

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07/01, 2019**, and ending **06/30, 2020**

B Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization: **AMERICARES FOUNDATION, INC.**
Doing Business As: _____
Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **88 HAMILTON AVENUE**
City or town, state or province, country, and ZIP or foreign postal code: **STAMFORD, CT 06902-3105**

D Employer identification number: **06-1008595**

E Telephone number: **(203) 658-9500**

F Name and address of principal officer: **CHRISTINE SQUIRES**
88 HAMILTON AVENUE, STAMFORD, CT 06902-3105

G Gross receipts \$ **1,461,057,588.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.AMERICARES.ORG**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **1979** **M** State of legal domicile: **CT**

H(c) Group exemption number ▶ _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: AMERICARES IS A HEALTH-FOCUSED RELIEF & DEVELOPMENT ORGANIZATION THAT RESPONDS TO PEOPLE AFFECTED BY POVERTY OR DISASTER WITH LIFE-CHANGING HEALTH PROGRAMS, MEDICINE & SUPPLIES.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 23.
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 22.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 208.
	6 Total number of volunteers (estimate if necessary) 6 31.
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 973,977,097. 1,438,445,654.
	9 Program service revenue (Part VIII, line 2g) 1,053,819. 935,004.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,611,449. 1,741,641.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -294,465. -371,942.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 976,347,900. 1,440,750,357.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 986,264,947. 1,024,776,301.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 23,086,593. 25,469,314.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 1,601,961. 2,495,149.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 12,859,459.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 66,736,274. 195,256,273.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,077,689,775. 1,247,997,037.
19 Revenue less expenses. Subtract line 18 from line 12 -101,341,875. 192,753,320.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 226,198,365. 421,824,159.
	21 Total liabilities (Part X, line 26) 10,150,829. 14,420,624.
	22 Net assets or fund balances. Subtract line 21 from line 20. 216,047,536. 407,403,535.

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: _____

Type or print name and title: _____

Paid Preparer Use Only

Print/Type preparer's name: **SCOTT THOMPSETT** Preparer's signature: *Scott Thompsett* Date: **03/22/2021** Check if self-employed PTIN: **P00741490**

Firm's name ▶ **GRANT THORNTON LLP** Firm's EIN ▶ **36-6055558**

Firm's address ▶ **757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013** Phone no. **212-599-0100**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

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.**

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 print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. AMERICARES FOUNDATION, INC.	Taxpayer identification number (TIN) 06-1008595
	Number, street, and room or suite no. If a P.O. box, see instructions. 88 HAMILTON AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. STAMFORD, CT 06902-3105	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

RICHARD K. TROWBRIDGE, JR.

• The books are in the care of ▶ 88 HAMILTON AVENUE STAMFORD CT 06902-3105

Telephone No. ▶ 203 658-9500 Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20__ or
- ▶ tax year beginning 07/01, 2019, and ending 06/30, 2020.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 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 \$)

4e Total program service expenses ▶ 1,228,808,771.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, and Yes/No response. Rows 22-38 cover various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Description, and Yes/No response. Rows 1a-1c cover Form 1096 reporting, W-2G forms, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (23), 1b (22), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 6
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL J. NYENHUIS PRESIDENT/CEO (THRU 03/2020)	40.00 1.00	X		X				438,323.	0.	61,433.
(2) CHRISTINE SQUIRES PRESIDENT/CEO (AS OF 03/2020)	40.00 0.	X		X				314,627.	0.	55,195.
(3) RICHARD K. TROWBRIDGE, JR. CFO, TREASURER, SVP, GIK OPS	40.00 1.00			X				265,442.	0.	56,665.
(4) JED SELKOWITZ CMO & SVP, COMMUNICATIONS	40.00 0.			X				265,075.	0.	16,784.
(5) E. ANNE PETERSON, MD, MPH SVP GLOBAL PROG (THRU 06/2020)	40.00 1.00			X				250,143.	0.	30,413.
(6) KEVIN GILRAIN SENIOR V.P., HUMAN RESOURCES	40.00 0.			X				220,581.	0.	42,206.
(7) JENNY GOLDSTEIN (AS OF 03/2020) SVP & CHIEF DEVELOPMENT OFFIC.	40.00 0.			X				165,514.	0.	51,674.
(8) DIANA MAGUIRE V.P., INSTITUTIONAL RELATIONS	40.00 0.						X	155,950.	0.	51,125.
(9) RACHEL GRANGER V.P. INT'L PARTNRSHPS&PROGRAMS	40.00 0.					X		177,714.	0.	22,416.
(10) GEOFF KNEISEL V.P., CORPORATE RELATIONS	40.00 0.						X	134,688.	0.	48,869.
(11) SUSAN WILLET SR. DIRECTOR, CONTROLLER	40.00 0.					X		168,503.	0.	13,703.
(12) MEGIN WOLFMAN SVP & COS (AS OF 04/2020)	40.00 1.00			X				136,805.	0.	43,141.
(13) JULIE VARUGHESE VP TECH UNIT AND CMO	40.00 0.					X		161,836.	0.	16,812.
(14) VISH JAIN VP INFORMATION TECHNOLOGY	40.00 0.					X		167,962.	0.	10,668.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MELISSA WOOLFORD V.P., LEADERSHIP GIFTS	40.00 0.					X	158,286.	0.	10,565.	
(16) MARTHA KENNARD VP, GLOBAL PROG OPS	40.00 0.						145,785.	0.	9,301.	
(17) ELIZABETH P. ALLEN DIRECTOR	1.00 0.	X					0.	0.	0.	
(18) PERCIVAL BARRETTO-KO DIRECTOR (AS OF 01/2020)	1.00 0.	X					0.	0.	0.	
(19) CAROL B. BAUER DIRECTOR (THRU 06/2020)	1.00 1.00	X					0.	0.	0.	
(20) ROBERT M. BAYLIS DIRECTOR	1.00 0.	X					0.	0.	0.	
(21) JEFFREY T. BECKER DIRECTOR	1.00 0.	X					0.	0.	0.	
(22) KATHERINE CLOSE, MD DIRECTOR	1.00 0.	X					0.	0.	0.	
(23) ROBERTA CONROY DIRECTOR	1.00 0.	X					0.	0.	0.	
(24) ELIZABETH F. FRANK DIRECTOR	1.00 0.	X					0.	0.	0.	
(25) STEPHEN GALLUCCI DIRECTOR	1.00 0.	X					0.	0.	0.	
1b Sub-total							3,327,234.	0.	540,970.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							3,327,234.	0.	540,970.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 40

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 10

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) TONY GOLDWYN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(27) SUSAN GROSSMAN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(28) BRYAN C. HANSON ----- DIRECTOR (THRU 06/2020)	1.00 ----- 0.	X					0.	0.	0.	
(29) SAMHITA JAYANTI ----- VICE CHAIRMAN	1.00 ----- 0.	X		X			0.	0.	0.	
(30) FRANCINE KATSOUDAS ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(31) PAUL J. KUEHNER ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(32) JERRY P. LEAMON ----- CHAIRMAN	1.00 ----- 1.00	X		X			0.	0.	0.	
(33) MEHDI MAHMUD ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(34) JOSEPH J. RUCCI, JR., ESQ. ----- DIR. & SECRETARY(THRU 06/2020)	1.00 ----- 1.00	X		X			0.	0.	0.	
(35) ALAN RWAMBUYA ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(36) STEPHEN SADOVE ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 40

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	91,610.			
	b	Membership dues	1b				
	c	Fundraising events	1c	2,184,711.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	4,668,930.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	1,431,500,403.			
	g	Noncash contributions included in lines 1a-1f.	1g	\$1,368,252,483.			
	h	Total. Add lines 1a-1f ▶		1,438,445,654.			
	Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code	621400	935,004.	935,004.
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f ▶			935,004.		
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts). ▶			1,251,213.	
	4	Income from investment of tax-exempt bond proceeds . ▶			0.		
	5	Royalties ▶			0.		
	6a	Gross rents	(i) Real	184,338.			
			(ii) Personal				
			6a	184,338.			
	b	Less: rental expenses	6b	194,695.			
	c	Rental income or (loss)	6c	-10,357.			
	d	Net rental income or (loss) ▶			-10,357.		-10,357.
	7a	Gross amount from sales of assets other than inventory	(i) Securities	18,721,422.			
			(ii) Other	179,085.			
			7a	18,721,422.	179,085.		
	b	Less: cost or other basis and sales expenses . .	7b	18,220,079.	190,000.		
	c	Gain or (loss)	7c	501,343.	-10,915.		
	d	Net gain or (loss) ▶			490,428.		490,428.
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	8b	770,256.				
c	Net income or (loss) from fundraising events. ▶			-635,696.		-635,696.	
9a	Gross income from gaming activities. See Part IV, line 19	9a	0.				
b	Less: direct expenses	9b	0.				
c	Net income or (loss) from gaming activities. ▶			0.			
10a	Gross sales of inventory, less returns and allowances		996,403.				
			932,201.				
		10a	996,403.	932,201.			
b	Less: cost of goods sold	10b	932,201.				
c	Net income or (loss) from sales of inventory. ▶			64,203.		64,203.	
Miscellaneous Revenue	11a	EL SALVADOR CAFETERIA INCOME	Business Code	900099	196,473.		196,473.
	b	MISCELLANEOUS INCOME		900099	13,435.		13,435.
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d ▶			209,908.		
12	Total revenue. See instructions ▶			1,440,750,357.	935,004.		1,369,699.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	242,341,914.	242,341,914.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	530,609,961.	530,609,961.		
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.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,860,001.	622,937.	787,414.	449,650.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	327,114.	156,570.		170,544.
7 Other salaries and wages	17,370,399.	11,533,974.	2,477,735.	3,358,690.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	738,972.	475,408.	117,411.	146,153.
9 Other employee benefits	3,963,944.	2,930,782.	422,375.	610,787.
10 Payroll taxes	1,208,884.	665,679.	241,747.	301,458.
11 Fees for services (nonemployees):				
a Management	2,814,259.	2,292,854.	330,751.	190,654.
b Legal	220,381.	119,542.	85,740.	15,099.
c Accounting	281,361.	78,844.	202,517.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	2,495,149.			2,495,149.
f Investment management fees	101,015.		101,015.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,566,964.	865,399.	305,829.	395,736.
12 Advertising and promotion	2,097,248.	247,265.	7,787.	1,842,196.
13 Office expenses	470,073.	441,903.	4,639.	23,531.
14 Information technology	1,500,587.	264,660.	558,505.	677,422.
15 Royalties	0.			
16 Occupancy	2,510,838.	2,009,403.	180,408.	321,027.
17 Travel	1,870,710.	1,621,737.	55,898.	193,075.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	74,848.	68,846.	1,925.	4,077.
20 Interest	1,126.	157.	969.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	543,530.	434,249.	59,463.	49,818.
23 Insurance	442,190.	317,867.	34,181.	90,142.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COST OF EXPIRED GOODS	170,300,968.	170,300,968.		
b POSTAGE AND FREIGHT	8,574,460.	7,543,839.	5,082.	1,025,539.
c MISCELLANEOUS	1,885,715.	1,039,587.	347,416.	498,712.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	1,247,997,037.	1,228,808,771.	6,328,807.	12,859,459.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	30,085.	1	37,954.
	2 Savings and temporary cash investments	17,108,061.	2	23,828,094.
	3 Pledges and grants receivable, net	5,532,942.	3	3,519,111.
	4 Accounts receivable, net.	806,587.	4	558,483.
	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	0.
	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	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	165,303,544.	8	347,318,603.
	9 Prepaid expenses and deferred charges	4,598,534.	9	6,154,593.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,393,266.		
	b Less: accumulated depreciation	10b 5,889,330.	2,135,853.	10c 2,503,936.
	11 Investments - publicly traded securities	26,998,121.	11	34,585,072.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	3,684,638.	15	3,318,313.
16 Total assets. Add lines 1 through 15 (must equal line 33)	226,198,365.	16	421,824,159.	
Liabilities	17 Accounts payable and accrued expenses	6,030,223.	17	6,044,275.
	18 Grants payable	1,000,759.	18	430,910.
	19 Deferred revenue	202,445.	19	3,696,069.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to 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.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,917,402.	25	4,249,370.
	26 Total liabilities. Add lines 17 through 25.	10,150,829.	26	14,420,624.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	64,990,415.	27	47,095,714.
	28 Net assets with donor restrictions	151,057,121.	28	360,307,821.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	216,047,536.	32	407,403,535.	
33 Total liabilities and net assets/fund balances	226,198,365.	33	421,824,159.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,440,750,357.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,247,997,037.
3	Revenue less expenses. Subtract line 2 from line 1	3	192,753,320.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	216,047,536.
5	Net unrealized gains (losses) on investments	5	-1,037,697.
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	-359,624.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	407,403,535.

Part XII Financial Statements and Reporting

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

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

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

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) - 52.05%; 15 Public support percentage from 2018 Schedule A, Part II, line 14 - 50.52%; 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. [X]; 16b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 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 Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 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

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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 Part VI the role the organization's supported organizations played in this regard.</i>	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).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in 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.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 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			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e 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: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c 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 Part VI. 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:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

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	<u>1,141,371.</u>	<u>1,199,482.</u>	<u>1,468,057.</u>	<u>1,477,410.</u>	<u>1,340,871.</u>	<u>6,627,191.</u>

Schedule of Contributors

2019

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

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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).

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

Employer identification number
06-1008595

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 219,309,152.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 180,902,634.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 96,642,690.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 223,390,584.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 31,564,673.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 45,265,873.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
06-1008595

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 128,562,426.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 96,713,433.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 42,222,984.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number

06-1008595

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS	\$ 219,309,152.	VAR
2	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS	\$ 180,902,634.	VAR
3	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS	\$ 96,642,690.	VAR
4	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS	\$ 223,390,584.	VAR
5	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS	\$ 31,564,673.	VAR
6	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS	\$ 45,265,873.	VAR

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

Employer identification number

06-1008595

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

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

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

Employer identification number
06-1008595

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for art collections, revenue included, and assets included.

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

Schedule D (Form 990) 2019

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,521,288.	1,748,813.	1,566,608.	1,420,481.	1,751,764.
b Contributions	1,125,000.	2,851,375.	225,000.	45,000.	
c Net investment earnings, gains, and losses	58,848.	85,278.	133,053.	206,768.	-31,283.
d Grants or scholarships					
e Other expenditures for facilities and programs		158,000.	170,000.	100,000.	300,000.
f Administrative expenses	18,144.	6,178.	5,848.	5,641.	
g End of year balance	5,686,992.	4,521,288.	1,748,813.	1,566,608.	1,420,481.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 68.3500 %
 - b** Permanent endowment ▶ 28.5400 %
 - c** Term endowment ▶ 3.1100 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		175,000.		175,000.
b Buildings		1,148,052.	636,886.	511,166.
c Leasehold improvements		2,613,603.	1,948,317.	665,286.
d Equipment		4,456,611.	3,304,127.	1,152,484.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,503,936.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) SPLIT INTEREST AGREEMENTS	4,179,870.
(3) CAPITALIZED LEASE	69,500.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Part XIII Supplemental Information (continued)

ENDOWMENT FUNDS

FORM 990, SCHEDULE D, PART V, LINE 4

THE AMERICARES FOUNDATION ENDOWMENT IS INTENDED TO SUPPORT THE GENERAL CHARITABLE MISSION OF THE ORGANIZATION. THE FOUNDATION INTENDS THAT THE PRINCIPAL 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.

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 RECLASSIFIED 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 RECLASSIFIED TO OFFSET

RENTAL INCOME	\$194,695
DIRECT FUNDRAISING EXPENSE	\$770,256
COST OF GOODS SOLD	\$932,201

Part XIII Supplemental Information *(continued)*

TOTAL \$1,897,152

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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	8.	276.			231,780,961.
b Total from continuation sheets to Part I	3.	11.			33,685,305.
c Totals (add lines 3a and 3b)	11.	287.			265,466,266.

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

Schedule F (Form 990) 2019

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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)					
3a Subtotal					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2019

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)			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 ▶ _____

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)			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 ▶ _____

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)			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			
(15)			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 ▶ _____

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)			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)			CENTRAL AMERICA AND THE	EMERGENCY			275,185.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	EMERGENCY			2,096,754.	MED. SUPPL.	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)			CENTRAL AMERICA AND THE	EMERGENCY			144,737.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			1,126,285.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			1,119,150.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			829,095.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			51,522,237.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			819,257.	MED. SUPPL.	FMV

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3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of 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 ▶ _____

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)			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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3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of 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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3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of 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
(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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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

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

3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of 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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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			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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(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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(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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(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
(11)			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
(15)			CENTRAL AMERICA AND THE	ON-GOING			6,312.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			6,630.	MED. SUPPL.	FMV

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(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
(10)			CENTRAL AMERICA AND THE	ON-GOING			11,455.	MED. SUPPL.	FMV
(11)			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

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(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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(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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(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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(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 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)			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
(11)			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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(1)			MIDDLE EAST AND NORTH AF	ON-GOING			28,305.	MED. SUPPL.	FMV
(2)			NORTH AMERICA	ON-GOING			7,908.	MED. SUPPL.	FMV
(3)			NORTH AMERICA	ON-GOING			102,075.	MED. SUPPL.	FMV
(4)			NORTH AMERICA	ON-GOING			105,409.	MED. SUPPL.	FMV
(5)			NORTH AMERICA	ON-GOING			113,324.	MED. SUPPL.	FMV
(6)			NORTH AMERICA	ON-GOING			124,400.	MED. SUPPL.	FMV
(7)			NORTH AMERICA	ON-GOING			136,745.	MED. SUPPL.	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)			NORTH AMERICA	ON-GOING			242,070.	MED. SUPPL.	FMV
(12)			NORTH AMERICA	ON-GOING			267,491.	MED. SUPPL.	FMV
(13)			NORTH AMERICA	ON-GOING			310,758.	MED. SUPPL.	FMV
(14)			SOUTH AMERICA	ON-GOING			16,753.	MED. SUPPL.	FMV
(15)			SOUTH AMERICA	ON-GOING			32,193.	MED. SUPPL.	FMV
(16)			SOUTH AMERICA	ON-GOING			36,071.	MED. SUPPL.	FMV

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(1)			SOUTH AMERICA	ON-GOING			44,776.	MED. SUPPL.	FMV
(2)			SOUTH AMERICA	ON-GOING			13,403.	MED. SUPPL.	FMV
(3)			SOUTH AMERICA	ON-GOING			69,128.	MED. SUPPL.	FMV
(4)			SOUTH AMERICA	ON-GOING			149,628.	MED. SUPPL.	FMV
(5)			SOUTH AMERICA	ON-GOING			6,180.	MED. SUPPL.	FMV
(6)			SOUTH AMERICA	ON-GOING			160,364.	MED. SUPPL.	FMV
(7)			SOUTH AMERICA	ON-GOING			16,975.	MED. SUPPL.	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)			SOUTH AMERICA	ON-GOING			341,548.	MED. SUPPL.	FMV
(12)			SOUTH AMERICA	ON-GOING			413,508.	MED. SUPPL.	FMV
(13)			SOUTH AMERICA	ON-GOING			5,250.	MED. SUPPL.	FMV
(14)			SOUTH AMERICA	ON-GOING			5,258.	MED. SUPPL.	FMV
(15)			SOUTH AMERICA	ON-GOING			5,712.	MED. SUPPL.	FMV
(16)			SOUTH AMERICA	ON-GOING			6,160.	MED. SUPPL.	FMV

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(1)			SOUTH AMERICA	ON-GOING			12,300.	MED. SUPPL.	FMV
(2)			SOUTH AMERICA	ON-GOING			14,017.	MED. SUPPL.	FMV
(3)			SOUTH AMERICA	ON-GOING			20,920.	MED. SUPPL.	FMV
(4)			SOUTH AMERICA	ON-GOING			25,169.	MED. SUPPL.	FMV
(5)			SOUTH AMERICA	ON-GOING			55,341.	MED. SUPPL.	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)			SOUTH ASIA	ON-GOING			139,798.	MED. SUPPL.	FMV
(12)			SOUTH ASIA	ON-GOING			151,016.	MED. SUPPL.	FMV
(13)			SOUTH ASIA	ON-GOING			164,432.	MED. SUPPL.	FMV
(14)			SOUTH ASIA	ON-GOING			5,029.	MED. SUPPL.	FMV
(15)			SOUTH ASIA	ON-GOING			19,422.	MED. SUPPL.	FMV
(16)			SOUTH ASIA	ON-GOING			109,737.	MED. SUPPL.	FMV

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(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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(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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(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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(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
(13)			SUB-SAHARAN AFRICA	ON-GOING			99,512.	MED. SUPPL.	FMV
(14)			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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(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
(15)			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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(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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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)			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
(11)			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

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

3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of 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)									

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 **485.**

3 Enter total number of other organizations or entities

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

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

Part IV Foreign Forms

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

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

OMB No. 1545-0047

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.

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

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

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	ATTACHMENT 1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					14,722,568.	2,495,149.	12,227,419.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		AIRLIFT BENEFIT (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	2,319,271.		2,319,271.
	2	Less: Contributions	2,184,711.		2,184,711.
	3	Gross income (line 1 minus line 2)	134,560.		134,560.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	140,187.		140,187.
	7	Food and beverages	138,299.		138,299.
	8	Entertainment	258,325.		258,325.
	9	Other direct expenses	233,445.		233,445.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			770,256.
11	Net income summary. Subtract line 10 from line 3, column (d) ▶			-635,696.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

SCHEDULE G, PART I - FUNDRAISING CONSULTANTS

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

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

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

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

APPROVED SEPARATELY FROM CONSULTING FEES.

IN FISCAL YEAR 2020, IN ADDITION TO THE CONSULTING FEES LISTED IN SCHEDULE G, PART I, AMERICARES PAID OTHER NON-CONSULTING FUNDRAISING EXPENSES TO THE HARRINGTON AGENCY, LLC. OF \$3,443.

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(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 519 EAST BROADWAY GLENDALE, CA 91205	95-4773684	501(C)(3)		218,286.	FMV	MEDICAL SUPPLIES	ON-GOING

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(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 1116 12TH ST BANDERA, TX 78003	77-0697361	501(C)(3)		251,238.	FMV	MEDICAL SUPPLIES	ON-GOING

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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	501(C)(3)		2,090,210.	FMV	MEDICAL SUPPLIES	ON-GOING

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

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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 1009 N. GEORGETOWN ST. ROUND ROCK, TX 78664	74-2795332	501(C)(3)		165,036.	FMV	MEDICAL SUPPLIES	ON-GOING

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(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 191 EAST PRICE ROAD BROWNSVILLE, TX 78521	74-2176836	501(C)(3)		255,482.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) BROWNSVILLE MEDICAL CENTER INC. 2400 NW 54TH STREET MIAMI, FL 33142	20-3856290	501(C)(3)		2,522,333.	FMV	MEDICAL SUPPLIES	ON-GOING

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(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	501(C)(3)		16,692.	FMV	MEDICAL SUPPLIES	ON-GOING

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(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 1211 LAFAYETTE AVE GRAND RAPIDS, MI 49505	20-3572418	501(C)(3)		79,241.	FMV	MEDICAL SUPPLIES	ON-GOING

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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 CALLE MORSE EZQUINA VAL. ARROYO, PR 00714	66-0496484	501(C)(3)		98,773.	FMV	MEDICAL SUPPLIES	EMERGENCY

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(1) CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE P GUILLERMO RIEFKHOL 99 PATILLAS, PR 00723	66-0430826	501(C)(3)		53,860.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) CENTRO DE SERVICIOS PRIMARIOS DE SALUD, INC GUILLERMO RIEFKHOL 99 PATILLAS, PR 00723	66-0430826	501(C)(3)		16,250.	FMV	MEDICAL SUPPLIES	EMERGENCY
(3) CENTRO SAN VICENTE 8061 ALAMEDA AVE. EL PASO, TX 79915	74-2505561	501(C)(3)		47,918.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) CHARIS HEALTH CENTER 2620 N. MOUNT JULIET MOUNT JULIET, TN 37122	35-2298919	501(C)(3)		38,333.	FMV	MEDICAL SUPPLIES	EMERGENCY
(5) CHARIS HEALTH CENTER 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 200 EAST LIVINGSTON AVE COLUMBUS, OH 43215	27-0147099	501(C)(3)		402,431.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) CHARLOTTE COMMUNITY HEALTH CLINIC 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 120 S CEN EXPRESSWAY MCKINNEY, TX 75072	20-0637782	501(C)(3)		168,669.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) CHILDRENS HOSPITAL OF PHILADELPHIA 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 government organizations listed in the line 1 table ▶

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(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

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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 P.O. BOX 500409 SAIPAN, MP 96950	66-0774364	OTHER		40,734.	FMV	MEDICAL SUPPLIES	EMERGENCY
(7) COMMONWEALTH HEALTHCARE CORPORATION 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 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 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 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 315G MOCKSVILLE AVE. SALISBURY, NC 28144	56-1964773	501(C)(3)		809,421.	FMV	MEDICAL SUPPLIES	ON-GOING

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(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. 12716 N.E. 36TH STREET SPENCER, OK 73084	73-0930123	501(C)(3)		26,042.	FMV	MEDICAL SUPPLIES	EMERGENCY

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**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2019

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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 CLINIC 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	501(C)(3)		32,999.	FMV	MEDICAL SUPPLIES	ON-GOING

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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	ON-GOING
(3) COMMUNITY MENTAL HEALTH AFFILIATES, INC. CMHA NEW BRITAIN, CT 06051	06-0934544	501(C)(3)		11,864.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) COMMUNITY VOLUNTEERS IN MEDICINE 300B LAWRENCE DRIVE WEST CHESTER, PA 19380	23-2944553	OTHER		99,685.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) COMMUNITYHEALTH 2611 W. CHICAGO AVE. CHICAGO, IL 60622	36-3931793	501(C)(3)		114,380.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) COMPASSION CONNECT INC. 18040 SW ALEXANDER ST BEAVERTON, OR 97003	26-2304524	501(C)(3)		343,946.	FMV	MEDICAL SUPPLIES	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	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	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	EMERGENCY
(10) CONNECTICUT STATE DIVISION OF EMEREGNCY MAN 1111 COUNTRY CLUB RD MIDDLETOWN, CT 06457	999999999	501(C)(3)		871,258.	FMV	MEDICAL SUPPLIES	EMERGENCY
(11) COOPERATIVE CHRISTIAN MINISTRIES AND CLINIC 133 ARBOR STREET HOT SPRINGS, AR 71901	62-1671396	115		8,412.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) COOS COUNTY FAMILY HEALTH SERVICES CCFHS BERLIN, NH 03570	02-0350051	501(C)(3)		292,936.	FMV	MEDICAL SUPPLIES	ON-GOING

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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 10 INDUSTRIAL WAY EAST EATONTOWN, NJ 07724	21-0719369	501(C)(3)		347,352.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) CREOKS BEHAVIORAL HEALTH SERVICES 4103 SOUTH YALE SUITE B TULSA, OK 74135	73-1108774	501(C)(3)		161,192.	FMV	MEDICAL SUPPLIES	ON-GOING

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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 5120 NW 24TH AVENUE MIAMI, FL 33142	84-1958579	OTHER		39,411.	FMV	MEDICAL SUPPLIES	EMERGENCY
(9) DAHLONEGA PEDIATRICS 1055 GROVE ST NORTH DAHLONEGA, GA 30533	58-0566256	501(C)(3)		78,078.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) DAVIDSON MEDICAL MINISTRIES 420 N SALISBURY ST LEXINGTON, NC 27292	56-1746266	OTHER		443,622.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) DELTA HEALTH ALLIANCE/LELAND MEDICAL CLINIC P.O. BOX 277 LELAND, MS 38776	64-0892954	501(C)(3)		7,910.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) DENTON COUNTY MHMR 2519 SCRIPTURE ST DENTON, TX 76201	75-1368151	501(C)(3)		233,876.	FMV	MEDICAL SUPPLIES	ON-GOING

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

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DEO CLINIC P.O. BOX 814 DALTON, GA 30722	46-0789000	501(C)(3)		166,789.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) DIVINE GRACE MEDICAL MISSIONARIES 11000 FONDREN RD HOUSTON, TX 77096	27-4000666	501(C)(3)		1,666,146.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) DR GARY BURNSTEIN COMMUNITY HEALTH CLINIC 45580 WOODWARD AVE PONTIAC, MI 48341	32-0015321	501(C)(3)		126,733.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) DREAM CENTERS WOMEN`S CLINIC 4360 MONTEBELLO COLORADO SPRINGS, CO 80918	27-4876080	501(C)(3)		312,738.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) DUPLIN MEDICAL ASSOCIATION 600 S. SYCAMORE ST. ROSE HILL, NC 28398	56-1414420	501(C)(3)		1,529,986.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) EAST ARKANSAS FAMILY 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 COUNCIL FOR HUMAN SERVICES, INC 2253 THIRD AVENUE NEW YORK, NY 10035	13-6213532	501(C)(3)		5,525.	FMV	MEDICAL SUPPLIES	EMERGENCY
(8) EDISTO INDIAN FREE CLINIC 1125 RIDGE RD RIDGEVILLE, SC 29472	82-1691197	501(C)(3)		2,047,305.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) EDWARD R. LEAHY JR. CENTER CLINIC FOR THE U 800 LINDEN STREET SCRANTON, PA 18510	24-0795495	501(C)(3)		31,424.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) EL CENTRO DEL BARRIO DBA CENTROMED 3750 COMMERICAL AVE. SAN ANTONIO, TX 78221	74-1787031	501(C)(3)		17,790.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) ELLENTON HEALTH CLINIC, PUBLIC HEALTH DISTR 185 NORTH BAKER STREET ELLENTON, GA 31747	23-7379607	501(C)(3)		758,434.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) ETOWAH BAPTIST CHARITY PHARMACY P.O.BOX 571 NOBLE, OK 73068	73-1637087	501(C)(3)		34,856.	FMV	MEDICAL SUPPLIES	ON-GOING

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(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 401 CONGRESS PARKWAY CRYSTAL LAKE, IL 60014	36-4277029	501(C)(3)		12,318.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) FAMILY HEALTH SERVICES 794 EASTLAND TWIN FALLS, ID 83301	82-0371093	501(C)(3)		43,357.	FMV	MEDICAL SUPPLIES	EMERGENCY
(11) FAMILY HEALTH SERVICES 794 EASTLAND TWIN FALLS, ID 83301	82-0371093	501(C)(3)		61,039.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) FAMILY PLANNING PLUS 4612 WESTBRANCH HWY LEWISBURG, PA 17837	23-2032597	501(C)(3)		87,411.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) FAYETTE CARE CLINIC 1260 HWY 54 FAYETTEVILLE, GA 30214	20-0314897	501(C)(3)		75,656.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) FEED MY SHEEP 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	501(C)(3)		183,399.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) FEEDING AMERICA 35 EAST WACKER DRIVE CHICAGO, IL 60601	36-3673599	501(C)(3)		422,361.	FMV	MEDICAL SUPPLIES	EMERGENCY
(5) FERNCARE FREE CLINIC, INC. 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 1607 CHERRY STREET VICKSBURG, MS 39180	64-0356253	501(C)(3)		473,315.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) FIRST PERSON CARE CLINIC 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

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(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 55 E. JACKSON CHICAGO, IL 60604	36-2670036	501(C)(3)		511,955.	FMV	MEDICAL SUPPLIES	ON-GOING

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(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	501(C)(3)		670,088.	FMV	MEDICAL SUPPLIES	ON-GOING

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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 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 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	73-1581613	501(C)(3)		758,715.	FMV	MEDICAL SUPPLIES	ON-GOING

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(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 PO BOX 8993 GREENVILLE, SC 29604	57-0855205	501(C)(3)		132,973.	FMV	MEDICAL SUPPLIES	ON-GOING

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(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. 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) HACCS 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

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(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	501(C)(3)		538,429.	FMV	MEDICAL SUPPLIES	ON-GOING

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(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 MHR CENTER 819 WATER STREET KERRVILLE, TX 78028	74-2822017	501(C)(3)		117,062.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) HIS HANDS FREE MEDICAL CLINIC 400 12TH ST. SE CEDAR RAPIDS, IA 52403	39-1878606	501(C)(3)		290,796.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) HOPE CENTER 1950 KITRICK AVE. OROVILLE, CA 95966	47-5315046	501(C)(3)		1,817,553.	FMV	MEDICAL SUPPLIES	EMERGENCY
(3) HOPE CLINIC P.O. BOX 728 BAYBORO, NC 28515	56-2114681	501(C)(3)		13,018.	FMV	MEDICAL SUPPLIES	EMERGENCY
(4) HOPE CLINIC P.O. BOX 728 BAYBORO, NC 28515	56-2114681	501(C)(3)		1,223,024.	FMV	MEDICAL SUPPLIES	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	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	OTHER		269,807.	FMV	MEDICAL SUPPLIES	ON-GOING

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(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 11226 S. WILCREST DR HOUSTON, TX 77099	76-0698464	501(C)(3)		456,798.	FMV	MEDICAL SUPPLIES	EMERGENCY
(12) IBN SINA FOUNDATION 11226 S. WILCREST DR HOUSTON, TX 77099	76-0698464	501(C)(3)		2,045,458.	FMV	MEDICAL SUPPLIES	ON-GOING

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(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	501(C)(3)		2,494,775.	FMV	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(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) KATALASSO 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

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(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 BEHAVIORIAL 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	501(C)(3)		245,922.	FMV	MEDICAL SUPPLIES	ON-GOING

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(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 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 326 N FERRY ST GRAND HAVEN, MI 49417	38-2856482	501(C)(6)		172,469.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) LUKE SOCIETY P.O. BOX 16194 GALVESTON, TX 77552	74-2211973	501(C)(3)		91,543.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) MACON VOLUNTEER CLINIC 376 ROGERS AVE MACON, GA 31204	74-3055376	501(C)(3)		14,382.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) MALIHEH FREE CLINIC 941 E 3300 S SALT LAKE CITY, UT 84107	20-2313461	501(C)(3)		85,749.	FMV	MEDICAL SUPPLIES	ON-GOING

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(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 PROGRAM MEHOP BAY CITY, TX 77414	20-0537948	501(C)(3)		19,874.	FMV	MEDICAL SUPPLIES	EMERGENCY
(11) MATAGORDA EPISCOPAL HEALTH OUTREACH PROGRAM 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	501(C)(3)		50,763.	FMV	MEDICAL SUPPLIES	ON-GOING

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(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. 11 CHARLIE MORRIS ROAD COLBERT, GA 30628	58-1394645	501(C)(3)		78,937.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) MEDSPIRE 15180 TOREY PINE RD. MAGALIA, CA 95954	83-3483396	501(C)(3)		18,064.	FMV	MEDICAL SUPPLIES	EMERGENCY
(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 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 615 WASHINGTON ST. SHELBYVILLE, KY 40065	61-1211189	501(C)(3)		267,349.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) MERCY MEDICINE FREE CLINIC 500 S. COIT ST. FLORENCE, SC 29501-0000	31-1693093	501(C)(3)		25,367.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) MERCY WATCH P.O. BOX 1550 MUKILTEO, WA 98275	81-2889138	501(C)(3)		96,212.	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
(10) METROCARE SERVICES 1345 RIVER BEND DRIVE DALLAS, TX 75247	75-1285603	501(C)(3)		258,207.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) MHRC FACT TEAM 5266 GOLDEN GATE PKWY NAPLES, FL 34116	59-1905344	OTHER		8,467.	FMV	MEDICAL SUPPLIES	ON-GOING
(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

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(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	OTHER		297,471.	FMV	MEDICAL SUPPLIES	ON-GOING

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

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(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	501(C)(3)		114,658.	FMV	MEDICAL SUPPLIES	ON-GOING

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(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 NSO TUMAINI CENTER DETROIT, MI 48201	38-1561624	501(C)(3)		67,853.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) NEMOURS CHILDRENS SPECIALTY CARE 807 CHILDRENS WAY JACKSONVILLE, FL 32207	59-0634433	501(C)(3)		255,429.	FMV	MEDICAL SUPPLIES	EMERGENCY
(2) NEVADA OBSTETRICAL CHARITY CLINIC 1950 PINTO LANE LAS 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 LUMBERTON, NJ 08048	56-2336149	501(C)(3)		870,031.	FMV	MEDICAL SUPPLIES	EMERGENCY
(4) NEW LIFE COMMUNITY HEALTH CENTER 82-10 QUEENS BLVD. ELMHURST, NY 11373	11-3204890	501(C)(3)		69,534.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) NEWHOPE CLINIC 41 S. COURT ST. OWINGSVILLE, KY 40360	61-1363437	501(C)(3)		235,891.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) NORTH BROWARD HOSPITAL DISTRICT 1101 BROWARD FORT LAUDERDALE, FL 33311	59-6012065	501(C)(3)		109,745.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) NORTH BROWARD HOSPITAL DISTRICT 2011 NW 3RD AVE. POMPANO BEACH, FL 33060	59-6012065	501(C)(3)		256,874.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) NORTH BROWARD HOSPITAL 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 DISTRICT 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 MINISTRIES 2875 MERRELL RD. DALLAS, TX 75229	75-1908563	501(C)(3)		150,214.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) NORTH HUDSON COMMUNITY ACTION CORPORATION 800-31ST STREET UNION CITY, NJ 07087	22-1818699	501(C)(3)		468,323.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) NORTH JEFFERSON COUNTY CLINIC PHARMACY 1295 PEARL ST. BEAUMONT, TX 77701	74-6000291	501(C)(3)		252,051.	FMV	MEDICAL SUPPLIES	ON-GOING

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(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) NORTSHORE 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 330 LAKEVIEW DR. GOSHEN, IN 46528	35-1070041	501(C)(3)		52,334.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) OASIS FREE CLINICS 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 423 SOUTH ST. STEUBENVILLE, OH 43952	20-3924355	501(C)(3)		308,045.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) OKLAHOMA FOOD BANK 3355 SOUTH PURDUE OKLAHOMA CITY, OK 74145	73-1100380	501(C)(3)		13,187.	FMV	MEDICAL SUPPLIES	EMERGENCY
(2) OLDE TOWNE MEDICAL & DENTAL CENTER 5249 OLDE TOWNE ROAD WILLIAMSBURG, VA 23188	54-1663905	501(C)(3)		524,475.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) ONE STOP CLINIC 701 17TH AVE W BRADENTON, FL 34205	59-3340921	501(C)(3)		910,703.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) ONEWORLD COMMUNITY HEALTH CENTERS INC 4920 S. 30TH STREET OMAHA, NE 68107	47-0548990	501(C)(3)		7,094.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) OPEN ARMS CLINIC 109 BIG A ROAD TOCCOA, GA 30577	20-3296577	501(C)(3)		395,932.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) OPEN ARMS FREE CLINIC, INC. PO BOX 678 ELKHORN, WI 53121	45-4475625	501(C)(3)		32,312.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) OPEN ARMS HEALTH CLINIC 3311 LITTLE RD ARLINGTON, TX 76016	45-0621201	501(C)(3)		711,707.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) OPEN BIBLE MEDICAL CLINIC & PHARMACY 555 COSTILLA ST COLORADO SPRINGS, CO 80903	84-1345520	501(C)(3)		69,246.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) OPEN DOOR FAMILY MEDICAL CENTER 165 MAIN ST OSSINING, NY 10562-4702	13-2813103	501(C)(3)		11,307.	FMV	MEDICAL SUPPLIES	EMERGENCY
(10) OPEN DOOR HEALTH CENTER P.O. BOX 901642 HOMESTEAD, 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 AKRON, OH 44311	34-1046107	501(C)(3)		135,089.	FMV	MEDICAL SUPPLIES	ON-GOING

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(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 1205 DR. MLK JR. WAY HAINES CITY, FL 33844	01-0790991	501(C)(3)		817,616.	FMV	MEDICAL SUPPLIES	ON-GOING

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

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PARTNERS FOR HEALING INC 109 WEST BLACKWELL TULLAHOMA, TN 37388	62-1834800	501(C)(3)		288,660.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) PAUITE INDIAN TRIBE OF UTAH 440 NORTH PAIUTE DRIVE CEDAR CITY, UT 84721	87-0365095	501(C)(3)		7,488.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) PEDIPLACE 502 OLD ORCHARD LANE LEWISVILLE, TX 75067	75-2512752	OTHER		150,954.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) PEOPLES CLINIC 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) 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 5405 JONESBORO ROAD LAKE CITY, GA 30260	58-2656313	OTHER		412,645.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) POCATELLO FREE CLINIC 1001 N. 7TH AVE. POCATELLO, ID 83201	82-0351133	501(C)(3)		330,073.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) POLK COUNTY HEALTH CENTER 1317 W. BROADWAY BOLIVAR, MO 65613	43-1268665	501(C)(3)		15,848.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) PONCE MEDICAL SCHOOL FOUNDATION, INC. 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	35-1330771	501(C)(3)		1,016,997.	FMV	MEDICAL SUPPLIES	ON-GOING

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(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 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	501(C)(3)		126,828.	FMV	MEDICAL SUPPLIES	ON-GOING

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(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	501(C)(3)		354,872.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) ROLETTE COUNTY PUBLIC HEALTH DISTRICT 211 1ST AVE. NE ROLLA, ND 58367	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

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(1) SALT LAKE COUNTY HEALTH DEPARTMENT 2001 STATE ST SALT LAKE CITY, UT 84114	87-6000316	501(C)(3)		20,419.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) SALUD INTEGRAL EN LA MONTANA (SIM) CENTRO DE SALUD NARANJITO, PR 00719	66-0329532	OTHER		88,490.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) SALUD INTEGRAL EN LA MONTANA (SIM) CENTRO DE SALUD NARANJITO, PR 00719	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 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)		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-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.	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

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(1) SAN JOSE CLINIC 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 501 KINGS HIGHWAY E FAIRFIELD, CT 06825	06-0726487	501(C)(3)		5,263.	FMV	MEDICAL SUPPLIES	EMERGENCY
(4) SCHUYLER COUNSELING AND HEALTH SERVICES 127 S. LIBERTY RUSHVILLE, IL 62681	37-0923523	501(C)(3)		11,702.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) SCOTLAND COMMUNITY HEALTH CLINIC 1405-B WEST BLVD 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 P.O. BOX 150143 OGDEN, UT 84415-0143	46-0711300	OTHER		136,569.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) SEMO HEALTH NETWORK 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 2800 KIRK AVE. BALTIMORE, MD 21218	52-1739001	501(C)(3)		78,485.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) SHERIDAN HEALTH CENTER P.O. BOX 682 SHERIDAN, WY 82801	20-1389307	501(C)(3)		155,911.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) SHIFA CLINIC 1092 JOHNNIE DODDS BL MT PLEASANT, SC 29464	04-3810161	501(C)(3)		531,514.	FMV	MEDICAL SUPPLIES	ON-GOING

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Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(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 BURLERSON 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 PUERTORIQUEÑO 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	26-3273175	501(C)(3)		695,792.	FMV	MEDICAL SUPPLIES	ON-GOING

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

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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(1) SOUTH CENTRAL MISSOURI COMMUNITY HEALTH CEN 1081 EAST 18TH STREET ROLLA, MO 65401	26-2522083	501(C)(3)		912,748.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) SOUTH PARK INN MEDICAL CLINIC 263 FARMINGTON AVE FARMINGTON, CT 06030	52-1725543	501(C)(3)		32,565.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) SOUTH ROUNTT MEDICAL CENTER HEALTH SERVICE D P.O. BOX 8 OAK CREEK, CO 80467	84-6032810	501(C)(3)		87,999.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) SOUTH SANTA ROSA INTERFAITH MINISTRIES GOOD SAMARITAN CLINIC 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. 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 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

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(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 4400 FALLS OF NEUSE ROAD RALEIGH, NC 27609	46-5192720	501(C)(3)		460,320.	FMV	MEDICAL SUPPLIES	ON-GOING

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(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. NORTHSORE 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

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(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	999999999	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. 814 NORTH KENTUCKY AVE. LAKELAND, FL 33801	85-8012641	501(C)(3)		479,028.	FMV	MEDICAL SUPPLIES	ON-GOING

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(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 2707 34TH STREET LUBBOCK, TX 79410	75-2668014	501(C)(3)		444,377.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) THE FREE CLINIC OF MEDINA COUNTY 970 E. WASHINGTON STREET MEDINA, OH 44256	30-0092944	OTHER		87,785.	FMV	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 PO BOX 123 KYKOTSMOVI, AZ 86039	86-0134082	501(C)(3)		161,283.	FMV	MEDICAL SUPPLIES	EMERGENCY
(7) THE MAYOR`S FUND TO ADVANCE NEW YORK CITY 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	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 402 4TH STREET SE ROANOKE, VA 24013	54-0573900	501(C)(3)		30,585.	FMV	MEDICAL SUPPLIES	EMERGENCY
(11) THE SALVATION ARMY 615 SLATERS LANE ALEXANDRIA, VA 22314	22-2406433	501(C)(3)		84,591.	FMV	MEDICAL SUPPLIES	EMERGENCY
(12) THE SALVATION ARMY - USA WESTERN TERRITORY 1370 PENNSYLVANIA STREET DENVER, CO 80203	94-1156347	501(C)(3)		162,500.	FMV	MEDICAL SUPPLIES	EMERGENCY

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

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or 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	501(C)(3)		744,390.	FMV	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2019)

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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) TRI-COUNTY HUMAN SERVICES-DETOX STABILIZATI 2725 HWY 60 E BARTOW, FL 33830	59-1708182	501(C)(3)		9,351.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) TROPICAL TEXAS BEHAVIORAL HEALTH 1901 S. 24TH AVENUE EDINBURG, TX 78539	74-1565510	501(C)(3)		176,080.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) UBI CARITAS 4450 HIGHLAND AVE. BEAUMONT, TX 77705	76-0558225	501(C)(3)		191,731.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) UBI CARITAS 4450 HIGHLAND AVE. BEAUMONT, TX 77705	76-0558225	501(C)(3)		486,682.	FMV	MEDICAL SUPPLIES	EMERGENCY
(5) UNIVERSITY OF CONNECTICUT HEALTH CENTER 263 FARMINGTON AVE FARMINGTON, CT 06030	52-1725543	501(C)(3)		139,492.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) UCSD STUDENT RUN FREE CLINIC PROJECT 9500 GILMAN DRIVE LA JOLLA, CA 92093-0696	95-2872494	501(C)(3)		103,377.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) UFL COLLEGE OF MED. PEDIATRIC DIABETES CLIN 1699 SW 16TH AVENUE GAINSVILLE, FL 32608	59-6002052	501(C)(3)		63,416.	FMV	MEDICAL SUPPLIES	EMERGENCY
(8) UHI COMMUNITYCARE CLINIC 4745 NW 183 ST MIAMI, FL 33055	65-0268904	501(C)(3)		106,580.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) UNDERGROUND FREE CLINIC PO BOX 75157 TAMPA, FL 33675	20-4722214	501(C)(3)		322,053.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) UNION COUNTY HEALTH DEPARTMENT 940 LONDON AVE MARYSVILLE, OH 43040	31-6400087	501(C)(3)		18,548.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) UNION GOSPEL MISSION CLINIC @ UNION GOSPEL DALLAS, TX 75247	75-6003612	OTHER		172,358.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) UNION GOSPEL MISSION CLINIC 1300 N 1ST STREET YAKIMA, WA 98901	23-7050061	501(C)(3)		657,864.	FMV	MEDICAL SUPPLIES	ON-GOING

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(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	501(C)(3)		37,342.	FMV	MEDICAL SUPPLIES	EMERGENCY

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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) URGENT & PRIMARY CARE OF CLARKSDALE P.O. BOX 2098 CLARKSDALE, MS 38614	82-1075385	OTHER		232,550.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) UT HEALTH SCIENCE CENTER AT SAN ANT - FOCUS CMHE AT UTHSCSA SAN ANTONIO, TX 78229-3900	74-1586031	OTHER		395,616.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) VANDERBILT UNIVERSITY MEDICAL CENTER 1211 MED CENTER DR NASHVILLE, TN 37232-7610	35-2528741	115		308,033.	FMV	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 3971 LITTLE SAVANNAH RD CULLOWHEE, NC 28723	57-1192063	OTHER		833,374.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) VIRGINIA B. ANDES VOLUNTEER COMMUNITY CLINI 21297 OLEAN BLVD PORT CHARLOTTE, FL 33952	65-0958642	501(C)(3)		378,618.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) VOLUNTEER HEALTHCARE CLINIC 4215 MEDICAL PARKWAY AUSTIN, TX 78756	74-6082464	501(C)(3)		297,037.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) VOLUNTEERS IN MEDICINE VOLUN IN MED HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)		558,119.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) VOLUNTEERS IN MED - CLINIC OF THE CASCADES 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 92019	26-0057391	501(C)(3)		10,100.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) VOLUNTEERS IN MEDICINE CLINIC 2260 MARCOLA ROAD SPRINGFIELD, OR 97477	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

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(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) WAIMANALO HEALTH CENTER WAIMANALO HEALTH WAIMANALO, HI 96795-1247	99-0273205	OTHER		104,963.	FMV	MEDICAL SUPPLIES	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	ON-GOING
(8) WATER CITY CARE MISSION, INC. 1512 COUNTY ROAD I OSHKOSH, WI 54902	84-3899508	OTHER		224,663.	FMV	MEDICAL SUPPLIES	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	EMERGENCY
(12) WELLNESS TREE COMMUNITY CLINIC 173 MARTIN ST TWIN FALLS, ID 83301	26-1249939	501(C)(3)		1,338,979.	FMV	MEDICAL SUPPLIES	ON-GOING

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(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.	FMV	MEDICAL SUPPLIES	ON-GOING

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Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WILL COUNTY COMMUNITY HEALTH CENTER (WCCHC) 1106 NEAL AVE. JOLIET, IL 60433-2548	36-3971168	501(C)(3)		397,455.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) WILL-GRUNDY MEDICAL CLINIC 213 EAST CASS STREET JOLIET, IL 60432	36-3492306	501(C)(3)		81,080.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) WILLING HELPERS MEDICAL, INC POB 2508 COVINGTON, 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 ANN 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 INC 1520 WASHINGTON ST. CHARLESTON, WV 25311	31-1066881	501(C)(3)		183,502.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) YALE NEW HAVEN HEALTH 20 YORK ST. NEW HAVEN, CT 06511	22-2529464	501(C)(3)		32,500.	FMV	MEDICAL SUPPLIES	EMERGENCY
(9) YALE UNIVERSITY 25 SCIENCE PARK NEW HAVEN, CT 06511	06-0646973	501(C)(3)		71,792.	FMV	MEDICAL SUPPLIES	EMERGENCY
(10) YOUR BEST PATHWAY TO HEALTH BENNY MOORE OOLTEWAH, TN 37363	81-3012737	501(C)(3)		155,387.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) MIGRANT HEALTH CENTER CALLE RAMON E. BETANECS MAYAGUEZ, PR 00680	66-0427801	501(C)(3)	17,365.				EMERGENCY
(12) IBN SINA FOUNDATION INC. 11126 S, WILCREST DRIVE HOUSTON, TX 77099	76-0698464	501(C)(3)	9,000.				ON-GOING

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICA FOR THE ARTS 215 LAKESHORE PARK ROAD BOULDER, CO 80302	32-0261204	501(C)(3)	9,000.				EMERGENCY
(2) CORPORACION DE SERVICIOS MEDICOS PRIMARIOS 128 AVE DR. SUSONI HATILLO, PR 00659	66-0427194	501(C)(3)	10,000.				EMERGENCY
(3) COVENANT HOUSE TEXAS INC. 1111 LOVETT BOULEVARD 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 PUBLIC HEALTH DEPARTMENT 2805 N NAVARRO STREET VICTORIA, TX 77901	74-6002445	501(C)(3)	10,000.				ON-GOING
(6) TOMAGWA HEALTHCARE MINISTRIES 455 SCHOOL STREET TOMBALL, TX 77375	76-0280324	115	10,000.				ON-GOING
(7) UNITED HEALTH PARTNERS 3723 ROWLOCK VINE DR HOUSTON, TX 77084	61-1757254	501(C)(3)	10,000.				ON-GOING
(8) STEPHEN F. AUSTIN COMMUNITY HEALTH CENTER 1612 CALLAWAY DR. ALVIN, TX 77511	41-2273820	501(C)(3)	10,000.				ON-GOING
(9) CASA EL BUEN SAMARITANO P.O. BOX 20487 HOUSTON, TX 77225	37-1546805	501(C)(3)	10,000.				ON-GOING
(10) S TX FAMILY PLANNING & HEALTH CORPORATION 4455 S PADRE ISL CORPUS CHRISTI, TX 78411	74-1728621	501(C)(3)	10,000.				ON-GOING
(11) CHAMBERS COMMUNITY HEALTH CENTERS, INC 200 HOSPITAL DRIVE ANAHUAC, TX 77514	26-0223749	501(C)(3)	10,000.				ON-GOING
(12) HOPE MEDICAL CLINIC INC. 150 BEACH DRIVE DESTIN, FL 32541	26-3811078	OTHER	9,000.				ON-GOING

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY VOLUNTEERS IN MEDICINE 300B LAWRENCE DRIVE WEST CHESTER, PA 19380	23-2944553	501(C)(3)	10,000.				ON-GOING
(2) COMMUNITY FREE CLINIC 249 MILL STREET HAGERSTOWN, MD 21740	52-1772594	501(C)(3)	10,000.				ON-GOING
(3) MERCY HEALTH CENTER 700 OGLETHORPE AVE 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. INSTITUTE OF HEALTH PROFESS 8121 BROADWAY STREET HOUSTON, TX 77061	46-1267820	501(C)(3)	10,000.				ON-GOING
(6) SAN JOSE CLINIC 2615 FANNIN ST, HOUSTON, TX 77002	76-0373703	501(C)(3)	10,000.				ON-GOING
(7) EASTER SEALS OF GREATER HOUSTON 4888 LOOP CENTRAL HOUSTSON, TX 77081	74-1238418	501(C)(3)	10,000.				EMERGENCY
(8) ON EAGLE'S WINGS, INC. 1 MEDICAL PKWY FARMERS BRANCH, TX 75234	75-2616002	501(C)(3)	10,000.				ON-GOING
(9) INSIGHT OUTREACH INC. 62-3A ESTATE THOMAS ST ST. THOMAS, VI 00802	66-0929544	501(C)(3)	73,346.				EMERGENCY
(10) CENTRO DE SERVICIOS PRIMARIOS GUILLERMO RIEFKHOL 99 PATILLAS, PR 00723	66-0430826	501(C)(3)	24,960.				ON-GOING
(11) LUTHERAN SOCIAL SERVICES OF THE VIRGIN ISLA 516B HOSPITAL STREET FREDERIKSTED, VI 00840	67-0250807	501(C)(3)	81,932.				EMERGENCY
(12) CATHERINES HEALTH CENTER 1211 LAFAYETTE AVE GRAND RAPIDS, MI 49505	20-3572418	501(C)(3)	100,000.				ON-GOING

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MALIHEH FREE CLINIC 941 E 3300 S SALT LAKE CITY, UT 84107	20-2313461	501(C)(3)	25,000.				ON-GOING
(2) PEDIPLACE 502 S. OLD ORCHARD L LEWISVILLE, TX 75067	75-2512752	501(C)(3)	100,000.				ON-GOING
(3) CHRIST CLINIC 25722 KINGSLAND BLVD KATY, TX 77494	90-0789318	501(C)(3)	100,000.				ON-GOING
(4) HEAL THE CITY 609 S. CAROLINA AMARILLO, TX 79106	46-5694050	501(C)(3)	100,000.				ON-GOING
(5) AVICENNA FREE CLINIC 1838 FRANKFORD AVE PANAMA CITY, FL 32405	82-2554695	501(C)(3)	155,706.				ON-GOING
(6) ORCHARD HOSPITAL 240 SPRUCE STREET GRIDLEY, CA 95948	94-1049467	501(C)(3)	160,000.				EMERGENCY
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 726.

3 Enter total number of other organizations listed in the line 1 table 62.

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

Schedule 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	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FREE MEDICINE TO PATIENTS	173,049.		529,834,723.	FMV	PRESCRIPTION
2 MEDICAL OUTREACH IN THE US	35.		775,238.	FMV	MED SUPPLIES
3					
4					
5					
6					
7					

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

FORM 990, SCHEDULE I, PART I

GRANTS AND ASSISTANCE

LINE 2 - AMERICARES 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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2019

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

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

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

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

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

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	117.	1,482,755.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	198,672.	98,343.	COST/WHOLESALE PRICE
20 Drugs and medical supplies	X	28,869,894.	1,359,643,252.	COST/WHOLESALE PRICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (HYGIENE ITEMS)	X	1,543,117.	4,073,639.	COST/WHOLESALE PRICE
26 Other ▶ (APPAREL)	X	166,660.	2,954,495.	COST/WHOLESALE PRICE
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		67.
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		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		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	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.

Schedule M (Form 990) 2019

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)

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICARES FOUNDATION, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

06-1008595

990 REVIEW PROCESS

FORM 990, PART VI, LINE 11

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

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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

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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

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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

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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ATTACHMENT 1 (CONT'D)

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

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

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,

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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 3FORM 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

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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

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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
6. 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,
CYCLONE 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
ERUPTION, EARTHQUAKE, TYPHOON KAMMURI
21. SAMOA: MEASLES OUTBREAK
22. SIERRA LEONE: COVID-19, LANDSLIDE
23. ST. LUCIA: COVID-19
24. SOMALIA: DROUGHT AND NUTRITION CRISIS

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

25. SYRIA: POLITICAL CONFLICT

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

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ATTACHMENT 3 (CONT'D)

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
29. YEMEN: COMPLEX EMERGENCY

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

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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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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.

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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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ATTACHMENT 4 (CONT'D)

- IN AND AROUND MWANZA, TANZANIA, AMERICARES CONDUCTED 405 RADIO BROADCASTS TO RAISE AWARENESS OF BIRTH INJURIES (FISTULA), FUNDED REPAIR SURGERIES FOR 164 WOMEN AND PROVIDED PSYCHOSOCIAL COUNSELING FOR NEARLY 200 WOMEN.

- IN EL SALVADOR, AMERICARES HYPERTENSION, DIABETES AND MALNUTRITION PROGRAM INCLUDED CLOSE TO 100 COMMUNITY EDUCATION SESSIONS, NEARLY 1,000 CONSULTATIONS WITH PATIENTS AND OVER 4,000 EDUCATIONAL TEXT MESSAGES TO DIAGNOSED PATIENTS, WITH 67.9 PERCENT OF HYPERTENSIVE PATIENTS SHOWING A REDUCTION IN MEAN ARTERIAL PRESSURE.

ATTACHMENT 5FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

EL SALVADOR

HAITI

LIBERIA

NEPAL

PHILIPPINES

TANZANIA

COLOMBIA

ATTACHMENT 6FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

DC, FL, GA, HI, IL, IN, KS, KY, LA, ME, MD, MA, MI,

MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

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ATTACHMENT 6 (CONT'D)

FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 7990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
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.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ 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.

Employer identification number

06-1008595

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) AMERICARES FREE CLINICS, INC. 06-1422741 88 HAMILTON AVENUE STAMFORD, CT 06902	HEALTH CARE	CT	501(C)(3)	7	N/A	X	
(2) AMERICARES FOUNDATION TANZANIA EKACLIFF BUILD., 2ND FL, ISAMI PLOT # 117, BLOCK D, BALEW	RELIEF/AID	TZ			AMERICARES	X	
(3) AMERICARES LIMITED 4 HENDERSON STREET DEVELOPMENT HOUSE, FL 6, R	RELIEF/AID	MI			AMERICARES	X	
(4)							
(5)							
(6)							
(7)							

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

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.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICARES FREE CLINICS, INC.	B	1,253,196.	FMV (GOODS)
(2) AMERICARES FREE CLINICS, INC.	Q	140,231.	COST
(3) AMERICARES FREE CLINICS, INC.	D	300,000.	LOAN GUARANTEE
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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