and	-	-					▶			
3 Enter total number of other organizations listed in the line 1 table										

			Assistance t			F	OMB No. 1545-0047			
(Form 990) GC	vernme	nts, and Ir	ndividuals ii	n the Unite	d States		2019			
Com	plete if the o	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.					
Department of the Treasury		► At	ttach to Form 990				Open to Public			
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	ı.		Inspection			
Name of the organization						Employer identif	ication number			
AMERICARES FOUNDATION, INC.	AMERICARES FOUNDATION, INC. 06-1008595									
Part I General Information on Grants and	Part I General Information on Grants and Assistance									
1 Does the organization maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	s' eligibility for the gran	ts or assistance, a	nd			
the selection criteria used to award the grant							X Yes No			
2 Describe in Part IV the organization's proceed										
Part II Grants and Other Assistance to D		-			nlete if the organiz	zation answered	"Yes" on Form 990			
Part IV, line 21, for any recipient th		-								
			1	1						
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description o noncash assistanc				
(1) TAMA COUNTY PUBLIC HEALTH AND HOME CARE										
129 W. HIGH ST TOLEDO, IA 52342	42-6005285	501(C)(3)		9,444.	FMV	MEDICAL SUPPLIES	ON-GOING			
(2) TARZANA TREATMENT CENTERS, INC.										
18646 OXNARD STREET TARZANA, CA 91356	94-2219349	OTHER		471,457.	FMV	MEDICAL SUPPLIES	ON-GOING			
(3) TEMPLE COMMUNITY CLINIC										
1905 CURTIS B ELLIOT DRIVE TEMPLE, TX 76501	74-2634500	501(C)(3)		123,418.	FMV	MEDICAL SUPPLIES	ON-GOING			
(4) TEWKSBURY HEALTH DEPT.										
1009 MAIN ST TEWKSBURY, MA 01876	04-6001322	501(C)(3)		5,986.	FMV	MEDICAL SUPPLIES	ON-GOING			
(5) TEXAS CHILDRENS HOSPITAL										
6701 FANNIN STREET HOUSTON, TX 77030	74-1100555	115		71,927.	FMV	MEDICAL SUPPLIES	EMERGENCY			
(6) THE ARK										
PHARMACY CHICAGO, IL 60645	23-7164967	501(C)(3)		115,407.	FMV	MEDICAL SUPPLIES	ON-GOING			
(7) THE BRIDGE CLINIC										
6349 WHITE BERRY LANE LOVES PARK, IL 61111	27-3097955	501(C)(3)		148,035.	FMV	MEDICAL SUPPLIES	ON-GOING			
(8) THE CARE CLINIC										
239 ROBESON STREET FAYETTEVILLE, NC 28301	56-1837010	OTHER		79,873.	FMV	MEDICAL SUPPLIES	ON-GOING			
(9) THE CLINIC										
143 CHURCH ST. PHOENIXVILLE, PA 19460	23-3072363	501(C)(3)		802,949.	FMV	MEDICAL SUPPLIES	ON-GOING			
(10) THE EL PASO BAPTIST CLINIC	_									
2700 N.PIEDRAS ST EL PASO, TX 79930	20-3046801	501(C)(3)		150,518.	FMV	MEDICAL SUPPLIES	ON-GOING			
(11) THE FLOATING HOSPITAL										
4140 27TH ST LONG ISLAND CITY, NY 11101	13-1624169	501(C)(3)		375,414.	FMV	MEDICAL SUPPLIES	ON-GOING			
(12) THE FREE CLINIC	4									
2707 34TH STREET LUBBOCK, TX 79410	75-2668014			444,377.		MEDICAL SUPPLIES	ON-GOING			
2 Enter total number of section 501(c)(3) and	-	-					►			
3 Enter total number of other organizations list	ted in the line	1 table					•			

(Form 990)         Covernments, and Individuals in the United States         Dependence           Department of the Treasury Internal Revenue Series         > Go or werw.irs.gov/Form990 for the latest information.         > Go to werw.irs.gov/Form990 for the latest information.         > One for Dublic Inspection           Name of the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection orticina used to award the grants or assistance?				Assistance t			ļ	OMB No. 1545-0047
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.         Open to Public Inspection           Name of the organization answered "Yes" on Form 990.         Earlie of the organization number           Name of the organization answered "Yes" on Form 990.         Earlie of www.irs.gov/Form990 for the latest information.         Complete if the organization number           Name of the organization and Assistance         Earlie of www.irs.gov/Form990 for the latest information.           Open to Public Inspection.           Implete if the organization number           Applete Information on Crants and Assistance           Implete if the organization answered "Yes" on Form 990.           Part II Ceneral Information on Crants and Assistance           Open to Public Inspection.           Implete Information on Crants and Assistance           Open to Public Inspection.           Implete Information on Crants and Assistance           Open to Public Inspection.           Information on Crants and Assistance           Open to Public Inspection.           Information on Crants and Assistance           Open to Public Inspection.            Open to Pu	(Form 990) Go	overnme	nts, and Ir	ndividuals i	n the Unite	d States		୬ଲ <b>1</b> 0
Department of the Treasury         Endo to www.irs.gov/Form990 for the latest information.         Inspection           Name of the cognization         Employer identification number 06-1008595           Part I         General Information on Grants and Assistance         06-1008595           Part I         General Information on Grants and Assistance         X         Yes         No           2         Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection criteria used to award the grants or assistance?         X         Yes         No           2         Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         Yes         No           Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         (f) Method of valuation or government.         (f) Method of valuation or government.         (f) Description of regovernment.         (f) Description regovernment.         (f) Description regovernment.         (f) Description regovernment.         (f) Description regovernment.         (f) Descriptire regovernment.         (f) Descriptire rego	Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Internal Revenue Service         End of the organization         Endpose information         Endpose information           AMERICARES FOUNDATION, INC.         06-1008595           PartI         General Information on Grants and Assistance         06-1008595           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 assistances and Demestic 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.         (b) EN         (b) RCs section         (c) Amount of cash	Department of the Treasury	-	► At	ttach to Form 990				
AMERICARES FOUNDATION, INC.       06-1008595         PartIl General Information on Grants and Assistance       Image: Comparison of the selection criteria used to award the grants or assistance?       Image: Comparison of Com		► Go	to www.irs.gov	/Form990 for the I	atest information	า.		Inspection
Part       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?       Image: Construction of the grant or assistance?       Image: Construction of the grants or assistance?       Image:	Name of the organization						Employer identi	fication number
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?	AMERICARES FOUNDATION, INC.						06-100	8595
X       Yes       No         2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         Part IV the organization's procedures for monitoring the use of grant funds in the United States.         Part IV the organization's procedures for monitoring the use of grant funds in the United States.         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 (f applicable)       (d) Amount of cash grant funds in the United States.       (d) Description of noncesh assistance       (h) Purpose of grant or assistance         1 (a) Name and address of organization country       (b) EIN       (c) IRC Section (f applicable)       (d) Amount of cash grant funds in the United States.       (e) Operating a state assistance       (h) Purpose of grant or assistance         1 (b) THE FREE CLINICS OF HENDERSON COUNTY       0-0029244       or there       87,785.       PMV       Medical Supplies       0H-001NS         (2) THE FREE MEDICAL CLINIC       10-012924       501(c)(3)       30,406.       PMV       Medical Supplies       0H-001NS         (3) THE FREE MEDICAL CLINIC       10-012925       501(c)(3)       33,474.       PMV       Medical Supplies       0H-001NS         (6) THE ROOD SAMARITAR Cen	Part I General Information on Grants an	d Assistanc	е				·	
X       Yes       No         2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         Part IV the organization's procedures for monitoring the use of grant funds in the United States.         Part IV the organization's procedures for monitoring the use of grant funds in the United States.         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 (f applicable)       (d) Amount of cash grant funds in the United States.       (d) Description of noncesh assistance       (h) Purpose of grant or assistance         1 (a) Name and address of organization country       (b) EIN       (c) IRC Section (f applicable)       (d) Amount of cash grant funds in the United States.       (e) Operating a state assistance       (h) Purpose of grant or assistance         1 (b) THE FREE CLINICS OF HENDERSON COUNTY       0-0029244       or there       87,785.       PMV       Medical Supplies       0H-001NS         (2) THE FREE MEDICAL CLINIC       10-012924       501(c)(3)       30,406.       PMV       Medical Supplies       0H-001NS         (3) THE FREE MEDICAL CLINIC       10-012925       501(c)(3)       33,474.       PMV       Medical Supplies       0H-001NS         (6) THE ROOD SAMARITAR Cen	1 Does the organization maintain records to s	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	s' eligibility for the gran	ts or assistance, a	and
Part III       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) Received more than \$5,000. Part II can be duplicated if additional space is needed.       (c) Description of noncease assistance       (c) Method of valuation or government       (c) Description of noncease assistance       (c) Method of valuation or government       (c) Description of noncease assistance       (c) Method of valuation or government       (c) Description of noncease assistance       (c) Method of valuation or government       (c) Description of noncease assistance       (c) Method of valuation or government       (c) Description of noncease assistance       (c) Method of valuation or government       (c) Description of noncease assistance       (c) Method of valuation or government       (c) Description of noncease assistance       (c) Method of valuation or government       (c) Description of noncease assistance       (c) Method of valuation or government       (c) Description of noncease assistance       (c) Method of valuation or government       (c) Description of noncease assistance       (c) Method of valuation or government       (c) Description of noncease assistance       (c) Method of valuation or government       (c) Description of noncease assistance       (c) Method of valuation or government       (c) Description of noncease assistance       (c) Method of valuation or government       (c)								X Yes No
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) EN       (c) IRC section (if applicable)       (d) Amount of cash assistance       (f) Method of valuation on control of the part part of the part of the part of the part of	2 Describe in Part IV the organization's proce	dures for mor	nitoring the use	of grant funds in the	e United States.			
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) EN       (c) IRC section (if applicable)       (d) Amount of cash assistance       (f) Method of valuation on control of the part part of the part of the part of the part of	Part II Grants and Other Assistance to I	Domestic Or	ganizations ar	nd Domestic Gov	vernments Con	nolete if the organiz	vation answered	 d "Yes" on Form 990
1 (a) Name and address of organization or government       (b) EIN       (c) IRC section (rf applicable)       (d) Amount of cash grant       (e) Amount of non- cash assistance       (f) Method of valuation (box, Finther particular)       (g) Description of noncash assistance       (h) Purpose of grant or assistance         (1) THE FREE CLINIC OF MEDINA COUNTY       30-0092944       OTHER       87,785.       FMV       MEDICAL SUPPLIES       ON-GOING         (2) THE FREE CLINIC OF MEDINAS COUNTY       30-0092944       OTHER       87,785.       FMV       MEDICAL SUPPLIES       ON-GOING         (3) THE FREE CLINIC OF MEDINERSON COUNTY       56-2212024       501(C)(3)       30,406.       FMV       MEDICAL SUPPLIES       ON-GOING         (4) THE FREE MEDICAL CLINIC       57-0779279       501(C)(3)       52,383.       FMV       MEDICAL SUPPLIES       ON-GOING         (4) THE FREE MEDICAL CLINIC       704 SOUTH LATAH BOISE, ID 83705       20-0184266       501(C)(3)       33,474.       FMV       MEDICAL SUPPLIES       ON-GOING         (6) THE MOPI TRIBE       91-2129853       501(C)(3)       481,123.       FMV       MEDICAL SUPPLIES       ON-GOING         (7) THE MAYOR'S FUND TO ADVANCE NEW YORK.       TX 78624       91-2129853       501(C)(3)       161,283.       FMV       MEDICAL SUPPLIES       ON-GOING         (7) THE MAYOR'S FUND			-					
Image: Constraint or government       Constraint of government       Constrai			1	· 		•		
(1) THE FREE CLINIC OF MEDINA COUNTY       30-0092944       OTHER       87,785.       PMV       MEDICAL SUPPLIES       ON-GOING         (2) THE FREE CLINICS OF HENDERSON COUNTY       841 CASE STREET HENDERSONVILLE, NC 28792       56-2212024       501(C)(3)       30,406.       FMV       MEDICAL SUPPLIES       ON-GOING         (3) THE FREE MEDICAL CLINIC       1875 HARDEN STREET COLUMBIA, SC 29204       57-0779279       501(C)(3)       52,383.       FMV       MEDICAL SUPPLIES       ON-GOING         (4) THE FRIENDSHIP CLINIC       704 SOUTH LATAH BOISE, ID 83705       20-0184266       501(C)(3)       33,474.       FMV       MEDICAL SUPPLIES       ON-GOING         (5) THE GOOD SAMARITAN CENTER       140 INDUSTRIAL L FREDERICKSBURG, TX 78624       91-2129853       501(C)(3)       481,123.       FMV       MEDICAL SUPPLIES       ON-GOING         (6) THE HOPI TRIBE       161,283.       FMV       MEDICAL SUPPLIES       N-GOING       161,283.       FMV       MEDICAL SUPPLIES       N-GOING         (7) THE MAYOR'S FUND TO ADVANCE NEW YORK CITY       13-7783906       7871       1,709,228.       FMV       MEDICAL SUPPLIES       N-GOING         (9) THE OOFN DOOR CLINIC       1929 W. FILLMORE PHOENIX, AZ 85009       86-0839580       501(C)(3)       489,866.       FMV       MEDICAL SUPPLIES       ON-GOING		(b) EIN				(book, FMV, appraisal,		
970 E. WASHINGTON STREET MEDINA, OH 44256     30-0092944     OTHER     87,785. FMV     MEDICAL SUPPLIES     ON-GOING       (2) THE FREE CLINICS OF HENDERSON COUNTY     56-2212024     501(C)(3)     30,406. FMV     MEDICAL SUPPLIES     ON-GOING       (3) THE FREE MEDICAL CLINIC     56-2212024     501(C)(3)     52,383. FMV     MEDICAL SUPPLIES     ON-GOING       (4) THE FRIENDSHIP CLINIC     704 SOUTH LATAH BOISE, ID 83705     20-0184266     501(C)(3)     33,474. FMV     MEDICAL SUPPLIES     ON-GOING       (5) THE GOOD SAMARITAN CENTER     91-2129853     501(C)(3)     33,474. FMV     MEDICAL SUPPLIES     ON-GOING       (6) THE HOPI TRIBE     91-2129853     501(C)(3)     481,123. FMV     MEDICAL SUPPLIES     ON-GOING       (7) THE MAYOR'S FUND TO ADVANCE NEW YORK, NY 10007     13-3783906     7871     1,709,228. FMV     MEDICAL SUPPLIES     EMERGENCY       (8) THE NEGHBOROD CHRISTIAN CLINIC     1929 W. FILLMORE PHOENIX, AZ 85009     86-0839580     501(C)(3)     489,866. FMV     MEDICAL SUPPLIES     ON-GOING       (9) THE OPEN DOOR CLINIC     13-3783906     501(C)(3)     489,866. FMV     MEDICAL SUPPLIES     ON-GOING       (9) THE OPEN DOOR CLINIC     13-3783905     501(C)(3)     5,893. FMV     MEDICAL SUPPLIES     ON-GOING       (10) THE RESCUE MISSION FREE CLINIC     20-3673759     501(C)(3)     5	(1) THE FREE CLINIC OF MEDINA COUNTY							
(2) THE FREE CLINICS OF HENDERSON CUUNTY       56-2212024       501(C)(3)       30,406.       FMV       MEDICAL SUPPLIES       ON-GOING         (3) THE FREE MEDICAL CLINIC       1875 HARDEN STREET COLUMBIA, SC 29204       57-0779279       501(C)(3)       52,383.       FMV       MEDICAL SUPPLIES       ON-GOING         (4) THE FRIENDSHIP CLINIC       20-0184266       501(C)(3)       33,474.       FMV       MEDICAL SUPPLIES       ON-GOING         (5) THE GOOD SAMARITAN CENTER       140 INDUSTRIAL L FREDERICKSBURG, TX 78624       91-2129853       501(C)(3)       481,123.       FMV       MEDICAL SUPPLIES       ON-GOING         (6) THE HOPI TRIBE       91-2129853       501(C)(3)       161,283.       FMV       MEDICAL SUPPLIES       ON-GOING         (7) THE MAYOR'S FUND TO ADVANCE NEW YORK CITY       13-3783906       7871       1,709,228.       FMV       MEDICAL SUPPLIES       EMERGENCY         (8) THE NEIHBORDOD CHRISTIAN CLINIC       1929 W. FILLMORE PHOENIX, AZ 85009       86-0839580       501(C)(3)       489,866.       FMV       MEDICAL SUPPLIES       ON-GOING         (9) THE OPEN DOOR CLINIC       130 W CENTRAL CHIPPEWA FALLS, WI 54729       20-3673759       501(C)(3)       5,893.       FMV       MEDICAL SUPPLIES       ON-GOING         (10) THE RESCUE MISSION FREE CLINIC       20-3673759       501(C)(3		30-0092944	OTHER		87.785	FMV	MEDICAL SUPPLIES	S ON-GOING
B41 CASE STREET HENDERSONVILLE, NC 28792         56-2212024         501(C)(3)         30,406.         FMV         MEDICAL SUPPLIES         ON-GOING           (3) THE FREE MEDICAL CLINIC         1875 HARDEN STREET COLUMEIA, SC 29204         57-0779279         501(C)(3)         52,383.         FMV         MEDICAL SUPPLIES         ON-GOING           (4) THE FRIENDSHIP CLINIC         20-0184266         501(C)(3)         33,474.         FMV         MEDICAL SUPPLIES         ON-GOING           (5) THE GOOD SAMARITAN CENTER         140 INDUSTRIAL L FREDERICKSBURG, TX 78624         91-2129853         501(C)(3)         481,123.         FMV         MEDICAL SUPPLIES         ON-GOING           (6) THE HOPI TRIBE         91-2129853         501(C)(3)         161,283.         FMV         MEDICAL SUPPLIES         ON-GOING           (7) THE MAYOR'S FUND TO ADVANCE NEW YORK CITY         13-3783906         7871         1,709,228.         FMV         MEDICAL SUPPLIES         EMERGENCY           (8) THE NEIGHBORHOOD CHRISTIAN CLINIC         86-0839580         501(C)(3)         489,866.         FMV         MEDICAL SUPPLIES         ON-GOING           (9) THE OPEN DOOR CLINIC         13-3783906         7871         1,709,228.         FMV         MEDICAL SUPPLIES         EMERGENCY           (10) THE RESCUE MISSION FREE CLINIC         00-3673759 <t< td=""><td></td><td>50 0052511</td><td></td><td></td><td>0777001</td><td></td><td></td><td></td></t<>		50 0052511			0777001			
(3) THE FREE MEDICAL CLINIC       1875 HARDEN STREET COLUMBIA, SC 29204       57-0779279       501(C)(3)       52,383. FMV       MEDICAL SUPPLIES       ON-GOING         (4) THE FRIENDSHIP CLINIC       704 SOUTH LATAH BOISE, ID 83705       20-0184266       501(C)(3)       33,474. FMV       MEDICAL SUPPLIES       ON-GOING         (5) THE GOOD SAMARITAN CENTER       140 INDUSTRIAL L FREDERICKSBURG, TX 78624       91-2129853       501(C)(3)       481,123. FMV       MEDICAL SUPPLIES       ON-GOING         (6) THE HOPI TRIBE       91-2129853       501(C)(3)       161,283. FMV       MEDICAL SUPPLIES       ON-GOING         (7) THE MAYOR'S FUND TO ADVANCE NEW YORK CITY       13-3783906       7871       1,709,228. FMV       MEDICAL SUPPLIES       EMERGENCY         (8) THE NSIGHBOOR HOOD CHRISTIAN CLINIC       13-3783906       7871       1,709,228. FMV       MEDICAL SUPPLIES       EMERGENCY         (9) THE OPEN DOOR CLINIC       13-3783905       501(C)(3)       489,866. FMV       MEDICAL SUPPLIES       ON-GOING         (10) THE RESCUE MISSION FREE CLINIC       20-3673759       501(C)(3)       5,893. FMV       MEDICAL SUPPLIES       ON-GOING		56-2212024	501(C)(3)		30,406	TMV	MEDICAL SUPPLIES	S ON-GOING
1875 HARDEN STREET COLUMBIA, SC 29204       57-0779279       501(C)(3)       52,383. FMV       MEDICAL SUPPLIES       ON-GOING         (4) THE FRIENDSHIP CLINIC       704 SOUTH LATAH BOISE, ID 83705       20-0184266       501(C)(3)       33,474. FMV       MEDICAL SUPPLIES       ON-GOING         (5) THE GOOD SAMARITAN CENTER       91-2129853       501(C)(3)       481,123. FMV       MEDICAL SUPPLIES       ON-GOING         (6) THE HOPI TRIBE       91-2129853       501(C)(3)       161,283. FMV       MEDICAL SUPPLIES       ON-GOING         (7) THE MAYOR'S FUND TO ADVANCE NEW YORK CITY       86-0134082       501(C)(3)       161,283. FMV       MEDICAL SUPPLIES       EMERGENCY         (7) THE MAYOR'S FUND TO ADVANCE NEW YORK CITY       13-3783906       7871       1,709,228. FMV       MEDICAL SUPPLIES       EMERGENCY         (8) THE NEIGHBORHOOD CIRLISTIAN CLINIC       1929 W. FILLMORE PHOENIX, AZ 85009       86-0839580       501(C)(3)       489,866. FMV       MEDICAL SUPPLIES       ON-GOING         (9) THE OPEN DOOR CLINIC       130 W CENTRAL CHIPPEWA FALLS, WI 54729       20-3673759       501(C)(3)       5,893. FMV       MEDICAL SUPPLIES       ON-GOING         (10) THE RESCUE MISSION FREE CLINIC       20-3673759       501(C)(3)       5,893. FMV       MEDICAL SUPPLIES       ON-GOING	· · · · · · · · · · · · · · · · · · ·	50 2222021			50,1001			
(4) THE FRIENDSHIP CLINIC20-0184266501(C)(3)33,474. FMVMEDICAL SUPPLIESON-GOING(5) THE GOOD SAMARITAN CENTER140 INDUSTRIAL L FREDERICKSBURG, TX 7862491-2129853501(C)(3)481,123. FMVMEDICAL SUPPLIESON-GOING(6) THE HOPI TRIBE86-0134082501(C)(3)161,283. FMVMEDICAL SUPPLIESON-GOING(7) THE MAYOR'S FUND TO ADVANCE NEW YORK CITY86-0134082501(C)(3)161,283. FMVMEDICAL SUPPLIESEMERGENCY(8) THE NEIGHBORHOOD CHRISTIAN CLINIC86-0839580501(C)(3)489,866. FMVMEDICAL SUPPLIESON-GOING(9) THE OPEN DOOR CLINIC130 W CENTRAL CHIPPEWA FALLS, WI 5472920-3673759501(C)(3)5,893. FMVMEDICAL SUPPLIESON-GOING(10) THE RESCUE MISSION FREE CLINIC005,893. FMVMEDICAL SUPPLIESON-GOING		57-0779279	501(C)(3)		52,383.	FMV	MEDICAL SUPPLIES	S ON-GOING
704 SOUTH LATAH BOISE, ID 83705       20-0184266       501(C)(3)       33,474.       FMV       MEDICAL SUPPLIES       ON-GOING         (5) THE GOOD SAMARITAN CENTER       140 INDUSTRIAL L FREDERICKSBURG, TX 78624       91-2129853       501(C)(3)       481,123.       FMV       MEDICAL SUPPLIES       ON-GOING         (6) THE HOPI TRIBE       91-2129853       501(C)(3)       161,283.       FMV       MEDICAL SUPPLIES       EMERGENCY         (7) THE MAYOR'S FUND TO ADVANCE NEW YORK CITY       13-3783906       7871       1,709,228.       FMV       MEDICAL SUPPLIES       EMERGENCY         (8) THE NEIGHBORHOOD CHRISTIAN CLINIC       1929 W. FILLMORE PHOENIX, AZ 85009       86-0839580       501(C)(3)       489,866.       FMV       MEDICAL SUPPLIES       ON-GOING         (9) THE OPEN DOOR CLINIC       20-3673759       501(C)(3)       5,893.       FMV       MEDICAL SUPPLIES       ON-GOING         130 W CENTRAL CHIPPEWA FALLS, WI 54729       20-3673759       501(C)(3)       5,893.       FMV       MEDICAL SUPPLIES       ON-GOING         (10) THE RESCUE MISSION FREE CLINIC       01-3673759       501(C)(3)       5,893.       FMV       MEDICAL SUPPLIES       ON-GOING								
140 INDUSTRIAL L FREDERICKSBURG, TX 7862491-2129853501(C)(3)481,123.FMVMEDICAL SUPPLIESON-GOING(6) THE HOPI TRIBE PO BOX 123 KYKOTSMOVI, AZ 8603986-0134082501(C)(3)161,283.FMVMEDICAL SUPPLIESEMERGENCY(7) THE MAYOR'S FUND TO ADVANCE NEW YORK, NY 1000713-378390678711,709,228.FMVMEDICAL SUPPLIESEMERGENCY(8) THE NEIGHBORHOOD CHRISTIAN CLINIC13-378390678711,709,228.FMVMEDICAL SUPPLIESEMERGENCY(9) THE OPEN DOOR CLINIC86-0839580501(C)(3)489,866.FMVMEDICAL SUPPLIESON-GOING(10) THE RESCUE MISSION FREE CLINIC20-3673759501(C)(3)5,893.FMVMEDICAL SUPPLIESON-GOING		20-0184266	501(C)(3)		33,474.	FMV	MEDICAL SUPPLIES	S ON-GOING
140 INDUSTRIAL L FREDERICKSBURG, TX 7862491-2129853501(C)(3)481,123.FMVMEDICAL SUPPLIESON-GOING(6) THE HOPI TRIBE PO BOX 123 KYKOTSMOVI, AZ 8603986-0134082501(C)(3)161,283.FMVMEDICAL SUPPLIESEMERGENCY(7) THE MAYOR'S FUND TO ADVANCE NEW YORK, NY 1000713-378390678711,709,228.FMVMEDICAL SUPPLIESEMERGENCY(8) THE NEIGHBORHOOD CHRISTIAN CLINIC13-378390678711,709,228.FMVMEDICAL SUPPLIESEMERGENCY(9) THE OPEN DOOR CLINIC86-0839580501(C)(3)489,866.FMVMEDICAL SUPPLIESON-GOING(10) THE RESCUE MISSION FREE CLINIC20-3673759501(C)(3)5,893.FMVMEDICAL SUPPLIESON-GOING	(5) THE GOOD SAMARITAN CENTER							
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PO BOX 123 KYKOTSMOVI, AZ 8603986-0134082501(C)(3)161,283.FMVMEDICAL SUPPLIESEMERGENCY(7) THE MAYOR`S FUND TO ADVANCE NEW YORK CITY <t< td=""><td>(6) THE HOPI TRIBE</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(6) THE HOPI TRIBE							
253 BROADWAY, 6TH FLOOR NEW YORK, NY 10007       13-3783906       7871       1,709,228.       FMV       MEDICAL SUPPLIES       EMERGENCY         (8) THE NEIGHBORHOOD CHRISTIAN CLINIC       1929 W. FILLMORE PHOENIX, AZ 85009       86-0839580       501(C)(3)       489,866.       FMV       MEDICAL SUPPLIES       N-GOING         (9) THE OPEN DOOR CLINIC       130 W CENTRAL CHIPPEWA FALLS, WI 54729       20-3673759       501(C)(3)       5,893.       FMV       MEDICAL SUPPLIES       ON-GOING         (10) THE RESCUE MISSION FREE CLINIC       Image: Comparison of the comparison o	PO BOX 123 KYKOTSMOVI, AZ 86039	86-0134082	501(C)(3)		161,283.	FMV	MEDICAL SUPPLIES	5 EMERGENCY
(8) THE NEIGHBORHOOD CHRISTIAN CLINIC       86-0839580       501(C)(3)       489,866.       FMV       MEDICAL SUPPLIES       on-GOING         (9) THE OPEN DOOR CLINIC       130 W CENTRAL CHIPPEWA FALLS, WI 54729       20-3673759       501(C)(3)       5,893.       FMV       MEDICAL SUPPLIES       on-GOING         (10) THE RESCUE MISSION FREE CLINIC       Image: Clinic free clinic fre	(7) THE MAYOR'S FUND TO ADVANCE NEW YORK CITY							
1929 W. FILLMORE PHOENIX, AZ 85009       86-0839580       501(C)(3)       489,866.       FMV       MEDICAL SUPPLIES       ON-GOING         (9) THE OPEN DOOR CLINIC       130 W CENTRAL CHIPPEWA FALLS, WI 54729       20-3673759       501(C)(3)       5,893.       FMV       MEDICAL SUPPLIES       ON-GOING         (10) THE RESCUE MISSION FREE CLINIC       Image: Clinic free c	253 BROADWAY, 6TH FLOOR NEW YORK, NY 10007	13-3783906	7871		1,709,228.	FMV	MEDICAL SUPPLIES	5 EMERGENCY
(9) THE OPEN DOOR CLINIC         130 W CENTRAL CHIPPEWA FALLS, WI 54729         20-3673759         501(C)(3)         5,893.         FMV         MEDICAL SUPPLIES         ON-GOING	(8) THE NEIGHBORHOOD CHRISTIAN CLINIC							
130 W CENTRAL CHIPPEWA FALLS, WI 54729       20-3673759       501(C)(3)       5,893.       FMV       MEDICAL SUPPLIES       ON-GOING         (10) THE RESCUE MISSION FREE CLINIC	1929 W. FILLMORE PHOENIX, AZ 85009	86-0839580	501(C)(3)		489,866.	FMV	MEDICAL SUPPLIES	3 ON-GOING
(10) THE RESCUE MISSION FREE CLINIC	(9) THE OPEN DOOR CLINIC							
	130 W CENTRAL CHIPPEWA FALLS, WI 54729	20-3673759	501(C)(3)		5,893.	FMV	MEDICAL SUPPLIES	3 ON-GOING
402 4TH STREET SE ROANOKE, VA 24013 54-0573900 501(C)(3) 30,585. FMV MEDICAL SUPPLIES EMERGENCY	(10) THE RESCUE MISSION FREE CLINIC							
	402 4TH STREET SE ROANOKE, VA 24013	54-0573900	501(C)(3)		30,585.	FMV	MEDICAL SUPPLIES	3 EMERGENCY
(11) THE SALVATION ARMY	(11) THE SALVATION ARMY							
615 SLATERS LANE ALEXANDRIA, VA 22314 22-2406433 501(C)(3) 84,591. FMV MEDICAL SUPPLIES EMERGENCY	615 SLATERS LANE ALEXANDRIA, VA 22314	22-2406433	501(C)(3)		84,591.	FMV	MEDICAL SUPPLIES	3 EMERGENCY
(12) THE SALVATION ARMY - USA WESTERN TERRITORY	(12) THE SALVATION ARMY - USA WESTERN TERRITORY							
1370 PENNSYLVANIA STREET DENVER, CO 80203 94-1156347 501(C)(3) 162,500. FMV MEDICAL SUPPLIES EMERGENCY	1370 PENNSYLVANIA STREET DENVER, CO 80203	94-1156347	501(C)(3)		162,500.	FMV	MEDICAL SUPPLIES	3 EMERGENCY
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		•	•					▶
3 Enter total number of other organizations listed in the line 1 table	3 Enter total number of other organizations list	sted in the line	e 1 table					<u>▶</u>

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	ations,	F	OMB No. 1545-0047
(Form 990) Go	vernme	nts, and Ir	ndividuals ii	n the Unite	d States		2019
		•	wered "Yes" on F				
		-	ttach to Form 990		,		Open to Public
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	۱.		Inspection
Name of the organization		<b>U</b>				Employer identifi	cation number
AMERICARES FOUNDATION, INC.						06-1008	595
Part I General Information on Grants and	d Assistanc	e					
1 Does the organization maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	s' eligibility for the gran	ts or assistance, a	nd
the selection criteria used to award the grant			-	-			X Yes No
2 Describe in Part IV the organization's proceed							·
Part II Grants and Other Assistance to D					ploto if the organi	ration answard	"Voc" on Form 000
		-					
Part IV, line 21, for any recipient th	lat received	more man 55	,000. Part II can t		•		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	
(1) THE SOUTH SUBURBAN COUNCIL ON ALCOHOLISM &							
1909 CHEKER SQ EAST HAZEL CREST, IL 60429	36-2654921	501(C)(3)		18,145.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) THE TEXAS INTL. INSTITUTE OF HEALTH PROFESS							
8121 BROADWAY STREET HOUSTON, TX 77061	46-1267820	501(C)(3)		1,705,599.	FMV	MEDICAL SUPPLIES	EMERGENCY
(3) THE UNIVERSITY OF NORTH CAROLINA HEALTH CAR							
4400 EMPEROR BLVD MORRISVILLE, NC 27703	56-2206970	501(C)(3)		90,115.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) THE VILLAGE SOUTH / WESTCARE							
169 E.FLAGER STREET MIAMI, FL 33131	59-1452736	115		56,558.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) THE WAY FREE MEDICAL CLINIC, INC.							
479 HOUSTON ST GREEN COVE SPRINGS, FL 32043	76-0828154	501(C)(3)		263,988.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) THUNDERMIST HEALTH CENTER							
450 CLINTON ST WOONSOCKET, RI 02895-3207	05-0355097	501(C)(3)		6,998.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) TOMAGWA							
455 SCHOOL STREET TOMBALL, TX 77375	76-0280324	501(C)(3)		64,525.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) TOTAL FAMILY MEDICAL, LLC							
22601 HWY 190 ROBERT, LA 70455	46-1385117	501(C)(3)		274,830.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) TREASURE COAST COMMUNITY HEALTH, INC	_						
1555 INDIAN RIVER BLVD VERO BEACH, FL 32960	59-3219191	OTHER		303,340.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) TRI CITY HEALTH PARTNERSHIP	_						
318 WALNUT STREET SAINT CHARLES, IL 60174	36-4475369	501(C)(3)		96,609.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) TRIANGLE AREA NETWORK - ORANGE	_						
3737 NORTH 16TH STREET ORANGE, TX 77632	76-0226835	501(C)(3)		990,817.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) TRIANGLE AREA NETWORK - BEAUMONT	_						
1495 N. 7TH STREET BEAUMONT, TX 77702	76-0226835			744,390.		MEDICAL SUPPLIES	ON-GOING
2 Enter total number of section 501(c)(3) and	0	0					►
3 Enter total number of other organizations list	ed in the line	1 table			<u></u>		►

			Assistance t			Ļ	OMB No. 1545-0047
(Form 990) Go	vernme	nts, and Ir	ndividuals ii	n the Unite	d States		2019
Comp	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
• Department of the Treasury		-	ttach to Form 990				Open to Public
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	า.		Inspection
Name of the organization						Employer identi	fication number
AMERICARES FOUNDATION, INC.						06-100	8595
Part I General Information on Grants and	d Assistanc	е					
1 Does the organization maintain records to su	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	s' eligibility for the gran	ts or assistance, a	and
the selection criteria used to award the grant							X Yes No
2 Describe in Part IV the organization's proceed	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Con	nolete if the organiz	vation answered	"Yes" on Form 990
Part IV, line 21, for any recipient th		•					
		1	1	1	1		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistan	
					othery		
(1) TRI-COUNTY HUMAN SERVICES-DETOX STABILIZATI	-	501(0)(2)		0.051			
2725 HWY 60 E BARTOW, FL 33830	59-1708182	501(C)(3)		9,351.	FMV	MEDICAL SUPPLIES	S ON-GOING
(2) TROPICAL TEXAS BEHAVIORAL HEALTH		501(0)(2)		176.000			
1901 S. 24TH AVENUE EDINBURG, TX 78539	74-1565510	501(C)(3)		176,080.	FMV	MEDICAL SUPPLIES	S ON-GOING
(3) UBI CARITAS	-	501 ( 7) ( 0)		101 501			
4450 HIGHLAND AVE. BEAUMONT, TX 77705	76-0558225	501(C)(3)		191,731.	FMV	MEDICAL SUPPLIES	S ON-GOING
(4) UBI CARITAS		501(0)(2)		405 500			
4450 HIGHLAND AVE. BEAUMONT, TX 77705	76-0558225	501(C)(3)		486,682.	FMV	MEDICAL SUPPLIES	5 EMERGENCY
(5) UNIVERSITY OF CONNECTICUT HEALTH CENTER		501(0)(2)		120,402			
263 FARMINGTON AVE FARMINGTON, CT 06030	52-1725543	501(C)(3)		139,492.	FMV	MEDICAL SUPPLIES	S ON-GOING
(6) UCSD STUDENT RUN FREE CLINIC PROJECT		501(0)(2)		102 277		MEDICAL CUDDITE	
9500 GILMAN DRIVE LA JOLLA, CA 92093-0696	95-2872494	501(C)(3)		103,377.	FMV	MEDICAL SUPPLIES	S ON-GOING
(7) UFL COLLEGE OF MED. PEDIATRIC DIABETES CLIN		501(0)(2)		63,416.	FMV	MEDICAL SUPPLIES	5 EMERGENCY
1699 SW 16TH AVENUE GAINSVILLE, FL 32608 (8) UHI COMMUNITYCARE CLINIC	59-6002052	501(C)(3)		03,410.	F MV	MEDICAL SUPPLIES	5 EMERGENCI
4745 NW 183 ST MIAMI, FL 33055	65-0268904	501(C)(3)		106,580.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) UNDERGROUND FREE CLINIC	05-0208904	501(0)(3)		100,580.	F PIV	MEDICAL SUPPLIES	S ON-GOING
PO BOX 75157 TAMPA, FL 33675	20-4722214	501(C)(3)		322,053.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) UNION COUNTY HEALTH DEPARTMENT	20 1722211	501(0)(5)		522,055.	1110	HEDICIE BOTTEIL	
940 LONDON AVE MARYSVILLE, OH 43040	31-6400087	501(C)(3)		18,548.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) UNION GOSPEL MISSION	51 0100007	501(0)(5)		10,510.	1110	HEDICIE BOTTEIL	
CLINIC @ UNION GOSPEL DALLAS, TX 75247	75-6003612	OTHER		172,358.	FMV	MEDICAL SUPPLIES	S ON-GOING
(12) UNION GOSPEL MISSION CLINIC	, 5 0005012			1,2,330.		Inderen Dorritte	, ph 001113
1300 N 1ST STREET YAKIMA, WA 98901	23-7050061	501(C)(3)		657,864.	FMV	MEDICAL SUPPLIES	S ON-GOING
2 Enter total number of section 501(c)(3) and			ted in the line 1 tak				• pri corrig
3 Enter total number of other organizations list	-	-					
					<u> </u>		<b>F</b>

			Assistance t ndividuals in			ŀ	OMB No. 1545-0047
		•					2019
Comp	Diete if the o	-	wered "Yes" on F ttach to Form 990		, line 21 of 22.		Open to Public
Department of the Treasury Internal Revenue Service	► Go		/Form990 for the I	-	n		Inspection
Name of the organization	<b>P</b> 00	to www.n3.gov			•	Employer identific	
AMERICARES FOUNDATION, INC.						06-1008	
Part I General Information on Grants and	Assistanc	e				00 1000	575
			aronto or opointo	noo the grantage	l aligibility for the grap	to or oppiatorso or	d
<ol> <li>Does the organization maintain records to su the selection criteria used to award the grant</li> </ol>						is of assistance, ar	X Yes No
Part II Grants and Other Assistance to D		-					"Yes" on Form 990,
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can b	be duplicated if	additional space is	needed.	
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNISON BEHAVIORAL HEALTH							
1007 MARY STREET WAYCROSS, GA 31503	58-2107877	OTHER		38,843.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) UNITED HEALTH PARTNERS (UHP)							
3723 ROWLOCK VINE DR HOUSTON, TX 77084	61-1757254	OTHER		1,435,440.	FMV	MEDICAL SUPPLIES	EMERGENCY
(3) UNITED HEALTH PARTNERS (UHP)							
3723 ROWLOCK VINE DR HOUSTON, TX 77084	61-1757254	501(C)(3)		1,696,757.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENT							
11100 EUCLID AVENUE CLEVELAND, OH 44106	34-1567805	501(C)(3)		66,311.	FMV	MEDICAL SUPPLIES	EMERGENCY
(5) UNIVERSITY OF ARIZONA MOBILE HEALTH PROGRAM							
655 N. ALVERNON WAY TUCSON, AZ 85711	74-2652689	501(C)(3)		33,751.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) UNIVERSITY OF MIAMI							
1601 NW 12 AVE. #4067 MIAMI, FL 33136	59-0624458	115		116,725.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) UNIVERSITY OF TULSA							
800 S TUCKER DRIVE TULSA, OK 74105	73-0579298	501(C)(3)		71,029.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) UNIVERSITY OF UTAH- UTAH NALOXONE							
525 E 100 S SALT LAKE CITY, UT 84102	87-6000525	501(C)(3)		150,429.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) UPHAM'S CORNER HEALTH CENTER							
500 COLUMBIA ROAD DORCHESTER, MA 02125	23-7211732	501(C)(3)		137,507.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) URBAN HEALTH AND WELLNESS	_						
317 GEORGIA AVE ATLANTA, GA 30312	81-3845426	501(C)(3)		37,540.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) URBAN MINISTRIES OF WAKE COUNTY, INC.	_						
1390 CAPITAL BLVD. RALEIGH, NC 27603	58-1422700	501(C)(3)		128,494.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) URGENT & PRIMARY CARE OF CLARKSDALE	_						
P.O. BOX 2098 CLARKSDALE, MS 38614	82-1075385			37,342.		MEDICAL SUPPLIES	EMERGENCY
2 Enter total number of section 501(c)(3) and							•
3 Enter total number of other organizations list	ed in the line	1 table			<u></u>		

SCHEDULE I			Assistance t			ŀ	OMB No. 1545-0047
(Form 990)	Governmei	nts, and Ir	ndividuals in	n the Unite	d States		2019
	Complete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury		► At	ttach to Form 990				Open to Public
Internal Revenue Service	► Go t	to www.irs.gov	/Form990 for the I	atest information	ı.		Inspection
Name of the organization						Employer identif	ication number
AMERICARES FOUNDATION, INC.						06-1008	3595
Part I General Information on Gran	nts and Assistance	9					
1 Does the organization maintain record	is to substantiate th	e amount of the	e grants or assista	nce, the grantees	s' eligibility for the gran	ts or assistance, a	ind
the selection criteria used to award the	e grants or assistanc	e?					X Yes No
2 Describe in Part IV the organization's	procedures for mor	itoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistanc	e to Domestic Or	anizations ar	nd Domestic Gov	ernments. Con	nolete if the organiz	ation answered	"Yes" on Form 990.
Part IV, line 21, for any recip		-					,
		1		•	(f) Method of valuation		
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description c noncash assistant	
(1) URGENT & PRIMARY CARE OF CLARKSDALE	0.0 1075305	OTTIED		222 550	7.00.7	MEDICAL SUPPLIES	ON COTNO
P.O. BOX 2098 CLARKSDALE, MS 38614	82-1075385	OTHER		232,550.	PMV	MEDICAL SUPPLIES	ON-GOING
(2) UT HEALTH SCIENCE CENTER AT SAN ANT - CMHE AT UTHSCSA SAN ANTONIO, TX 78229-		OWNER		205 616		MEDICAL CUDDLIEG	ON COTHC
	3900 74-1586031	OTHER		395,616.	PMV	MEDICAL SUPPLIES	ON-GOING
(3) VANDERBILT UNIVERSITY MEDICAL CENTER	7610 25 2520741	115		200 022		MEDICAL CUDDLIEG	ON COTHC
1211 MED CENTER DR NASHVILLE, TN 37232	-7610 35-2528741	112		308,033.	PMV	MEDICAL SUPPLIES	ON-GOING
(4) VARIETY CARE PO BOX 250 GRANDFIELD, OK 73546	73-1088577	501(C)(3)		1,494,759.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) VECINOS FARMWORKER HEALTH PROGRAM	/3-10885//	501(0)(3)		1,494,739.	P PIV	MEDICAL SUPPLIES	ON-GOING
3971 LITTLE SAVANNAH RD CULLOWHEE, NC	28723 57-1192063	OTHER		833,374.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) VIRGINIA B. ANDES VOLUNTEER COMMUNITY		OTHER		035,574.	P PIV	MEDICAL SUPPLIES	ON-GOING
21297 OLEAN BLVD PORT CHARLOTTE, FL 33		501(C)(3)		378,618.	EW/	MEDICAL SUPPLIES	ON-GOING
(7) VOLUNTEER HEALTHCARE CLINIC	552 05 05 05 00 42	501(0)(5)		570,010.	PHV	MEDICAL SUPPLIES	ON GOING
4215 MEDICAL PARKWAY AUSTIN, TX 78756	74-6082464	501(C)(3)		297,037.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) VOLUNTEERS IN MEDICINE	71 0002101	501(0)(5)		251,031.	1111	hibiciii burriiii	
VOLUN IN MED HILTON HEAD ISLAND, SC 29	926 57-0959206	501(C)(3)		558,119.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) VOLUNTEERS IN MED - CLINIC OF THE CASC							
2300 NE NEFF RD. BEND, OR 97701	93-1327847	501(C)(3)		189,902.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) VOLUNTEERS IN MEDICINE - SAN DIEGO							
1457 E MADISON AVENUE EL CAJON, CA 920	19 26-0057391	501(C)(3)		10,100.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) VOLUNTEERS IN MEDICINE CLINIC							
2260 MARCOLA ROAD SPRINGFIELD, OR 9747	93-1276816	501(C)(3)		88,988.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) VOLUNTEERS IN MEDICINE CLINIC							
417 SE BALBOA AVENUE STUART, FL 34994	65-1115793	501(C)(3)		416,159.	FMV	MEDICAL SUPPLIES	ON-GOING
2 Enter total number of section 501(c)(3		1	ted in the line 1 tak				
<u>3</u> Enter total number of other organization	, .	•					
							F

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	ations,	Ļ	OMB No. 1545-0047
(Form 990) Go	vernme	nts, and Ir	ndividuals ii	n the Unite	d States		2019
Com	plete if the o	, ganization ans	wered "Yes" on F	orm 990. Part IV	. line 21 or 22.		
		-	ttach to Form 990		,		Open to Public
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	۱.		Inspection
Name of the organization						Employer identi	fication number
AMERICARES FOUNDATION, INC.						06-100	8595
Part I General Information on Grants and	d Assistanc	e					
1 Does the organization maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance, a	and
the selection criteria used to award the grant							X Yes No
2 Describe in Part IV the organization's proceed							
Part II Grants and Other Assistance to D					ploto if the organiz	ration answered	N "Vos" on Form 990
		-					
Part IV, line 21, for any recipient th	lat received	more man \$5	,000. Part II can t		-		1
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistan	
(1) VOLUNTEERS IN MEDICINE OF THE OLYMPICS							
P.O. BOX 639 PORT ANGELES, WA 98362	01-0590704	501(C)(3)		430,716.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) VOLUNTEERS IN MEDICINE WILKES BARRE							
190 N. PENNSYLVANIA WILKES BARRE, PA 18702	20-3531527	501(C)(3)		104,250.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) VOLUNTEERS IN MEDICINE, INC.							
1039 S. DUCHESNE ST CHARLES, MO 63301	43-1791543	501(C)(3)		51,287.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) WA DEPARTMENT OF ENTERPRISE SERVICES							
1500 JEFFERSON ST. SE OLYMPIA, WA 98501	45-2096870	501(C)(3)		162,500.	FMV	MEDICAL SUPPLIES	EMERGENCY
(5) WAHID MEDICAL CORP							
P.O. BOX 547 PATTERSON, CA 95363	45-3797437	115		693,304.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) WAIMANLO HEALTH CENTER							
WAIMANALO HEALTH WAIMANALO, HI 96795-1247	99-0273205	OTHER		104,963.	FMV	MEDICAL SUPPLIES	G ON-GOING
(7) WALWORTH CTY DEPT. OF HEALTH & HUMAN SVCS							
1910 COUNTY ROAD NN ELKHORN, WI 53121	39-6005752	501(C)(3)		219,194.	FMV	MEDICAL SUPPLIES	G ON-GOING
(8) WATER CITY CARE MISSION, INC.							
1512 COUNTY ROAD I OSHKOSH, WI 54902	84-3899508	OTHER		224,663.	FMV	MEDICAL SUPPLIES	S ON-GOING
(9) WATER STREET HEALTH SERVICES							
210 S. PRINCE STREET LANCASTER, PA 17603	23-2798318	501(C)(3)		17,241.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) WE CARE OF CENTRAL FLORIDA, INC							
205 FARNOL STREET SW WINTER HAVEN, FL 33880	59-3529279	501(C)(3)		9,489.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) WE CARE OF CENTRAL FLORIDA, INC							
205 FARNOL STREET SW WINTER HAVEN, FL 33880	59-3529279	501(C)(3)		12,706.	FMV	MEDICAL SUPPLIES	S EMERGENCY
(12) WELLNESS TREE COMMUNITY CLINIC	4						
173 MARTIN ST TWIN FALLS, ID 83301		501(C)(3)		1,338,979.		MEDICAL SUPPLIES	
2 Enter total number of section 501(c)(3) and	•	•					
3 Enter total number of other organizations list	ted in the line	1 table			<u></u>		•
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			Assistance t			Ļ	OMB No. 1545-0047
(Form 990) Ge	overnme	nts, and Ir	ndividuals i	n the Unite	d States		2019
Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury		-	ttach to Form 990				Open to Public
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	า.		Inspection
Name of the organization						Employer identit	ication number
AMERICARES FOUNDATION, INC.						06-100	8595
Part I General Information on Grants ar	d Assistanc	е					
1 Does the organization maintain records to s	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	s' eligibility for the gran	ts or assistance, a	and
the selection criteria used to award the grar							X Yes No
2 Describe in Part IV the organization's proce							
Part II Grants and Other Assistance to I	Domestic Or	ganizations ar	nd Domestic Gov	vernments Con	nolete if the organiz	vation answered	"Yes" on Form 990
Part IV, line 21, for any recipient		•					
			1		1		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistant	
(1) WESLEY CHURCH HEALTH CENTER, INC.					,		
410 S. PITTSBURGH CONNELLSVILLE, PA 15425	25-1844565	501(C)(3)		189,234.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) WESLEY HEALTH CENTER							
1300 S. 10TH ST PHOENIX, AZ 85034	86-0133770	501(C)(3)		534,807.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) WEST CALDWELL HEALTH COUNCIL, INC							
4330 COLLETTS COLLETTSVILLE, NC 28611-9000	59-1756933	501(C)(3)		264,006.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) WEST FLORIDA COMMUNITY CARE CENTER							
1221 W. LAKEVIEW AVE PENSACOLA, FL 32501	59-3323051	501(C)(3)		175,749.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) WEST HAWAII COMMUNITY HEALTH CENTER							
75-5751 KUAKINI HWY KAILUA-KONA, HI 96740	20-0495394	501(C)(3)		864,191.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) WESTCARE GULFCOAST FLORIDA INC							
8800 49TH ST N PINELLAS PARK, FL 33782	59-3714627	501(C)(3)		15,255.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) WESTCARE TENNESSEE							
207 W MAIN STREET DANDRIDGE, TN 37725	27-3702109	501(C)(3)		138,695.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) WESTMINSTER FREE CLINIC							
5560 NAPOLEON AVE OAK PARK, CA 91360-1326	77-0563241	501(C)(3)		450,032.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) WHEELING HEALTH RIGHT INC							
61-29TH ST WHEELING, WV 26003	31-1149085	501(C)(3)		6,608.	FMV	MEDICAL SUPPLIES	EMERGENCY
(10) WHEELING HEALTH RIGHT INC	_						
61-29TH ST WHEELING, WV 26003	31-1149085	501(C)(3)		233,255.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) WHITEFOORD INC.							
1353 GEORGE W. BRUMLEY ATLANTA, GA 30317	58-2180056	501(C)(3)		11,661.	FMV	MEDICAL SUPPLIES	EMERGENCY
(12) WHOLE FAMILY HEALTH CENTER	_						
827 18TH ST VERO BEACH, FL 32960	65-0715258	501(C)(3)		26,532.		MEDICAL SUPPLIES	ON-GOING
2 Enter total number of section 501(c)(3) and	-	-					►
3 Enter total number of other organizations lis	sted in the line	e 1 table					•

SCHEDULE I				Assistance t				OMB No. 1545-0047
(Form 990)	Go	overnmei	nts, and Ir	ndividuals ir	n the Unite	d States		2019
	Com	olete if the or	ganization ans	wered "Yes" on F	orm 990. Part IV	. line 21 or 22.		ZUIJ
Department of the Treesury			-	ttach to Form 990				Open to Public
Department of the Treasury Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest informatior	1.		Inspection
Name of the organization							Employer identificat	ion number
AMERICARES FOUN	DATION, INC.						06-10085	95
Part I General Ir	nformation on Grants and	d Assistanc	e					
	ation maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance, and	
	eria used to award the grant							X Yes No
	IV the organization's proceed							
	d Other Assistance to D					plata if the organi-	ration annuared "	(00" on Earm 000
								es on ronn 990,
Part IV, IIr	ne 21, for any recipient the	hat received	more than \$5	,000. Part II can t	be duplicated if a	additional space is	neeaea.	
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WILL COUNTY COMMU	NITY HEALTH CENTER (WCCHC)							
1106 NEAL AVE. JO	LIET, IL 60433-2548	36-3971168	501(C)(3)		397,455.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) WILL-GRUNDY MEDIC.	AL CLINIC							
213 EAST CASS STR	EET JOLIET, IL 60432	36-3492306	501(C)(3)		81,080.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) WILLING HELPERS M	EDICAL, INC							
POB 2508 COVINGTO	N, GA 30015	56-2602392	501(C)(3)		95,943.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) WOFCC HOPE CLINIC								
609 WEST AVENUE E	ELK CITY, OK 73644	26-1284785	501(C)(3)		241,357.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) WOLVERINE STREET	MEDICINE							
2582 DEAKE AVE AN	N ARBOR, MI 48108	38-6006309	501(C)(3)		62,481.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) WOVEN HEALTH								
1 MEDICAL PARKWAY	FARMERS BRANCH, TX 75234	75-2616002	501(C)(3)		796,567.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) WV HEALTH RIGHT I	NC							
1520 WASHINGTON S	T. CHARLESTON, WV 25311	31-1066881	501(C)(3)		183,502.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) YALE NEW HAVEN HE	ALTH	_						
20 YORK ST. NEW H	AVEN, CT 06511	22-2529464	501(C)(3)		32,500.	FMV	MEDICAL SUPPLIES	EMERGENCY
(9) YALE UNIVERSITY		_						
25 SCIENCE PARK N	EW HAVEN, CT 06511	06-0646973	501(C)(3)		71,792.	FMV	MEDICAL SUPPLIES	EMERGENCY
(10) YOUR BEST PATHWAY	TO HEALTH	_						
BENNY MOORE OOLTE	WAH, TN 37363	81-3012737	501(C)(3)		155,387.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) MIGRANT HEALTH CE	NTER	_						
CALLE RAMON E. BE	TANECS MAYAGUEZ, PR 00680	66-0427801	501(C)(3)	17,365.				EMERGENCY
(12) IBN SINA FOUNDATI		4						
	DRIVE HOUSTON, TX 77099	76-0698464	1	9,000.				ON-GOING
	er of section 501(c)(3) and	•	•				•••••••••••	
	er of other organizations lis					<u></u>	<u> </u>	
For Paperwork Reduction	on Act Notice, see the Instruct	ions for Form 9	90.				Sc	hedule I (Form 990) (2019)

SCHEDULE I				Assistance t	-	-		OMB No. 1545-0047
(Form 990)	Go	overnme	nts, and Ir	ndividuals ii	n the United	d States		2019
	Com	plete if the o	rganization ans	wered "Yes" on F	orm 990. Part IV	. line 21 or 22.		
Department of the Treesury	• • •		-	ttach to Form 990				Open to Public
Department of the Treasury Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest informatior	1.		Inspection
Name of the organization							Employer identificat	ion number
AMERICARES FOUN	NDATION, INC.						06-100859	95
Part I General I	nformation on Grants and	d Assistanc	e					
1 Does the organiz	zation maintain records to su	ubstantiate th	he amount of the	e grants or assista	nce, the grantees	' eliaibility for the grant	s or assistance. and	
	eria used to award the grant							X Yes No
	IV the organization's procee							
	nd Other Assistance to D					ploto if the organiz	ation answord "V	ac" on Form 000
			-					es on Fonn 990,
	ne 21, for any recipient the	nat received	more than \$5	,000. Part II can t	be duplicated if a	additional space is r		
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICA FOR THE A	ARTS							
215 LAKESHORE PAR	K ROAD BOULDER, CO 80302	32-0261204	501(C)(3)	9,000.				EMERGENCY
(2) CORPORACION DE SE	RVICIOS MEDICOS PRIMARIOS							
128 AVE DR. SUSON	II HATILLO, PR 00659	66-0427194	501(C)(3)	10,000.				EMERGENCY
(3) COVENANT HOUSE TE	EXAS INC.							
	VARD HOUSTON, TX 77006	76-0050882	OTHER	10,000.				ON-GOING
(4) AMISTAD COMMUNITY	HEALTH CENTER, INC.							
1533 S. BROWNLEE	CORPUS CHRISTI, TX 78404	20-3008507	OTHER	10,000.				ON-GOING
(5) VICTORIA COUNTY P	PUBLIC HEALTH DEPARTMENT							
2805 N NAVARRO ST	REET VICTORIA, TX 77901	74-6002445	501(C)(3)	10,000.				ON-GOING
(6) TOMAGWA HEALTHCAR	E MINISTRIES							
455 SCHOOL STREET	TOMBALL, TX 77375	76-0280324	115	10,000.				ON-GOING
(7) UNITED HEALTH PAR	TNERS							
3723 ROWLOCK VINE	DR HOUSTON, TX 77084	61-1757254	501(C)(3)	10,000.				ON-GOING
(8) STEPHEN F. AUSTIN	I COMMUNITY HEALTH CENTER	_						
1612 CALLAWAY DR.	ALVIN, TX 77511	41-2273820	501(C)(3)	10,000.				ON-GOING
(9) CASA EL BUEN SAMA	RITANO	_						
P.O. BOX 20487 HO	DUSTON, TX 77225	37-1546805	501(C)(3)	10,000.				ON-GOING
(10) S TX FAMILY PLANN	IING & HEALTH CORPORATION							
4455 S PADRE ISL	CORPUS CHRISTI, TX 78411	74-1728621	501(C)(3)	10,000.				ON-GOING
(11) CHAMBERS COMMUNIT	Y HEALTH CENTERS, INC							
200 HOSPITAL DRIV	YE ANAHUAC, TX 77514	26-0223749	501(C)(3)	10,000.				ON-GOING
(12) HOPE MEDICAL CLIN	UIC INC.							
150 BEACH DRIVE D		26-3811078	OTHER	9,000.				ON-GOING
	per of section 501(c)(3) and	-	-					
3 Enter total numb	per of other organizations list	ted in the line	1 table				<u></u>	
For Paperwork Reduction	on Act Notice, see the Instruct	ions for Form 9	990.				Sch	edule I (Form 990) (2019)

SCHEDULE I				Assistance t				OMB No. 1545-0047
(Form 990)	Go	vernme	nts, and Ir	ndividuals i	n the Unite	d States		2019
	Com	olete if the o	ganization ans	wered "Yes" on F	orm 990. Part IV	. line 21 or 22.		<u>ZU 13</u>
Department of the Treesury	• • •		-	ttach to Form 990				Open to Public
Department of the Treasury Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest information	۱.		Inspection
Name of the organization							Employer identificati	on number
AMERICARES FOUN	NDATION, INC.						06-100859	5
Part I General I	nformation on Grants and	d Assistanc	e					
	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
	eria used to award the grant							X Yes No
	IV the organization's proceed							
						plata if the organiz	ation anowarad "V	
	nd Other Assistance to D		-					es on Form 990,
Part IV, III	ne 21, for any recipient the	hat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r		I.
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY VOLUNTE	ERS IN MEDICINE							
	VE WEST CHESTER, PA 19380	23-2944553	501(C)(3)	10,000.				ON-GOING
(2) COMMUNITY FREE CL	INIC							
	IAGERSTOWN, MD 21740	52-1772594	501(C)(3)	10,000.				ON-GOING
(3) MERCY HEALTH CENT	'ER							
700 OGLETHORPE AV	YE ATHENS, GA 30606	58-2603523	501(C)(3)	10,000.				ON-GOING
(4) RAPHAEL COMMUNITY	FREE CLINIC, INC.							
1807 WATER STREET	KERRVILLE, TX 78028	74-2819628	501(C)(3)	10,000.				ON-GOING
(5) THE TEXAS INTL. I	NSTITUTE OF HEALTH PROFESS							
8121 BROADWAY STR	EET HOUSTON, TX 77061	46-1267820	501(C)(3)	10,000.				ON-GOING
(6) SAN JOSE CLINIC								
2615 FANNIN ST, H	OUSTON, TX 77002	76-0373703	501(C)(3)	10,000.				ON-GOING
(7) EASTER SEALS OF G	REATER HOUSTON							
4888 LOOP CENTRAL	HOUSTSON, TX 77081	74-1238418	501(C)(3)	10,000.				EMERGENCY
(8) ON EAGLE'S WINGS,	INC.							
1 MEDICAL PKWY FA	RMERS BRANCH, TX 75234	75-2616002	501(C)(3)	10,000.				ON-GOING
(9) INSIGHT OUTREACH	INC.							
62-3A ESTATE THOM	AS ST ST. THOMAS, VI 00802	66-0929544	501(C)(3)	73,346.				EMERGENCY
(10) CENTRO DE SERVICI	OS PRIMARIOS							
GUILLERMO RIEFKHC	DL 99 PATILLAS, PR 00723	66-0430826	501(C)(3)	24,960.				ON-GOING
(11) LUTHERAN SOCIAL S	SERVICES OF THE VIRGIN ISLA							
516B HOSPITAL STR	EET FREDERIKSTED, VI 00840	67-0250807	501(C)(3)	81,932.				EMERGENCY
(12) CATHERINES HEALTH	I CENTER							
1211 LAFAYETTE AV	YE GRAND RAPIDS, MI 49505	20-3572418	501(C)(3)	100,000.				ON-GOING
	per of section 501(c)(3) and	•	•					
3 Enter total numb	per of other organizations list	ted in the line	1 table	<u></u>		<u></u>	<u></u>	
For Paperwork Reduction	on Act Notice, see the Instruct	ions for Form 9	90.				Sch	edule I (Form 990) (2019)

SCHEDULE I (Form 990)				Assistance t ndividuals i	<b>.</b>			OMB No. 1545-0047
(			•	wered "Yes" on F				2019
	Complete il t	ne or	-	ttach to Form 990				Open to Public
Department of the Treasury Internal Revenue Service	•	► Go t		/Form990 for the I				Inspection
Name of the organization			<u></u>			-	Employer identificat	ion number
AMERICARES FOUNDATION,	INC.						06-100859	
	n on Grants and Assis	tance	5					-
1 Does the organization main				arante or accieta	aco the grantoos	oligibility for the grant	e or assistance, and	
the selection criteria used to				-	-			X Yes No
2 Describe in Part IV the orga	-							
¥				5			<i>c</i> 1.03	/ " <b>F</b> 000
	Assistance to Domesti	-						'es" on ⊦orm 990,
Part IV, line 21, for	any recipient that rece	eived	more than \$5,	,000. Part II can b	be duplicated if a	additional space is r	eeded.	
<b>1 (a)</b> Name and address of or or government	rganization (b) E	EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MALIHEH FREE CLINIC								
941 E 3300 S SALT LAKE CITY,	, UT 84107 20-231	3461	501(C)(3)	25,000.				ON-GOING
(2) PEDIPLACE								
502 S. OLD ORCHARD L LEWISVI	ILLE, TX 75067 75-251	2752	501(C)(3)	100,000.				ON-GOING
(3) CHRIST CLINIC								
25722 KINGSLAND BLVD KATY, T	rx 77494 90-078	9318	501(C)(3)	100,000.				ON-GOING
(4) HEAL THE CITY								
609 S. CAROLINA AMARILLO, TX	x 79106 46-569	4050	501(C)(3)	100,000.				ON-GOING
(5) AVICENNA FREE CLINIC								
1838 FRANKFORD AVE PANAMA CI	ITY, FL 32405 82-255	4695	501(C)(3)	155,706.				ON-GOING
(6) ORCHARD HOSPITAL								
240 SPRUCE STREET GRIDLEY, C	CA 95948 94-104	9467	501(C)(3)	160,000.				EMERGENCY
(7)								
_(8)								
(0)								
(9)								
(10)								
(11)								
(12)								
2 Enter total number of section	$\sim$	nent o	raanizatione lie	l ted in the line 1 tek			<b></b>	726.
3 Enter total number of other	()() <b>S</b>		0					62.
For Paperwork Reduction Act Notic								02. nedule I (Form 990) (2019)

## 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	<b>(c)</b> Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>1</b> FREE MEDICINE TO PATIENTS	173,049.		529,834,723.	FMV	PRESCRIPTION
2 MEDICAL OUTREACH IN THE US	35.		775,238.	זאויבו	MED SUPPLIES
			113,230.	PHV	NED SOFFILIES
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the information.	e information re	equired in Part I,	line 2, Part III, o	column (b); and any o	ther additional

FORM 990, SCHEDULE I, PART I

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

#### Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients cash grant non-cash assistance FMV, appraisal, other) 1 2 3 4 5 6 7 Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional Part IV information.

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.

7714IN 700J

JSA 9E1504 1.000 Schedule I (Form 990) (2019)

SCHEDULE J		Compen	sation Information		OMB No.	1545-0	047
(Forı	n 990)	For certain Officers, Dire	n Officers, Directors, Trustees, Key Employees, and Highest				
			npensated Employees on answered "Yes" on Form 990, Part IV, line :	23.	ZU	13	
	nent of the Treasury	• • • • • • • • • • • • • • • • • • •	Attach to Form 990.		Open to		
_	Revenue Service of the organization	Go to www.irs.gov/Forms	990 for instructions and the latest information.	Employer identification		ectio	n
	8	JNDATION, INC.		06-100859			
Part		s Regarding Compensation			-		
						Yes	No
1a			ovided any of the following to or for a pers		ו 🗌		
			provide any relevant information regarding	•			
		ss or charter travel	Housing allowance or residence for	•			
		or companions	Payments for business use of perso				
		mnification and gross-up payments	Health or social club dues or initiation				
		onary spending account	Personal services (such as maid, ch	auneur, cher)			
b	or reimburse	ment or provision of all of the ex	e organization follow a written policy re penses described above? If "No," com	plete Part III to	)		
2					1b		
2	-		to reimbursing or allowing expenses D/Executive Director, regarding the items				
		_			2		
•					-		
3			on used to establish the compensation of at apply. Do not check any boxes for metho				
			e CEO/Executive Director, but explain in P				
	X Comper	sation committee	Written employment contract				
	· · ·	dent compensation consultant	X Compensation survey or study				
	X Form 99	0 of other organizations	X Approval by the board or compensa	ation committee			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а			ayment?		4a		Х
b	Participate in,	or receive payment from, a suppleme	ntal nonqualified retirement plan?		4b	X	
С	Participate in	or receive payment from, an equity-ba	sed compensation arrangement?		4c		Х
	If "Yes" to an	y of lines 4a-c, list the persons and pr	ovide the applicable amounts for each it	em in Part III.			
	-		rganizations must complete lines 5-9.				
5	•	listed on Form 990, Part VII, Section contingent on the revenues of:	on A, line 1a, did the organization pa	iy or accrue any	y		
а					5a		Х
b					5b		X
		e 5a or 5b, describe in Part III.					
6	•		on A, line 1a, did the organization pa	ly or accrue any	y		
_	-	contingent on the net earnings of:					X
a L					6a		X
b	-	e 6a or 6b, describe in Part III.			6b		Δ
-				ida ann an thua			
7			n A, line 1a, did the organization prov escribe in Part III			X	
8			paid or accrued pursuant to a contract the				
	•		Regulations section 53.4958-4(a)(3)?		e		
		-			8		х
9			ow the rebuttable presumption proced		ו 🗌		
	Regulations s	ection 53.4958-6(c)?	<u></u>		9		

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Page **2** 

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
JENNY GOLDSTEIN (AS OF	(i)	165,514.	0.	0.	10,350.	41,324.	217,188.	0.	
1 ^{SVP &amp; CHIEF DEVELOPMENT OFFIC.}	(ii)	0.	0.	0.	0.	0.	0.	0.	
KEVIN GILRAIN	(i)	220,581.	0.	0.	13,440.	28,766.	262,787.	0.	
2 ^{SENIOR V.P., HUMAN RESOURCES}	(ii)	0.	0.	0.	0.	0.	0.	0.	
RACHEL GRANGER	(i)	177,714.	0.	0.	10,694.	11,722.	200,130.	0.	
3 ^{V.P. INT'L PARTNRSHPS&amp;PROGRAMS}	(ii)	0.	0.	0.	0.	0.	0.	0.	
VISH JAIN	(i)	167,962.	0.	0.	10,068.	600.	178,630.	0.	
4 VP INFORMATION TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.	
MARTHA KENNARD	(i)	145,785.	0.	0.	8,701.	600.	155,086.	0.	
5 ^{VP, GLOBAL PROG OPS}	(ii)	0.	0.	0.	0.	0.	0.	0.	
GEOFF KNEISEL	(i)	134,688.	0.	0.	8,441.	40,428.	183,557.	0.	
6 ^{V.P., CORPORATE RELATIONS}	(ii)	0.	0.	0.	0.	0.	0.	0.	
DIANA MAGUIRE	(i)	155,950.	0.	0.	9,579.	41,546.	207,075.	0.	
7 ^{V.P., INSTITUTIONAL RELATIONS}	(ii)	0.	0.	0.	0.	0.	0.	0.	
MICHAEL J. NYENHUIS	(i)	408,323.	30,000.	0.	45,150.	16,283.	499,756.	0.	
8 PRESIDENT/CEO (THRU 03/2020)	(ii)	0.	0.	0.	0.	0.	0.	0.	
E. ANNE PETERSON, MD, M	(i)	250,143.	0.	0.	15,194.	15,219.	280,556.	0.	
9SVP GLOBAL PROG (THRU 06/2020)	(ii)	0.	0.	0.	0.	0.	0.	0.	
JED SELKOWITZ	(i)	265,075.	0.	0.	15,735.	1,049.	281,859.	0.	
10 ^{CMO &amp; SVP, COMMUNICATIONS}	(ii)	0.	0.	0.	0.	0.	0.	0.	
CHRISTINE SQUIRES	(i)	314,627.	0.	0.	16,351.	38,844.	369,822.	0.	
11 ^{PRESIDENT/CEO} (AS OF 03/2020)	(ii)	0.	0.	0.	0.	0.	0.	0.	
RICHARD K. TROWBRIDGE,	(i)	265,442.	0.	0.	16,351.	40,314.	322,107.	0.	
12 ^{CFO, TREASURER, SVP, GIK OPS}	(ii)	0.	0.	0.	0.	0.	0.	0.	
JULIE VARUGHESE	(i)	161,836.	0.	0.	10,068.	6,744.	178,648.	0.	
13 ^{VP TECH UNIT AND CMO}	(ii)	0.	0.	0.	0.	0.	0.	0.	
SUSAN WILLETT	(i)	168,503.	0.	0.	10,043.	3,660.	182,206.	0.	
14 ^{SR. DIRECTOR, CONTROLLER}	(ii)	0.	0.	0.	0.	0.	0.	0.	
MEGIN WOLFMAN	(i)	136,805.	0.	0.	8,400.	34,741.	179,946.	0.	
15 ^{SVP &amp; COS (AS OF 04/2020)}	(ii)	0.	0.	0.	0.	0.	0.	0.	
MELISSA WOOLFORD	(i)	158,286.	0.	0.	9,310.	1,255.	168,851.	0.	
16 ^{V.P., LEADERSHIP GIFTS}	(ii)	0.	0.	0.	0.	0.	0.	0.	

Schedule J (Form 990) 2019

Page 3

Schedule J (Form 990) 2019

#### Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 4B

PRESIDENT & CEO, MICHAEL J. NYENHUIS, PARTICIPATES IN A SECTION 457(F)

PLAN. THE FOUNDATION CONTRIBUTED \$28,350 INTO MR. NYENHUIS' SECTION

457(F) PLAN IN CALENDAR YEAR 2019. UPON VOLUNTARILY CEASING EMPLOYMENT

WITH AMERICARES IN MARCH 2020, MR. NYENHUIS FORFEITED HIS SECTION 457(F)

PLAN BALANCE. NO OTHER AMERICARES EMPLOYEES PARTICIPATE IN THIS PLAN AND

SO THE PLAN WAS TERMINATED.

SCHEDULE J, PART I, LINE 7

PRESIDENT & CEO, MICHAEL NYENHUIS, RECEIVED A DISCRETIONARY BONUS IN CALENDAR YEAR 2019 FOR EXCEEDING CERTAIN PERFORMANCE-BASED OBJECTIVES ESTABLISHED BY THE COMPENSATION COMMITTEE. THE DETERMINATION TO ISSUE A BONUS IS BASED ON A RECOMMENDATION BY THE COMPENSATION COMMITTEE TO THE FULL BOARD, FOR BOARD APPROVAL. PRESIDENT NYENHUIS DID NOT PARTICIPATE IN THE DECISION-MAKING PROCESS TO AWARD THE BONUS.

## SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

2019**Open to Public** Inspection

Name of the organization

Part I

1 2

3 4

5

6 7

8

9

AMERICARES FOUND

Employer identification number

CRICARES FOUNDATION, INC.		06-1008595		
t I Types of Property			·	
	<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining noncash contribution amounts
Art - Works of art				
Art - Historical treasures				
Art - Fractional interests				
Books and publications				
Clothing and household				
goods				
Cars and other vehicles				
Boats and planes				
Intellectual property				
Securities - Publicly traded	X	117.	1,482,755	. FAIR MARKET VALUE
Securities - Closely held stock				

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		198,672.	98,343.	COST/WHOLESALE	PRICE
20	Drugs and medical supplies	Х	28,869,894.	1,359,643,252.	COST/WHOLESALE	PRICE
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ►( <u>HYGIENE ITEMS</u> )	Х	1,543,117.	4,073,639.	COST/WHOLESALE	PRICE
26	Other ►( APPAREL )	Х	166,660.	2,954,495.	COST/WHOLESALE	PRICE
27	Other ►()					

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

)

67. Yes No

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required			
	to be used for exempt purposes for the entire holding period?	30a		Х
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?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	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.

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Other ►(

Schedule M (Form 990) 2019

Page 2

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

FORM 990, SCHEDULE M, LINE 32(B)

TO THE EXTENT THAT AMERICARES RECEIVES NON-CASH CONTRIBUTIONS IN THE FORM

OF DONATED SECURITIES, AMERICARES WILL USE ITS OWN INVESTMENT BROKER TO

SELL THOSE DONATED SECURITIES.

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

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



Department of the Treasury Internal Revenue Service

AMERICARES FOUNDATION, INC.

Employer identification number

990 REVIEW PROCESS

FORM 990, PART VI, LINE 11

THE FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. 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.

CONFLICT OF INTEREST POLICY FORM 990, PART VI, LINE 12

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.

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

WITH THE ONBOARDING OF A NEW PRESIDENT & CEO, AMERICARES COMMISSIONED A FRESH COMPENSATION STUDY IN OCTOBER OF 2020 TO ALIGN COMPENSATION WITH THE CURRENT MARKET. THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ULTIMATELY RATIFIED THE PRESIDENT AND CEO'S COMPENSATION.

FOR ALL OTHER INDIVIDUALS REPORTED ON THE 990 (AS WELL AS ALL AMERICARES STAFF), THE PRESIDENT & CHIEF EXECUTIVE OFFICER, IN CONSULTATION WITH THE CHIEF FINANCIAL 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 2020 TO COVER ALL STAFF.

# PUBLIC DISCLOSURE OF DOCUMENTS

FORM 990, PART VI, LINE 19

THE FOUNDATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS AND ON ITS WEBSITE. THE FORM 990 IS LIKEWISE PUBLISHED ON THE INTERNET AT WWW.GUIDESTAR.ORG. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE 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

Schedule O (Form 990 or 990-EZ) 2019	Page 2
Name of the organization	Employer identification number
AMERICARES FOUNDATION, INC.	06-1008595
	·

CHANGES IN SPLIT-INTEREST AGREEMENTS (\$359,624) _____ TOTAL ADJUSTMENTS FOR LINE 9 (\$359,624)

ATTACHMENT 1

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

AMERICARES MISSION IS TO SAVES LIVES AND IMPROVES HEALTH FOR PEOPLE AFFECTED BY POVERTY OR DISASTER SO THEY CAN REACH THEIR FULL POTENTIAL.

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.

AS THE WORLD'S LEADING NONPROFIT PROVIDER OF DONATED MEDICINES AND SUPPLIES, AMERICARES REACHED 83 COUNTRIES IN FY20 WITH MEDICINE, MEDICAL SUPPLIES, SUPPORT AND TECHNOLOGY ASSISTANCE VALUED AT NEARLY \$1.07 BILLION THROUGH OUR ACCESS TO MEDICINE, EMERGENCY PROGRAMS AND CLINICS TO COMMUNITIES PROGRAMS.

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:

- INCREASING ACCESS TO CRITICAL MEDICINE AND MEDICAL SUPPLIES;
- HELPING COMMUNITIES PREPARE FOR, RESPOND TO AND RECOVER FROM

Page 2

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

DISASTERS; AND

- IMPROVING AND EXPANDING CLINICAL SERVICES AND PROMOTING GOOD HEALTH AND DISEASE PREVENTION IN VULNERABLE COMMUNITIES.

IN EACH PROGRAM AREA, WE WORK TO ADDRESS FIVE KEY HEALTH THEMES: WOMEN'S AND CHILDREN'S HEALTH, INFECTIOUS DISEASE, NON-COMMUNICABLE DISEASE (SUCH AS DIABETES AND HYPERTENSION), MENTAL HEALTH AND HEALTH SYSTEMS STRENGTHENING.

THROUGH COLLABORATION WITH OUR EXTENSIVE WORLDWIDE PARTNER NETWORK, WE LEVERAGED MORE THAN \$1 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 10.3 MILLION PRESCRIPTIONS AND MORE THAN 25.7 MILLION UNITS OF SUPPLIES. THROUGH MEDICINE ALONE, WE ESTIMATE THAT WE IMPROVED THE HEALTH OF 1.8 MILLION PEOPLE.IN ADDITION, WE COMMITTED MORE THAN \$18 MILLION OF SUPPORT TO 125 HEALTH PROJECTS AND ACTIVITIES IN 26 COUNTRIES THAT DIRECTLY OR INDIRECTLY BENEFITED AN ESTIMATED 868,235 INDIVIDUALS.

ATTACHMENT 2

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

ACCESS TO MEDICINE

AMERICARES IS WORKING TO IMPROVE HEALTH OUTCOMES FOR PATIENTS IN

V 19-7.9F

ATTACHMENT 2 (CONT'D)

Page 2

UNDER-RESOURCED COMMUNITIES BY INCREASING ACCESS TO QUALITY MEDICINES AND SUPPLIES FOR LOCAL HEALTH PROVIDERS AND THE PEOPLE AND COMMUNITIES THEY SERVE.

A STRONG AND EXPANDING NETWORK OF OVER 200 PHARMACEUTICAL AND MEDICAL SUPPLY CORPORATIONS DONATE THESE MEDICINES, MEDICAL SUPPLIES, PERSONAL CARE PRODUCTS, MEDICAL EQUIPMENT AND TECHNOLOGY. WE DISTRIBUTE THESE DONATIONS TO OUR GLOBAL PARTNER NETWORK THROUGH TWO INITIATIVES:

THE GLOBAL ACCESS TO MEDICINE PROGRAM, WHICH DISTRIBUTES HIGH-QUALITY MEDICINES DIRECTLY TO A NETWORK OF PARTNERS IN 28 COUNTRIES. 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 \$52 MILLION IN DONATED MEDICINES AND SUPPLIES AS WELL AS MEDICAL TRAINING TOOLS AND RESOURCES WHICH THEY USED TO PROVIDE CARE IN 68 COUNTRIES.

THE U.S. PROGRAM, WHICH IS A NETWORK OF 965 SAFETY NET HEALTH CARE PROVIDERS THROUGHOUT THE CONTINENTAL U.S. AND PUERTO RICO. AGAIN,

ATTACHMENT 2 (CONT'D)

PARTNERS ARE SELECTED FOR THEIR CAPACITY TO SECURELY AND EFFECTIVELY PROCESS AND UTILIZE AMERICARES MEDICAL AND SUPPLY DONATIONS. AMERICARES IS THE LEADING NONPROFIT PROVIDER OF MEDICAL AID TO THE U.S. HEALTH CARE SAFETY NET.

IN ALL, AMERICARES PROVIDED AID VALUED AT OVER \$1 BILLION THROUGH OUR ACCESS TO MEDICINE PROGRAM, INCLUDING ENOUGH MEDICINE TO FILL 9.9 MILLION PRESCRIPTIONS AND 17 MILLION MEDICAL SUPPLIES. WE ESTIMATE THAT 1.7 MILLION PEOPLE BENEFITED FROM THE MEDICINE ALONE.

ATTACHMENT 3

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

EMERGENCY PROGRAMS

FROM JULY 2019 TO JUNE 2020, AMERICARES RESPONDED TO 41 NATURAL DISASTERS AND HUMANITARIAN CRISES IN 29 COUNTRIES, INCLUDING THE UNITED STATES AND THREE U.S. TERRITORIES, WITH TECHNICAL ASSISTANCE, SHIPMENTS OF MEDICINES AND EMERGENCY SUPPLIES AS WELL AS PREPAREDNESS, RESPONSE AND RECOVERY PROJECTS.

THE COVID-19 PANDEMIC IS AMONG THESE. IN FEBRUARY 2020, AMERICARES BEGAN RESPONDING TO WHAT WAS THEN AN EPIDEMIC AND, BY JUNE 30, THE END OF OUR FISCAL YEAR, AMERICARES HAD REACHED 13 COUNTRIES WITH \$12 MILLION IN AID TO BATTLE THE DECLARED PANDEMIC. SHIPMENTS

ATTACHMENT 3 (CONT'D)

INCLUDED MORE THAN 3.5 MILLION SUPPLIES, INCLUDING CRITICALLY NEEDED PPE AND DISINFECTANTS. IN THE UNITED STATES, BY JUNE 30, AMERICARES SUPPORT REACHED HEALTH CENTERS, HOSPITALS AND FRONTLINE HEALTH WORKERS IN 36 STATES, THE NORTHERN MARIANA ISLANDS AND PUERTO RICO.

ACROSS ALL EMERGENCIES IN FY20, AMERICARES EMERGENCY PROGRAMS DELIVERED NEARLY \$42 MILLION IN EMERGENCY AND DISASTER AID, INCLUDING SHIPMENTS OF MEDICINES AND RELIEF SUPPLIES AS WELL AS GRANTS AND DIRECT PROGRAMMING ESTIMATED TO REACH 203,000 PEOPLE. THIS INCLUDED EMERGENCY PREPAREDNESS PROGRAMMING IN 15 U.S. STATES, ONE U.S. TERRITORY, EL SALVADOR AND THE PHILIPPINES.

AMERICARES COMPREHENSIVE PROGRAM TO PROVIDE PRIMARY CARE SERVICES TO VENEZUELAN MIGRANTS AND COLOMBIAN RETURNEES IN COLOMBIA CONTINUED IN FY20. AMERICARES PARTNERED WITH TEN PUBLIC HEALTH FACILITIES AND, FROM AUGUST 2019 TO AUGUST 2020, CONDUCTED 145,845 PATIENT CONSULTATIONS, INCLUDING 21,256 PRENATAL CONSULTATIONS AND 24,220 MENTAL HEALTH CONSULTATIONS BETWEEN FIXED FACILITIES AND MOBILE CLINICS. IN ADDITION, AMERICARES ADDED A LABORATORY AND ULTRASOUND COMPONENT TO BETTER SUPPORT PREGNANT WOMEN. WITH THE OUTBREAK OF COVID-19, AMERICARES ADAPTED TO CONTINUE TO MEET THE NEEDS OF PATIENTS AND THE COMMUNITY, PROVIDING PPE TO STAFF AND INSTALLING HANDWASHING STATIONS AND PROVIDING SAFETY INFORMATION FOR PATIENTS.

FY20 RESPONSES

Schedule O (Form 990 or 990-EZ) 2019

Page 2

Name of	e O (Form 990 or 990-EZ) 2019 the organization ICARES FOUNDATION, INC.	Pag Employer identification number 06-1008595
		ATTACHMENT 3 (CONT'D)
1.	BAHAMAS: COVID-19, HURRICANE DORIAN, HURRICANE MATTHEW	
2.	BANGLADESH: ROHINGYA REFUGEE CRISIS	
3.	COLOMBIA: COVID-19, VENEZUELA REGIONAL CRISIS	
4.	DEMOCRATIC REPUBLIC OF THE CONGO: EBOLA	
5.	DOMINICA: HURRICANE MARIA RECOVERY	
б.	DOMINICAN REPUBLIC: COVID-19	
7.	EL SALVADOR: COVID-19, TROPICAL STORM AMANDA	
8.	HAITI: COVID-19	
9.	HONDURAS: COVID-19	
10.	INDIA: COVID-19, KERALA FLOODS, ASSAM AND BIHAR FLOODS,	
CYCL	ONE AMPHAN, CYCLONE BULBUL, MAHARASHTRA AND KARNATAKA FLOODS	
11.	INDONESIA: SULAWESI EARTHQUAKE AND TSUNAMI	
12.	JAMAICA: COVID-19	
13.	JORDAN: SYRIAN REFUGEE CRISIS	
14.	LEBANON: COVID-19	
15.	MALAWI: COVID-19, CYCLONE IDAI RECOVERY	
16.	MARSHALL ISLANDS: DENGUE OUTBREAK	
17.	NEPAL: EARLY MONSOON RAINS	
18.	PAKISTAN: EARTHQUAKE	
19.	PERU: COVID-19, VENEZUELA REGIONAL CRISIS	
20.	PHILIPPINES: COVID-19, DENGUE OUTBREAK, TAAL VOLCANIC	
ERUP'	TION, EARTHQUAKE, TYPHOON KAMMURI	
21.	SAMOA: MEASLES OUTBREAK	
22.	SIERRA LEONE: COVID-19, LANDSLIDE	
23.	ST. LUCIA: COVID-19	

24. SOMALIA: DROUGHT AND NUTRITION CRISIS

ATTACHMENT 3 (CONT'D)

Page 2

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25. SYRIA: POLITICAL CONFLICT
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- 26. TANZANIA: COVID-19
- 27. UNITED STATES AND TERRITORIES:
- ARIZONA: COVID-19

ARKANSAS: DEMONSTRATIONS, CENTRAL U.S. SEVERE WEATHER

- CALIFORNIA: COVID-19, RIDGECREST EARTHQUAKE, WILDFIRES
- COLORADO: COVID-19
- CONNECTICUT: COVID-19
- DELAWARE: COVID-19
- FLORIDA: COVID-19, HURRICANE DORIAN, HEPATITIS A OUTBREAK,
- HURRICANE MICHAEL RECOVERY
- GEORGIA: COVID-19, HURRICANE DORIAN
- IDAHO: COVID-19
- ILLINOIS: COVID-19
- INDIANA: COVID-19, WATER CRISIS
- LOUISIANA: COVID-19, CYCLONE BARRY
- MASSACHUSETTS: COVID-19
- MARYLAND: COVID-19
- MICHIGAN: COVID-19, MIDLAND FLOODS
- MINNESOTA: COVID-19
- MISSOURI: COVID-19
- MISSISSIPPI: COVID-19, SOUTHERN U.S. FLOODING
- MONTANA: COVID-19
- NORTH CAROLINA: COVID-19
- NEW HAMPSHIRE: COVID-19

AMERICARES FOUNDATION, INC.

Employer identification number 06-1008595

ATTACHMENT 3 (CONT'D)

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NEW JERSEY: COVID-19, NEWARK POTABLE WATER CRISIS
NEW MEXICO: COVID-19
NEVADA: COVID-19
NEW YORK: COVID-19
OHIO: COVID-19
OKLAHOMA: COVID-19, CENTRAL U.S. SEVERE WEATHER
OREGON: COVID-19
PENNSYLVANIA: COVID-19
TENNESSEE: COVID-19, TORNADO
TEXAS: COVID-19, RIO GRANDE FLOODING, TROPICAL DEPRESSION IMELDA,
HURRICANE HARVEY RECOVERY, CENTRAL AMERICA MIGRATION CRISIS
VIRGINIA: COVID-19
WASHINGTON: COVID-19
WISCONSIN: COVID-19
WEST VIRGINIA: COVID-19
DISTRICT OF COLUMBIA: COVID-19
NORTHERN MARIANA ISLANDS: COVID-19
PUERTO RICO: COVID-19, EARTHQUAKES, HURRICANE MARIA RECOVERY
VIRGIN ISLAND: HURRICANE IRMA
28.
       VENEZUELA: CRISIS
       YEMEN: COMPLEX EMERGENCY
29.
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 ENSURING THAT

ATTACHMENT 3 (CONT'D)

COMMUNITIES CAN RESPOND EFFECTIVELY TO EMERGENCIES, ENGAGE IN LONG-TERM RECOVERIES AND INTEGRATE DISASTER PREPAREDNESS INTO THEIR ONGOING OPERATIONS.

ATTACHMENT 4

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

CLINICS TO COMMUNITIES

AMERICARES SUPPORTS THE CAPACITY OF LOCAL HEALTH DELIVERY PARTNERS AND PROMOTES HEALTH AND DISEASE PREVENTION IN LOW-INCOME COMMUNITIES ACROSS THE U.S. AND WORLDWIDE. THIS IS WORK IS PARAMOUNT TO PROTECTING HEALTH DURING THE GLOBAL COVID-19 PANDEMIC. THROUGH WORK IN OUR OWN CLINICS AND THAT OF OUR PARTNERS, AMERICARES PROVIDED MORE THAN \$15 MILLION IN VALUE IN OUR CLINICS TO COMMUNITIES PROGRAM.

IN 2019-2020, AMERICARES CLINIC IN EL SALVADOR, CLINICA INTEGRAL DE ATENCION FAMILIAR, REMAINED OPEN, OPERATING UNDER THE SALVADORAN GOVERNMENT'S COVID-19 RESTRICTIONS. THE CLINIC PROVIDED 37,482 PEOPLE WITH 53,283 CLINICAL CONSULTATIONS. IN ADDITION, OUR PARTNERS, AMERICARES INDIA AND AMERICARES FREE CLINICS, IN CONNECTICUT, PROVIDED AN ADDITIONAL 117,951 CLINICAL CONSULTATIONS, MANY OVER VIDEO OR PHONE, AS COVID-19 RESTRICTIONS LIMITED IN-PERSON CARE.

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Schedule O (Form 990 or 990-EZ) 2019				
Name of the organization	Employer identification number			
AMERICARES FOUNDATION, INC.	06-1008595			

ATTACHMENT 4 (CONT'D)

AMERICARES ALSO ENGAGES DEEPLY WITH ITS GLOBAL NETWORK OF PARTNERS TO DEVELOP EFFECTIVE MODELS OF QUALITY CARE. AMERICARES-SUPPORTED INITIATIVES INCLUDED: SUPPORT FOR FREE AND CHARITABLE CLINICS IN THE U.S. SO THEY CAN REACH PATIENT CENTERED MEDICAL HOME CERTIFICATION; IN GUATEMALA, SPECIALIZED TRAINING FOR HEALTH WORKERS AROUND PRENATAL NUTRITION MATCHED WITH A SUPPLY OF PRENATAL VITAMINS; IN THE PHILIPPINES, HEALTH WORKER TRAINING IN NORTHERN CEBU FIVE MUNICIPALITIES TO PROVIDE MENTAL HEALTH AND PSYCHOSOCIAL COUNSELING WITHIN THE CLINIC AND THROUGHOUT THE COMMUNITY.

IN FY20, AMERICARES SUPPORTED NEARLY 28,000 SURGERIES PERFORMED BY U.S.-BASED MEDICAL VOLUNTEERS ON 685 SHORT-TERM MEDICAL OUTREACH TRIPS TO 68 COUNTRIES. THESE TEAMS ALSO PROVIDED HOST INSTITUTIONS IN 23 COUNTRIES WITH MORE THAN 750 PULSE OXIMETERS PROVIDED BY AMERICARES THROUGH OUR SAFE SURGERY INITIATIVE. IN THE PHILIPPINES, WHERE AMERICARES TRAINED 1,765 HEALTH WORKERS ON THE USE OF PULSE OXIMETERS, 97 PERCENT OF HEALTH WORKERS SHOWED INCREASED KNOWLEDGE OF PULSE OXIMETRY AFTER TRAINING SESSIONS.

AMERICARES ALSO PROVIDES RESOURCES AND TRAINING SO HEALTH WORKERS CAN BETTER SERVE THEIR COMMUNITIES AND IMPROVE THE HEALTH OF LOW-INCOME PATIENTS. IN FY20, AMERICARES INCREASED THE CAPACITY OF 10,129 HEALTH WORKERS TO MEET THE HEALTH NEEDS OF THEIR COMMUNITIES AS WELL AS PROTECT THEIR OWN HEALTH AND WELLBEING.

ATTACHMENT 4 (CONT'D)

IN OUR COMMUNITY HEALTH WORK, 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 HIGHEST STANDARDS OF PROJECT PLANNING, IMPLEMENTATION AND MONITORING AND EVALUATION.

IN FY20, AMERICARES COMMUNITY HEALTH PROGRAMS INCLUDED COMMUNITY EDUCATION AND HANDWASHING STATIONS TO REDUCE THE SPREAD OF COVID-19. IN ADDITION, AMERICARES PROGRAMS SPANNED A RANGE OF HEALTH THEMES INCLUDING NONCOMMUNICABLE DISEASE, WOMEN'S AND CHILDREN'S HEALTH AND PSYCHOSOCIAL HEALTH.

#### EXAMPLES INCLUDE:

- IN HAITI, AMERICARES PROVIDED 100 HANDWASHING STATIONS TO TWO COMMUNITIES, TRAINED COMMUNITY HEALTH WORKERS ON COVID-19 EPIDEMIOLOGY, SAFETY AND RISK AWARENESS, DISSEMINATED 1,000 FLIERS, REACHED MORE THAN 36,000 PEOPLE WITH PUBLIC HEALTH MESSAGING AROUND COVID-19.

- IN THE PHILIPPINES, TO SUPPORT COMMUNITIES THROUGH THE COVID PANDEMIC, AMERICARES GENERATED GREATER MENTAL HEALTH AND PSYCHOSOCIAL AWARENESS AROUND ANXIETY AND DEPRESSION WITH RADIO MESSAGING AND INCREASED HAND HYGIENE EDUCATION THROUGH BANNERS AND FLYERS.

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MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, O	R, PA,		Schedule O (Form	n 990 or
DC, FL, GA, HI, IL, IN, KS, KY, LA, ME, MD, MA, M	I,			
AL,AK,AR,CA,CO,CT,				
FORM 990, PART VI, LINE 17 - STATES	=			
			ATTACHMENT 6	
COLOMBIA				
TANZANIA				
PHILIPPINES				
NEPAL				
LIBERIA				
HAITI				
EL SALVADOR				
FORM 990, PART V, LINE 4B - FOREIGN C	OUNTRIES		ATTACHMENT 5	
PRESSURE.				
OF HYPERTENSIVE PATIENTS SHOWING A RE	DUCTION IN MEAN AF	RTERIAL		
EDUCATIONAL TEXT MESSAGES TO DIAGNOSE	D PATIENTS, WITH 6	57.9 PERCENT		
SESSIONS, NEARLY 1,000 CONSULTATIONS	WITH PATIENTS AND	OVER 4,000		
MALNUTRITION PROGRAM INCLUDED CLOSE T	O 100 COMMUNITY EI	DUCATION		
- IN EL SALVADOR, AMERICARES HYPERTEN	SION, DIABETES ANI	0		
COUNSELLING FOR NEARLY 200 WOMEN.				
COUNSELING FOR NEARLY 200 WOMEN.				
REPAIR SURGERIES FOR 164 WOMEN AND PR				

r 990-EZ) 2019

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_____

Schedule O (Form 990 or 990-EZ) 2019 Name of the organization AMERICARES FOUNDATION, INC.

- IN AND AROUND MWANZA, TANZANIA, AMERICARES CONDUCTED 405 RADIO

BROADCASTS TO RAISE AWARENESS OF BIRTH INJURIES (FISTULA), FUNDED

Employer identification number 06-1008595

ATTACHMENT 4 (CONT'D)

Name of the organization AMERICARES FOUNDATION, INC. Employer identification number 06-1008595 ATTACHMENT 6 (CONT'D)

FORM 990, PART VI, LINE 17 - STATES

RI,SC,TN,UT,VA,WA,WV,WI,

ATTACHMENT 7

990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
RWT PRODUCTION LLC 8932 ORANGE HUNT LANE ANNANDALE, VA 22003	PRINTING AND MAILING	1,816,941.
THE HARRINGTON AGENCY, LLC 329 DICKINSON AVE SWARTHMORE, PA 19081	FUNDRAISING COUNSEL	1,648,378.
AKA ENTERPRISE SOLUTIONS, INC. 875 AVENUE OF THE AMERICAS, 20TH FLOOR NEW YORK, NY 10001	IT CONSULTANT	991,654.
RAFANELLI EVENTS 5 WEST 19TH STREET NEW YORK, NY 10011	EVENT PLANNING	599,403.
KEY ACQUISITION PARTNERS, LLC 2525 RIVA RD STE 145 ANNAPOLIS, MD 21401	FUNDRAISING	294,393.

0178001-00004

OMB No. 1545-0047

Open to Public

Inspection

9

2

Employer identification number

06-1008595

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

AMERICARES FOUNDATION, INC.

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

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

## Part II

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr enti	olled
						Yes	No
(1) AMERICARES FREE CLINICS, INC. 06-1422741							
88 HAMILTON AVENUE STAMFORD, CT 06902	HEALTH CARE	СТ	501(C)(3)	7	N/A	Х	
(2) AMERICARES FOUNDATION TANZANIA							
EKACLIFF BUILD., 2ND FL, ISAMI PLOT # 117, BLOCK D, BALEW	RELIEF/AID	TZ			AMERICARES	Х	
(3) AMERICARES LIMITED							
4 HENDERSON STREET DEVELOPMENT HOUSE, FL 6, R	RELIEF/AID	MI			AMERICARES	Х	
(4)							
(5)							
(6)							
	]						
(7)							

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

Schedule R (Form 990) 2019

JSA 9E1307 1.000 Schedule R (Form 990) 2019

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.

					(7)		h)	(1)		(1)	(4)
(a) Name, address, and EIN related organization	of Primary :	e entity or	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	<b>(g)</b> Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen man par	(j) eral or naging tner?	<b>(k)</b> Percentage ownership
		, 				Yes	No		Yes	No	
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											

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

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

Schedule R (Form 990) 2019

JSA

AMERICARES FOUNDATION, INC.

Schedule R (Form 990) 2019

Part	V Transactions With Related Organizations. Complete if the organization answ	ered "Yes" on Form 990, Par	t IV, line 34, 35b, or 36.			
Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	6 No
	During the tax year, did the organization engage in any of the following transactions with one					
	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)				_	
	Gift, grant, or capital contribution from related organization(s).				_	X
	Loans or loan guarantees to or for related organization(s)				_	_
el	Loans or loan guarantees by related organization(s)				e	X
	Dividends from related organization(s)				_	X
	Sale of assets to related organization(s)					X
h l	Purchase of assets from related organization(s)				_	X
	Exchange of assets with related organization(s).					X
j I	Lease of facilities, equipment, or other assets to related organization(s)			1	j	X
k I	Lease of facilities, equipment, or other assets from related organization(s)			1		X
	Performance of services or membership or fundraising solicitations for related organization(s)				I X	
	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)			11	_	
	Sharing of paid employees with related organization(s)				o X	
α	Reimbursement paid to related organization(s) for expenses.			1	p	X
-	Reimbursement paid by related organization(s) for expenses				q X	
•						
r (	Other transfer of cash or property to related organization(s)			1	r	X
s (	Other transfer of cash or property from related organization(s).	<u> </u>		1:		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must c	omplete this line, including cove	ered relationships and trans	action thresho	olds.	
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d</b> ) Method of d amount i	etermin	
(1)	AMERICARES FREE CLINICS, INC.	В	1,253,196.	FMV (GOO	DDS)	
(2)	AMERICARES FREE CLINICS, INC.	Q	140,231.	COST		
(3)	AMERICARES FREE CLINICS, INC.	D	300,000.	LOAN GUA	ARAN	ΓEE
(4)						
(5)						
(6)						
JSA			Sc	hedule R (For	m 990)	) 2019
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06-1008595

Schedule R (Form 990) 2019

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

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

(a) Name, address, and	(a) Name, address, and EIN of entity		(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				sections 512-514)	Yes	No			Yes	No	(	Yes	No	
(1)		_												
(2)		_												
(3)		_												
(4)		_												
(5)		_												
(6)		_												
(7)		_												
(8)		_												
(9)		_												
10)		_												
11)		_												
12)		_												
13)		_												
14)		_												
15)														
16)														

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

 Part VII
 Supplemental Information

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