# **AMERICARES FREE CLINICS, INC.**

Form 990 for the Year Ended June 30, 2022

Public Disclosure Copy

Form <b>990</b>
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## \*\* PUBLIC DISCLOSURE COPY \*\* **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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2021
Open to Public Inspection

AF	or th	e 2021 calendar year, or tax year beginning JUL 1, 2021 and e	ending J	UN 30, 2022	
	heck if pplicab	c Name of organization		D Employer identit	fication number
	Addre	ss AMERICARES FREE CLINICS, INC.			
	Name			06-1422741	L
	Initial		Room/suite	E Telephone numb	er
	 Final returr	88 HAMILTON AVENUE		(203) 658-9	
	termi			<b>G</b> Gross receipts \$	4,650,675.
	Amer returr			H(a) Is this a group	return
	Appli tion	F Name and address of principal officer: CHRISTINE SQUIKES		for subordinate	es? Yes X No
	pendi	<sup>19</sup> 88 HAMILTON AVENUE, STAMFORD, CT 06902-3105		H(b) Are all subordinates	included? Yes No
ΙT	ax-ex	empt status: 🕱 501(c)(3) 🚺 501(c) ( )◀ (insert no.) 🚺 4947(a)(1) o	or 📃 527		a list. See instructions
J۷	Vebsi	te: WWW.AMERICARESFREECLINICS.ORG		H(c) Group exempti	on number 🕨
KF	orm o	organization: X Corporation Trust Association Other ►	L Year	of formation: 1994	M State of legal domicile: CT
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: TO PROV	JIDE FREE	E HEALTH CARE TO	
Governance		UNINSURED RESIDENTS OF NORWALK, DANBURY, STAMFORD & BRIDGEPOP	RT CT.		
rna	2	Check this box 🕨 🦳 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	ssets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			12
	4	Number of independent voting members of the governing body (Part VI, line 1b)			9
8 8 8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	46
/itie	6	Total number of volunteers (estimate if necessary)			35
Activities &	7 a			78	ı 0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		4,663,457	. 3,547,094.
nue	9	Program service revenue (Part VIII, line 2g)		0	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,376	,
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		4,669,833	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,098,262	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\_$		3,078,459	
u Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)			
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		500,631	· · · · · ·
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,677,352	
		Revenue less expenses. Subtract line 18 from line 12		-7,519	
s or			Be	ginning of Current Year	
t Assets or d Balances	20	Total assets (Part X, line 16)		5,727,408	
it As	1	Total liabilities (Part X, line 26)		943,851	
Inet	22	Net assets or fund balances. Subtract line 21 from line 20		4,783,557	2,246,472.
	art II	Signature Block			
Und	er pen	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of n	ny 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		Signature of officer			Date	
Here		RICHARD K. TROWBRIDGE, JR., CFO,	TREASURER & SVP OF GIK OPERAT	IONS		
		Type or print name and title				
	Prin	t/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	scoi	TT THOMPSETT			self-employed P00741490	
Preparer	Firm	's name 🕒 GRANT THORNTON LLP			Firm's EIN 🕨 36-6055558	
Use Only Firm's address > 757 THIRD AVENUE, 3RD FLOOR						
		NEW YORK, NY 10017-2013		ture Date Check PTIN if self-employed P00741490 Firm's EIN ► 36-6055558 Phone no.212-599-0100 X Yes No.		
May the IF	RS di	scuss this return with the preparer shown abo	ve? See instructions		X Yes	No

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. (Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

## 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.

Туре о	Name of exempt organization or other filer, see instru	ctions.		Taxpayer	identificat	ion numbe	er (TIN)		
print	AMERICARES FREE CLINICS, INC.			06-1422741					
File by the due date f filing your	or Number, street, and room or suite no. If a P.O. box, s	Der, street, and room or suite no. If a P.O. box, see instructions.         AMILTON AVENUE         town or post office, state, and ZIP code. For a foreign address, see instructions.         FORD, CT 06902-3105         Code for the return that this application is for (file a separate application for each return)       0       1         Return       Application       Return         Code       Is For       Code         1 990-EZ       01       Form 1041.A       08         dual)       03       Form 4720 (other than individual)       09         04       Form 5227       10         401(a) or 408(a) trust)       05       Form 6069       11         other than above)       06       Form 8870       12         oration)       07       Image: Code 12       Image: Code 23105         Example       88 HAMILTON AVENUE - STAMFORD, CT 06902-3105       Image: Code 23105         Example       06       Form 2870       Image: Code 23105         Example       Example       Fax No.       Image: Code 23105         Example       Example       Fax No.       Image: Code 23105         Example       Fax No.       Image: Code 23105       Image: Code 23105         Example       Example Code 23105       Image: C							
return. See instructior		oreign add	ress, see instructions.						
Enter th	e Return Code for the return that this application is for (file	e a separa	e application for each return)				0 1		
Applica	ition	Return	Application				Retur	n	
ls For		Code	Is For				0 1 Return Code 08 09 10 11 12 check this s for.		
Form 99	90 or Form 990-EZ	01	Form 1041-A				08		
Form 47	720 (individual)	03	Form 4720 (other than individual)				09		
Form 99	90-PF	04	Form 5227				10		
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11		
Form 99	90-T (trust other than above)	06	Form 8870				12		
Form 99	90-T (corporation)	07							
<ul> <li>If thi</li> <li>box</li> <li>1</li> <li>the set of the se</li></ul>	s is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until ne organization named above. The extension is for the organization calendar year Calendar year or X tax year beginningJUL 1, 2021	Group Exe and atta MAY 1 anization's , an	mption Number (GEN) ch a list with the names and TINs of 5, 2023 , to file return for: d endingJUN 30, 2022	f this is fo all member the exem	r the whole ers the ext npt organiz 	e group, ch ension is fo	or.	S	
	this application is for Forms 990-PF, 990-T, 4720, or 6069	), enter the	tentative tax, less	0.5	¢		(		
	ny nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069	enter any	refundable credits and	<u>3a</u>	\$			••	
	stimated tax payments made. Include any prior year overp			3b	\$		(	٥.	
	alance due. Subtract line 3b from line 3a. Include your pa								
	sing EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$		(	٥.	
Caution instruct	<b>n:</b> If you are going to make an electronic funds withdrawal ions.	(direct det	bit) with this Form 8868, see Form 84	453-TE and	d Form 887	79-TE for p	ayment	:	
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ctions.		Form	n <b>8868</b> (Rev	v. 1-202	22)	

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Form	n 990 (2021) AMERICARES FREE CLINICS, INC.	06-1422741 Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u>X</u>
1	Briefly describe the organization's mission: SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed	t on the
2	prior Form 990 or 990-EZ?	
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	n services? Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations are required to report the amount of grants are required to report to	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$5,369,520. including grants of \$1,515,112           SEE SCHEDULE O	2. ) (Revenue \$0.
4b	(Code:) (Expenses \$ including grants of \$	) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$	) (Revenue \$
4d		1
4e	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses ► 5,369,520.	)
		Form <b>990</b> (2021
32002	<sup>22</sup> 12-09-21 3	

AMERICARES FREE CLINICS, INC. Form 990 (2021) AMERICARES FREE CI

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3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
<i>.</i> -	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		x
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18		
19		10		x
20-	complete Schedule G, Part III	19 20a		X
20а ь	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
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	990 (2021) AMERICARES FREE CLINICS, INC. 06-14227	11	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			0
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a		28a		x
h	"Yes," complete Schedule L, Part IV	28b		x
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	000		x
20	"Yes," complete Schedule L, Part IV	28c 29	x	
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	200		x
24	contributions? If "Yes," complete Schedule M	<u>30</u> 31		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		x	
05-	Part V, line 1	34		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5%		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
~~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O           Statements Regarding Other IRS Filings and Tax Compliance	38	Х	I
1 0	Check if Schedule O contains a recommend or note to any line in this Dart )/			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
<b>.</b>	Enter the number reported in box 3 of Form 1096. Enter $-0$ , if not applicable 11		Yes	No
		-		
		-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X QQA	
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2021.05070 AMERICARES FREE CLINICS, 01780011

_	1990 (2021)         AMERICARES FREE CLINICS, INC.           t V         Statements Regarding Other IRS Filings and Tax Compliance (continued)	06-1422	/41	Р	age
r d	statements negation gother ins rinnys and tax compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			res	
	filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 4	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	х	
-	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e_{-file}$ . See instruction				
3a					x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
h	If "Yes," enter the name of the foreign country		14		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FRAR)			
5a			5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac				x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50 50		
_			50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		6.		x
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contribution	•			
-	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser				X
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-			
	to file Form 8282?	1 1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
1	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	124		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		-		
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		154		
h					
D	Enter the amount of reserves the organization is required to maintain by the states in which the	401			
_	organization is licensed to issue qualified health plans	13b	-		
-	Enter the amount of reserves on hand	13c	44-		v
4a			14a		X
_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
6					
6	If "Yes," complete Form 4720, Schedule O.				
6 7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in				
			17		

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		06-1422741			age <b>6</b>
°a	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	w, and for a "No	" re	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instruction				
	Check if Schedule O contains a response or note to any line in this Part VI				X
ec	tion A. Governing Body and Management		_		
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	12			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	2			Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervise	sion			
	of officers, directors, trustees, or key employees to a management company or other person?				Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				Х
6	Did the organization have members or stockholders?	6		Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?		1	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	<b>7</b> k	)	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	j:			
а	The governing body?			Х	
b	Each committee with authority to act on behalf of the governing body?		,	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				Х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10	а		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10	b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	ne form? 11	а	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12	а	х	
b				Х	
с					
	on Schedule O how this was done	12	с	x	
3	Did the organization have a written whistleblower policy?		3	Х	
4	Did the organization have a written document retention and destruction policy?			х	
5	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а		15	а	х	
b				х	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		-		
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
•••	taxable entity during the year?	16	a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participati		-		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		h		
ec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed <sup>CT</sup>				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	on 501(c)(3)s only	<i>v</i> ) 2	vailat	he
0	for public inspection. Indicate how you made these available. Check all that apply.		y) a	vanal	10
	X       Own website       Another's website       X       Upon request       Other (explain on Schedule C         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest		nc:		
0		policy, and tina	u ICI	a	
9	statements available to the public during the tax year.				
_					
9	State the name, address, and telephone number of the person who possesses the organization's books and records	· · · · · · · · · · · · · · · · · · ·			
_	State the name, address, and telephone number of the person who possesses the organization's books and records RICHARD K. TROWBRIDGE, JR 203-658-9500				
0	State the name, address, and telephone number of the person who possesses the organization's books and records			990	/000

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Form 990 (202	21) AMERICARES FREE CLINICS, INC.	06-1422741	Page 7
Part VII C	compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
E	mployees, and Independent Contractors		
C	heck if Schedule O contains a response or note to any line in this Part VII		
Section A. C	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 v	vith or within the organization's	s tax year.

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the instructions for the order in which to list the persons above.

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

		I	mzu			iper	our			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one box, unless person is both an			than o		Reportable	Reportable	Estimated	
	hours per		, unles cer an					compensation	compensation	amount of
	(list any						,	from the	from related	other compensation
	(list any hours for	direct				_		organization	organizations (W-2/1099-MISC/	from the
	related	e or i	stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	ial tru		oyee	ompe		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) CHRISTINE SQUIRES	1.00									
PRESIDENT & CEO	40.00	Х		х				0.	476,587.	78,506.
(2) M. RASHAD MASSOUD MD, MPH, FACP	1.00									
DIRECTOR	40.00	Х		х				0.	328,512.	58,107.
<pre>(3) RICHARD K. TROWBRIDGE, JR.</pre>	1.00									
CFO, TREASURER & SVP OF GIK OPERAT.	40.00			х				0.	283,143.	57,753.
(4) MEGIN WOLFMAN	1.00									
FORMER ASSISTANT SECRETARY	40.00						Х	٥.	231,195.	54,505.
(5) KAREN GOTTIEB	40.00									
EXECUTIVE DIRECTOR/DIRECTO	0.00	Х		х				197,897.	٥.	24,776.
(6) DINA VALENTI	40.00									
DIRECTOR, DANBURY CLINIC	0.00					X		138,284.	٥.	36,707.
(7) JENNIFER DASILVA	40.00									
DIRECTOR, FREE CLINICS BRIDGEPORT	0.00					X		111,577.	٥.	47,129.
(8) VERONICA SULLIVAN	40.00									
DIRECTOR, NORWALK CLINIC	0.00					X		107,878.	٥.	31,918.
(9) MUGUETTE MAIGNAN	40.00									
DIRECTOR, STAMFORD CLINIC	0.00					X		123,953.	٥.	8,718.
(10) PATRICIA DUNN	40.00									
NP, DANBURY CLINIC	0.00					X		111,996.	٥.	7,662.
(11) JENNIFER M. NAUMANN	1.00									
ASSISTANT SECRETARY	40.00			х				0.	73,357.	25,492.
(12) JERRY P. LEAMON	1.00									
CHAIRMAN (THRU 6/2022)	0.00	Х		х				0.	Ο.	0.
(13) JAY H. SANDAK	1.00									
SECRETARY	0.00	х		х				0.	0.	0.
(14) ELIZABETH P. ALLEN	1.00									
DIRECTOR (AS OF 10/2021)	0.00	х						0.	0.	0.
(15) CAROL B. BAUER	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(16) RONALD E. COURSEY	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(17) CATALINA HORAK	1.00									
DIRECTOR	0.00	х						0.	0.	0.
132007 12-09-21										Form <b>990</b> (2021)

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132007 12-09-21

Form 990 (2021) AMERICARES	FREE CLINICS	, I	NC.						06-14	22741	1	P	Page <b>8</b>
Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average			Pos					Reportable Reportable		Estimated		ed
	hours per					than o s both		compensation	compensatio	I		nount	
	week					or/trust		from	from related			other	
	(list any	ctor						the	organization	s	com	pensa	ation
	hours for	r dire				ed		organization	(W-2/1099-MIS	SC/	fr	om th	ıe
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		org	anizat	tion
	organizations	l trus	nal tr		oyee	duo		1099-NEC)			an	d relat	ted
	below	ndividual trustee or director	Institutional trustee	Cer	Key employee	lest c	ner				orga	anizati	ions
	line)	ln di	Inst	Officer	Key	Highest compensated employee	Former						
(18) PAUL J. KUEHNER	1.00												
DIRECTOR	0.00	Х						0.		Ο.			Ο.
(19) JANE MUSKY	1.00												
DIRECTOR	0.00	х						0.		0.			Ο.
(20) STEPHEN M. WINTER, MD	1.00											-	
DIRECTOR	0.00	x						0.		٥.			Ο.
					-					-+			
		-											
					<u> </u>								
										$ \rightarrow $			
1b Subtotal	I					-		791,585.	1,392,	794.		431	,273.
c Total from continuation sheets to Part								0.	, ,	0.			0.
								791,585.	1,392,			431	,273.
d Total (add lines 1b and 1c)								,				,	,
2 Total number of individuals (including bu		lose	liste	u au	Jove	9 W I I	ore	ceived more than \$100,	ooo or reportable	;			6
compensation from the organization	•											Yes	No
										ſ		res	NO
<b>3</b> Did the organization list any <b>former</b> offic			•	•	•		Ŭ	• • •	•				
line 1a? If "Yes," complete Schedule J fo											3	X	
4 For any individual listed on line 1a, is the	-		-					•	-				
and related organizations greater than \$	150,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual			4	Х	
5 Did any person listed on line 1a receive of													
rendered to the organization? If "Yes," c	omplete Schedul	e J f	or su	ich r	oers	on .					5	L	X
Section B. Independent Contractors	·												
1 Complete this table for your five highest	compensated inc	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	oensat	ion fro	m	
the organization. Report compensation f	•	•							•				
(A)							T	(B)			(0	3)	
Name and busine	ess address	NO	NE					Description of s	ervices	C		nsatio	on
											-		
							_						
							-						
							$\dashv$						
							$ \downarrow$						
2 Total number of independent contractors	s (including but n	ot lir	nited	d to f	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the orga	anization 🕨				(	0							

132008 12-09-21

			ICARES FREE C	LINICS, INC.			06-142274	1 Page <b>9</b>
Par	t VI	II Statement of Rev	venue					
		Check if Schedule O c	contains a respon	se or note to any line	e in this Part VIII (A)	(B)	(C)	(D)
					(A) Total revenue	Related or exempt		Revenue excluded from tax under sections 512 - 514
ς, γ	1 2	Federated campaigns	1a	550.				
Contributions, Gifts, Grants and Other Similar Amounts	k		1b					
₩G.	c							
ar /	c			1,242,231.				
is, (		e Government grants (contri						
erS	f	All other contributions, gifts,						
ië Đ		similar amounts not included		2,304,313.				
ont	ç H	Noncash contributions included in I		1,478,871.	3,547,094.			
0 a	1	Total. Add lines 1a-1f		Business Code	3,347,034.			
đ	2 a	I						
, ic	_ t							
Ser	c							
Program Service Revenue	c	1						
0 B B B B B B B B B B B B B B B B B B B	e							
ā	f	All other program service						
	<u> </u>							
	3	Investment income (includ	•		72,540.			72,540
	4	other similar amounts) Income from investment o			, , , , , , , , , , , , , , , , , , , ,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	5	Royalties	•	· · ·				
	-		(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	k	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	c							
	7 a	Gross amount from sales of	(i) Securitie					
		assets other than inventory	<b>7a</b> 1,030,21	.3.				
ø	Ľ	• Less: cost or other basis and sales expenses	7b 1,162,97	78				
venue		Gain or (loss)	<b>7</b> c -132,76					
d)		Net gain or (loss)			-132,765.			-132,765.
Other R		Gross income from fundraisir	ſ					
Ð,		including \$	of					
		contributions reported on	line 1c). See					
		Part IV, line 18						
	k		····· •	8b				
	с О		n -	s 🕨				
	9 8	Gross income from gamin Part IV, line 19	-	9a				
	t			9b				
		Net income or (loss) from						
		Gross sales of inventory, l	r					
		and allowances		10a				
	b	Less: cost of goods sold		10b				
	c	Net income or (loss) from	sales of inventory					
s		MICOULINEOUS INCOM	<b>D</b>	Business Code 900099	0.00			0.0.0
Miscellaneous Revenue	-	MISCELLANEOUS INCOM			828.			828.
scellaneo <u>Revenue</u>	t c							
Be		All other revenue		-				
Σ		• Total. Add lines 11a-11d			828.			
	12	Total revenue. See instructio			3,487,697.	0.	0.	-59,397.
132009	12-0							Form <b>990</b> (2021

10 2021.05070 AMERICARES FREE CLINICS, 01780011

AMERICARES FREE CLINICS, INC.

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

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Check if Schedule O contains a respons Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	1,515,112.	1,515,112.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	222,823.	74,275.	74,274.	74,274
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,540,831.	2,439,232.	54,330.	47,269
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	118,962.	114,205.	2,544.	2,213
9 Other employee benefits	495,448.	462,195.	17,287.	15,966
IO Payroll taxes	214,694.	196,387.	9,430.	8,877
<b>1</b> Fees for services (nonemployees):				
a Management	1,853.	1,853.		
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,016.		8,016.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch 0.)	12,866.	12,866.		
2 Advertising and promotion	2,426.	2,426.		
3 Office expenses	26,906.	26,200.	371.	335
4 Information technology	97,543.	77,266.	10,650.	9,627
I5 Royalties				
6 Occupancy	234,017.	212,359.	11,376.	10,282
7 Travel	3,577.	3,577.		
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials $\dots$				
9 Conferences, conventions, and meetings	129.	129.		
20 Interest	3,025.	3,025.		
Payments to affiliates				
<b>2</b> Depreciation, depletion, and amortization	40,862.	40,862.		
3 Insurance	95,431.	81,744.	7,189.	6,498
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 0.)				
a MISC EXPENSES	113,818.	105,807.	4,208.	3,803
b				
c				
d				
e All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	5,748,339.	5,369,520.	199,675.	179,144
<b>Joint costs</b> . Complete this line only if the organization	. , .	. , .	,	,
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here Fillowing SOP 98-2 (ASC 958-720)				

132010 12-09-21

Form 990 (2021)

132011 12-09-21

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12 2021.05070 AMERICARES FREE CLINICS, 01780011

					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			Degining of year	1	End of year
	2	•			571,964.	2	365,013,
	2	Savings and temporary cash investments			1,856,820.	3	0
	4	Pledges and grants receivable, netAccounts receivable, net			3,282.	4	0
	5	Loans and other receivables from any current of		•,=•=•	-4	· ·	
	5	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali					
	Ŭ	under section 4958(f)(1)), and persons described		4059(a)(2)(D)		6	
	7	Notes and loans receivable, net		· · · · · · · · · · · · · · · ·		7	
sets	8	Inventories for sale or use			832,930.	8	635,195
Assets	9				25,411.	9	31,441,
		Land, buildings, and equipment: cost or other	 I I		,	3	,
	104	basis. Complete Part VI of Schedule D	102	1,170,805.			
	b			1,024,783.	188,384.	10c	146,022
	11	Less: accumulated depreciation Investments - publicly traded securities			2,248,617.	11	2,094,449
	12	Investments - other securities. See Part IV, line -		_,,	12	_,,	
	13	Investments - program-related. See Part IV, line		13			
	14			14			
	15	Intangible assets Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			5,727,408.	16	3,272,120
	17	Accounts payable and accrued expenses	643,851.	17	725,648		
	18			18	, 20, 010		
	19	Grants payable		19			
	20	Deferred revenue		20			
	20 21	Tax-exempt bond liabilities				20	
		Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or form					
bilit		trustee, key employee, creator or founder, subst		· · · · ·		22	
Lial	00	controlled entity or family member of any of the	-			22	
	23 24	Secured mortgages and notes payable to unrela			300,000.	23	300,000
	24 25	Unsecured notes and loans payable to unrelated	-	F	500,000.		500,000
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). (	ompiete Part X		05	
	26	of Schedule D Total liabilities. Add lines 17 through 25		····· -	943,851.	25 26	1,025,648
	20	Organizations that follow FASB ASC 958, che	ak hara	x x	545,051.	20	1,023,040
ŝ			ck nere				
uce	07	and complete lines 27, 28, 32, and 33.			879,271.	27	0
ala	27			·····	3,904,286.	27	2,246,472
d B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 9		5,504,200.	20	2,210,172	
n		and complete lines 29 through 33.					
or i	20				20		
ets	29 20	Capital stock or trust principal, or current funds				29 30	
SS	30 21	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31 22	Retained earnings, endowment, accumulated in			4,783,557.		2,246,472
ž	32	Total net assets or fund balances			5,727,408.	32	3,272,120
	33	Total liabilities and net assets/fund balances			5,121,400.	33	Form <b>990</b> (2021

Form 990 (2021)
Part X Balance Sheet

Form	1990 (2021) AMERICARES FREE CLINICS, INC.	06-142274	1	Pa	<sub>ge</sub> 12
Pa	rt 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	3,	487,	697.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,	748,	339.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,	260,	642.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,	783,	557.
5	Net unrealized gains (losses) on investments	5	-	276,	443.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,	246,	472.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were 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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	Ĺ

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

0	MB	No.	1545-	0047
	-	-	-	-

Open to Public Inspection

## Name of the organization

INall				66 TNG								
Pa	rt I	Reason for Public (	ARES FREE CLINI Charity Status.		omplete th	nis nart ) S	ee instruction	06-1422741				
		ization is not a private found						3.				
1		A church, convention of ch	•	<b>u</b> ,		,	1)(A)(i)					
2		A school described in secti					•,(,~,(,),•					
2	H	A hospital or a cooperative				(h)(1)(A)(ii	;;)					
4		A medical research organization					-	(iiii) Enter	the hospital's name			
-		city, and state:			accombed				the hospital o hame,			
5			or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in			
Ŭ		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	X											
•		section 170(b)(1)(A)(vi). (C	-		onn a gove			io gonorar r				
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)							
9	$\square$	An agricultural research org				ed in coniu	unction with a	land-orant	college			
		or university or a non-land-g	-			-		-	-			
		university:	, , ,			, ,	,	5				
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from			
		activities related to its exem										
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he function	ns of, or to ca	rry out the	purposes of one or			
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section	5 <b>09(a)(2)</b> .	See section &	5 <b>09(a)(3).</b> (	Check the box on			
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.				
а		<b>Type I.</b> A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving			
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	ctors or trustee	es of the su	ipporting			
		organization. You must c	complete Part IV, Se	ctions A and B.								
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organization	n(s), by hav	ring			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manaç	ge the supp	ported			
		organization(s). You mus	-									
С		Type III functionally inte						ly integrate	d with,			
	_	its supported organization		-								
d		Type III non-functionally						-				
		that is not functionally int			•		-	an attentiv	reness			
	_	requirement (see instructi		-								
е		Check this box if the orga					Type I, Type I	II, Type III				
	Ente	functionally integrated, or er the number of supported o		any integrated supporting	ng organiz	ation.						
י ה		vide the following information	-	d organization(s)								
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No No	support (see in	structions)	support (see instructions)			
Tota	al											

 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,804,177.	4,177,573.	9,068,527.	4,663,457.	3,547,094.	25,260,828.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,804,177.	4,177,573.	9,068,527.	4,663,457.	3,547,094.	25,260,828.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6,401,967.
	Public support. Subtract line 5 from line 4.						18,858,861.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	(e) 2021	<b>(f)</b> Total
7	Amounts from line 4	3,804,177.	4,177,573.	9,068,527.	4,663,457.	3,547,094.	25,260,828.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$		2,840.	3,368.	6,376.	72,540.	85,124.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	40.		1,000.		828.	1,868.
11	Total support. Add lines 7 through 10						25,347,820.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publi	c Support Pere	centage			r - r	
	Public support percentage for 2021 (I		•			14	74.40 %
	Public support percentage from 2020					15	76.14 %
<b>16</b> a	a 33 1/3% support test - 2021. If the c	organization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this boy	
	stop here. The organization qualifies		-				
k	<b>33 1/3% support test - 2020.</b> If the c	organization did not	check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	, ,					
17a	a 10% -facts-and-circumstances test	- 2021. If the orga	anization did not c	neck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a put	licly supported or	ganization		▶∟
k	o 10% -facts-and-circumstances test	- 2020. If the orga	anization did not c	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is <sup>-</sup>	0% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and sto	<b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. The	e organization qua	lifies as a publicly	supported organiz	zation	▶∐
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	, check this box a	nd see instructions	
						Schedule A	Form 990) 2021

Schedule A (Form 990) 2021

132022 01-04-22

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

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

Sec	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	l (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 per- formed, 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 bus-						
	iness under section 513					+	
4	Tax revenues levied for the organ- ization'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						
	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	l (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>					
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	nization,
_							<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2021 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	: III, line 15			16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	<b>21</b> (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2020 Schedule A,	, Part III, line 17			18	%
	33 1/3% support tests - 2021. If the			on line 14, and lin	e 15 is more than 3	33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2020. If the						3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
13202	23 01-04-22					Sched	dule A (Form 990) 2021

16 2021.05070 AMERICARES FREE CLINICS, 01780011

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

Yes No

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

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132024 01-04-21

10b Schedule A (Form 990) 2021

Part IV	Supporting Organ	izations (	
Schedule A	(Form 990) 2021	AMERICARES	FREE

Yes No

2

		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 on lines 11b and			
11c below, the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		

## ection B. Type I Supporting Organizations

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		4		

#### <u>the supported organization(s)</u> 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? If "No," explain in <b>Part VI</b> how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in <b>Part VI</b> the role the organization's	2		
	supported organizations played in this regard	3		

## Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	--	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

Yes No

15080403 153424 0178001-00010

18

Sche	dule A (Form 990) 2021 AMERICARES FREE CLINICS, INC.			06 - 1422741	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgai	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 ( explain ir	Part VI). See instr	ructions.
	All other Type III non-functionally integrated supporting organizations must				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally	/ integrat	ed Type III supporting org	anization (see	

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

132027 01-04-22

2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u>i</u>	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

1 Amounts paid to supported organizations to accomplish exempt purposes

**Current Year** 

1

Section D - Distributions

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

## SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS	
2017 AMOUNT: \$ 40.	
2018 AMOUNT: \$ 0.	
2019 AMOUNT: \$ 1,000.	
2020 AMOUNT: \$ 0.	
2021 AMOUNT: \$ 828.	
132028 01-04-22 21	Schedule A (Form 990) 202

15080403 153424 0178001-00010

## \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

# **202**<sup>-</sup>

Employer identification number

06-1422741
------------

Name of the organization	n
	AMERICARES FREE CLINICS, INC.
Organization type (cheo	:k one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization

	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**

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

📙 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

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

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

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

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

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

Schedule B (Form 990) (2021)

AMERICAR	ES FREE CLINICS, INC.		06-1422741
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,242,231	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$250,000	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$300,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$300,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$175,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Page **2** 

Employer identification number

23

 $15080403 \ 153424 \ 0178001-00010$ 

Schedule B (Form 990) (2021) Name of organization

2021.05070 AMERICARES FREE CLINICS, 01780011

Part I	t 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		\$85,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	· · ·	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
			Person Payroll				

Schedule B (Form 990) (2021)

Noncash

(Complete Part II for noncash contributions.)

Schedule B

123452 11-11-21

24 2021.05070 AMERICARES FREE CLINICS, 01780011

\$

15080403 153424 0178001-00010

## Schedule B (Form 990) (2021) Name of organization

AMERICARES FREE CLINICS, INC.

Page 2 Employer identification number

06-1422741

Part I         Image: Constructions.)         (See instructions.)           1         Image: Construction of the second se	Employer identification number	organization	Name of o		
(a) No. from Part1       (b) Description of noncash property given       (c) FMV (or estimate) (See instructions.)       (d) Date receive         1       MEDICINES AND MEDICAL SUPPLIES       \$       1,228,871.       06/30/22         (a) No. from Part1       (b) Description of noncash property given       (c) FMV (or estimate) (See instructions.)       (d) Date receive         2       SECURITIES - PUBLICLY TRADED       \$       250,000.       06/30/22         (a) No. from Part 1       (b) Description of noncash property given       (c) FMV (or estimate) (See instructions.)       06/30/22         (a) No. from Part 1       (b) Description of noncash property given       (c) FMV (or estimate) (See instructions.)       06/30/22	06-1422741	ARES FREE CLINICS, INC.	AMERICAR		
No. from Part I     (c) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receive       1     MEDICINES AND MEDICAL SUPPLIES     (d) Date receive       1     (c) FMV (or estimate)     (c) FMV (or estimate)       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate)     (d) Date receive       2     SECURITIES - PUBLICLY TRADED     (c) FMV (or estimate)     (d) Date receive       2     SECURITIES - PUBLICLY TRADED     (c) FMV (or estimate)     (d) Date receive       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate)     (d) Date receive       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate)     (d) Date receive       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate)     (d) Date receive	icate copies of Part II if additional space is needed.	Noncash Property (see instructions). Use duplicate copies of Part	Part II		
1	FMV (or estimate) (0)				
No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receive       2     SECURITIES - PUBLICLY TRADED     \$     250,000.     06/30/22       (a) No. from Part I     (b) Description of noncash property given     \$     (c) FMV (or estimate) (See instructions.)     06/30/22       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receive	\$\$	MEDICINES AND MEDICAL SUPPLIES	1		
2	FMV (or estimate) (0)		No. from		
No.     (b)     (c)     (d)       from     Description of noncash property given     (See instructions.)     Date received       Part I	\$\$	SECURITIES - PUBLICLY TRADED	2		
	FMV (or estimate) (0)		No. from		
	\$				
(a) No. from Part I(b)(c) FMV (or estimate) (See instructions.)(d) Date received	FMV (or estimate) (0)		No. from		
	\$				
(a)       (b)       (c)       (d)         No.       (b)       FMV (or estimate)       (d)         from       Description of noncash property given       (See instructions.)       Date received	FMV (or estimate) (d)		No. from		
s	\$				
(a) No.     (b) from     (c) FMV (or estimate) (See instructions.)     (d) Date received       Part I     Description of noncash property given     (See instructions.)	FMV (or estimate) (d)		No. from		
\$	\$Schedule B (Form 990) (2021)				

Schedule B (Form 990) (2021)

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Page 3

Schedule B	(Form	990)	(2021)	
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Page **4** 

ame of or	ganization		Employer identification numbe
IERICAR	ES FREE CLINICS, INC.		06-1422741
Part III	Exclusively religious, charitable, etc., contributor	a) through (e) and the following line er charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the yentry. For organizations r less for the year. (Enter this info. once.) \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u> </u>			
-		(e) Transfer of gi	
ŀ	Transferee's name, address, a	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 gi	ft
ŀ	Transferee's name, address, a	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 gi	ft
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi and ZIP + 4	ft Relationship of transferor to transferee
3454 11-11-			Schedule B (Form 990) (20
		0.6	

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SCI		Supplementa	al Financial Statements	ł	OMB No. 154	45-0047
	n 990)	Complete if the orga	anization answered "Yes" on Form 990,		202	21
Departi	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to	Public
Internal	Revenue Service		90 for instructions and the latest information.		Inspectio	
Nam	e of the organizatio	n AMERICARES FREE CLINICS, IN	c.		identification	number
Par	t I Organizat	1	d Funds or Other Similar Funds or Ac			Э
	_	answered "Yes" on Form 990, Part IV, line			•	
			(a) Donor advised funds	( <b>b)</b> Funds and	d other accour	nts
1	Total number at end	d of year				
2	Aggregate value of	contributions to (during year)				
3		grants from (during year)				
4		end of year				
5	-		writing that the assets held in donor advised fund			<b>—</b>
-			exclusive legal control?		Yes	No No
6			dvisors in writing that grant funds can be used o			
	impermissible privat		r donor advisor, or for any other purpose conferr	U	Yes	
Par			ganization answered "Yes" on Form 990, Part IV,		res	No No
1		ervation easements held by the organization	· · · · · ·			
•		of land for public use (for example, recreat		orically import	tant land area	
		natural habitat	Preservation of a certi	•		
	Preservation	of open space				
2	Complete lines 2a t	hrough 2d if the organization held a qualif	ied conservation contribution in the form of a co	nservation ea	sement on the	e last
	day of the tax year.			Held a	at the End of the	e Tax Year
а	Total number of cor	nservation easements		2a		
b	-			2b		
С			ucture included in (a)	2c		
d			fter 7/25/06, and not on a historic structure			
				2d		
3		ation easements modified, transferred, rele	eased, extinguished, or terminated by the organi	zation during	the tax	
4	year	 here property subject to conservation eas	noment is leasted			
4 5		on have a written policy regarding the per				
5	U U	rcement of the conservation easements it			Yes	No
6	,		handling of violations, and enforcing conservatio			
•						
7	Amount of expense	 s incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation eas	sements durir	ng the year	
	►\$					
8	Does each conserva	ation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)	(i)		
	and section 170(h)(4	4)(B)(ii)?			Yes	No No
9	In Part XIII, describe	e how the organization reports conservation	on easements in its revenue and expense statem	ent and		
	balance sheet, and	include, if applicable, the text of the footn	ote to the organization's financial statements that	at describes t	he	
Dor	organization's acco	unting for conservation easements.	Art, Historical Treasures, or Other S	imilar Aco	ata	
Par		-		amilar ASS	els.	
4.		the organization answered "Yes" on Form				
Та	e e		8, not to report in its revenue statement and bala		orks	
			lic exhibition, education, or research in furtherar icial statements that describes these items.			
b			8, to report in its revenue statement and balance	sheet works	of	
5	-		exhibition, education, or research in furtherance			
		g amounts relating to these items:			,	
				▶ \$		
2			asures, or other similar assets for financial gain, r			
	the following amour	nts required to be reported under FASB A	SC 958 relating to these items:			
а	Revenue included o	n Form 990, Part VIII, line 1		▶ \$		
b	Assets included in F	Form 990, Part X		▶ \$		

<b>b</b> Assets included in Form 990, Part X	
LHA For Paperwork Reduction Act Notic	ce, see the Instructions for Form 990.
132051 10-28-21	

Sehedule D	(Earm 000)	10001
Schedule D	FOUL 390	2021

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Sche		FREE CLINICS, 1						-1422741	I	- <sub>age</sub> 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tre	easures, or	Other S	Similar As	sets <sub>(cont</sub>	inued,	)
3	Using the organization's acquisition, accession	on, and other records	s, chec	k any of the	following that	make sigr	nificant use of	f its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	m				
b	Scholarly research	e		1						
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explair	ו how t	hey further th	ne organizatio	n's exemp	t purpose in	Part XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, h	istorical treas	sures, or othe	r similar as	ssets			
	to be sold to raise funds rather than to be ma							Yes		No
Pa	t IV Escrow and Custodial Arrang	gements. Comple	ete if th	e organizatio	n answered "	Yes" on F	orm 990, Par	t IV, line 9, c	r	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for	contribution	s or other ass	ets not inc	luded			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
								Amou	nt	
с	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or cu	ustodial accou	unt liability	?	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planati	on has been	provided on F	Part XIII			. [	
Pa	TV Endowment Funds. Complete in	f the organization an	swered	d "Yes" on Fo	orm 990, Part	IV, line 10				
		(a) Current year	(b)	Prior year	(c) Two year	rs back (d	I) Three years I	back 🛛 (e) Fo	ur year	s back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1	g, column (a	)) held as:					
а	Board designated or quasi-endowment	-	%							
b	Permanent endowment		_							
с		%								
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion th	at are held ar	nd administer	ed for the	organization			
	by:	0					0		Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									
Pa	t VI   Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	), Part I	V, line 11a. S	See Form 990,	, Part X, lin	ie 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Acc	umulated	(d) Bo	ok val	ue
_	· · · ·	basis (investn	nent)	• •	(other)	• •	eciation			
<b>1</b> a	Land									
b	Buildings									
с	Leasehold improvements			1	,029,833.		913,787.		116	,046.
	Equipment				140,972.		110,996.		29	,976.
	Other									
	. Add lines 1a through 1e. (Column (d) must ea		X. colu	mn (B), line 1	0c.)		►		146	,022.
		<u>, , , , , , , , , , , , , , , , , , , </u>		<i>,,,</i>			Sche	dule D (For	m 990	) 2021

132052 10-28-21

### 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. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, 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. (Col. (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)(3) (4) (5) (6) (7) (8) (9) ► Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2021

X

132053 10-28-21

Sche	dule D (Form 990) 2021 AMERICARES FREE CLINICS, INC.			06-142274	1 Page <b>4</b>
	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With I	Revenue per Re	turn.	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.			
1	Total revenue, gains, and other support per audited financial statements			1	13,478,892.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-276,443.		
b	Donated services and use of facilities		10,275,654.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	9,999,211.
3	Subtract line 2e from line 1			3	3,479,681.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,016.		
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	8,016.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,487,697.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	16,015,977.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	10,275,654.		
b	Prior year adjustments	. 2b			
С	Other losses	. 2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	10,275,654.
3	Subtract line 2e from line 1			3	5,740,323.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,016.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	8,016.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	5,748,339.
Pa	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV, lines 1b	and 2b; Part V, line 4	; Part X, line 2;	Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional inform	nation.		
PART	X, LINE 2:				
INCO	ME TAXES				

AMERICARES FOUNDATION, INC. AND AMERICARES FREE CLINICS, INC. FOLLOW

GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS

TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING

TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES

THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED

IN THE FINANCIAL STATEMENTS IF THE POSITION IS 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.

132054 10-28-21

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 AMERICARES FREE CLINICS, INC.	06-1422741	Page 5
Part XIII Supplemental Information (continued)		
BOTH AMERICARES FOUNDATION, INC. AND AMERICARES FREE CLINICS, INC. ARE		
EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE ("IRC") SECTION		
501(C)(3), THOUGH THEY ARE SUBJECT TO TAX ON INCOME UNRELATED TO ITS		
EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. BOTH		
AMERICARES FOUNDATION, INC. AND AMERICARES FREE CLINICS, INC. HAVE		
PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF THEIR TAX-EXEMPT		
STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE THEIR FILING		
AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH THEY HAVE NEXUS; AND TO		
IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS.		
BOTH AMERICARES FOUNDATION, INC. AND AMERICARES FREE CLINICS, INC. HAVE		
DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE		
RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.		
FORM 990, SCHEDULE D, PART XI & XII		
THE OPERATIONS OF THE AMERICARES FREE CLINICS, INC. ARE CONSOLIDATED INTO		
THE AUDITED FINANCIAL STATEMENTS OF ITS PARENT, AMERICARES FOUNDATION,		
THE DECONCTITATION IN DADE VI & VII OF COUPNILE D DECONCTIES DARY TO		
INC. THE RECONCILIATION IN PART XI & XII OF SCHEDULE D RECONCILES BACK TO		
THE AMERICARES FREE CLINICS, INC. FINANCIAL INFORMATION AS PRESENTED IN		
THE AUDITED FINANCIAL STATEMENTS AND NOT TO THE CONSOLIDATED NUMBERS.		
AMERICARES FREE CLINICS, INC.'S CHANGE IN NET ASSETS FOR THE YEAR IS		
\$XX,XXX.		

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE I (Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
Department of the Treasury Internal Revenue Service			Go to www.ir	Attach to For	m 990. r the latest inforn	nation		Open to Public Inspection
Name of the organizati		EE CLINICS, IN						Employer identification number 06-1422741
Part I General Ir	formation on Grants a	nd Assistance						
criteria used to a <b>2</b> Describe in Part	ation maintain records t ward the grants or assis IV the organization's pro d Other Assistance to	stance?	oring the use of grant	funds in the United	l States.	-		Yes No
	nat received more than \$					anization answered if	es on Form 990, Par	iv, line 21, for any
1 (a) Name and ac	ldress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3 Enter total numb	er of section 501(c)(3) a er of other organizations	s listed in the line 1	l table	e line 1 table				
LHA For Paperwork	Reduction Act Notice	, see the Instruction	ons for Form 990.					Schedule I (Form 990) 2021

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

Schedule I (Form 990) 2021 AMERICARES FREE

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FREE PRESCRIPTION MEDICINE	1759	0.	1,503,562.	FMV	PRESCRIPTION MEDS
FREE FOOD CARDS	241	0.	11,550.	FMV	FOOD CARDS

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

PART I, LINE 2:

IN FISCAL YEAR 2022, 1,759 ACTIVE PATIENTS WERE ELIGIBLE TO RECEIVE FREE

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

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

PRESCRIBED. DISPENSED DOSAGES AND LOT NUMBERS ARE RECORDED IN EACH

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

SC	HEDULE J	Compens	sation Information	1	OMB No. 1	1545-004	47
(Fo	rm 990)	•	ors, Trustees, Key Employees, and Highest		2021		
			pensated Employees answered "Yes" on Form 990, Part IV, line 23.				-
Depar	tment of the Treasury	►At	tach to Form 990.		Open to		ic
	al Revenue Service		0 for instructions and the latest information.	Energia de la comitada	Inspe		
Narr	e of the organization		No	Employer ide		on nur	nber
Da	rt I Question	AMERICARES FREE CLINICS, I s Regarding Compensation	NC.	06-14	22/41		
14		s negation goompensation				Vaa	Ne
1a	Check the appropri	ate box(es) if the organization provided any	of the following to or for a person listed on Form	990		Yes	No
а		line 1a. Complete Part III to provide any rele		550,			
	First-class or c		Housing allowance or residence for person	naluse			
	Travel for com		Payments for business use of personal res				
		ation and gross-up payments	Health or social club dues or initiation fees				
		pending account	Personal services (such as maid, chauffeu	ır, chef)			
b	If any of the boxes	on line 1a are checked, did the organization	follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described ab	ove? If "No," complete Part III to explain		. 1b		
2	Did the organization	n require substantiation prior to reimbursing	or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, re	garding the items checked on line 1a?		. 2		
3			establish the compensation of the organization's				
			y boxes for methods used by a related organization	on to			
		ation of the CEO/Executive Director, but exp					
	X Compensation		Written employment contract				
		ompensation consultant	Compensation survey or study				
	Form 990 of o	ther organizations	X Approval by the board or compensation c	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Se	ection A line 1a with respect to the filing				
	organization or a re	•••	otion vi, and via, with respect to the hang				
а		e payment or change-of-control payment?			4a		x
b		eive payment from a supplemental nonqual					x
с		eive payment from an equity-based comper			4c		x
	If "Yes" to any of lir	es 4a-c, list the persons and provide the ap	plicable amounts for each item in Part III.				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organization	s must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	n			
	contingent on the r						
а	The organization?				5a		<u>x</u>
b					5b		X
		r 5b, describe in Part III.					
6			the organization pay or accrue any compensatio	n			
	contingent on the r	-					v
a	The organization?				<u>6a</u>		X X
a					6b		~
7		r 6b, describe in Part III.	the organization provide any perfixed permette				
'			the organization provide any nonfixed payments		7		x
8			ued pursuant to a contract that was subject to th		. 7		
0		ption described in Regulations section 53.4			8		x
9		d the organization also follow the rebuttable			. 0		
3					9		
LHA		eduction Act Notice, see the Instructions			le J (Forn	n 990)	2021

132111 11-02-21

06-1422741

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) CHRISTINE SQUIRES	(i)	0.	0.	0.	0.	0.	0.	0.	
PRESIDENT & CEO	(ii)	456,087.	20,500.	0.	37,973.	40,533.	555,093.	0.	
(2) M. RASHAD MASSOUD MD, MPH, FACF	(i)	0.	0.	٥.	0.	0.	0.	0.	
DIRECTOR	(ii)	328,512.	0.	0.	17,574.	40,533.	386,619.	0.	
(3) RICHARD K. TROWBRIDGE, JR.	(i)	0.	0.	0.	0.	0.	0.	0.	
CFO, TREASURER & SVP OF GIK OPERAT.	(ii)	283,143.	0.	0.	17,220.	40,533.	340,896.	0.	
(4) MEGIN WOLFMAN	(i)	0.	0.	0.	0.	0.	0.	0.	
FORMER ASSISTANT SECRETARY	(ii)	231,195.	0.	0.	14,003.	40,502.	285,700.	0.	
(5) KAREN GOTTIEB	(i)	197,897.	0.	0.	11,839.	12,937.	222,673.	0.	
EXECUTIVE DIRECTOR/DIRECTO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) DINA VALENTI	(i)	138,284.	0.	0.	7,646.	29,061.	174,991.	0.	
DIRECTOR, DANBURY CLINIC	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) JENNIFER DASILVA	(i)	111,577.	0.	0.	7,020.	40,109.	158,706.	0.	
DIRECTOR, FREE CLINICS BRIDGEPORT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

#### Part III Supplemental Information

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

Schedule J (Form 990) 2021

#### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

ΖU / Open to Public Inspection

Employer identification number

Name of the	organization
-------------	--------------

AMERICARES	FREE	CLINICS.	INC.

Part I       Types of Property         (a)       Number of applicable       Noncash contribution amounts reported on items contribution of items contribution of form 990, Part VIII, line 1;       Method of determining noncash contribution amounts increash contribution amounts increash contribution amounts         1       Art - Works of art		AMERICARES FREE CL	INICS, IN	IC.		06-	-142274	1	
Check if applicable of contribution amounts protected on amounts protected presex protected presex protected	Par	t I Types of Property							
2       Art - Historical researces		i	Check if	Number of contributions or	Noncash contribution amounts reported on	Method of	determin	•	S
3       A1 - Fractional interests	1	Art - Works of art							
3       A1 - Fractional interests	2								
4       Books and publications	3								
5       Clothing and household goods	4								
6 Cars and other vehicles   7 Boats and planes   9 Securities - Publicity traded   10 Securities - Publicity traded   11 250,000. FAIR MARKET VALUE   12 Securities - Pathership, LLC, or   13 Coulified conservation contribution -   14 Qualified conservation contribution -   15 Real estate - Residential   16 Real estate - Residential   17 Real estate - Cohrer   18 Collectibles   19 Food inventory   20 Drugs and medical supplies   21 Taxifermy   22 Historical artifacts   23 Scientific specimens   24 Archeological artifacts   25 Other     26 Other     27 Other     28 Other     29 During the year, did the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement   20 During the year, did the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement   29 During the year, did the organization during the tax year for contributions for exempt purposes for the entire holding period?   30a In the organization completed Form 8283, Part V, Donee Acknowledgement   30a In the organization completed Form 8283, Part V, Donee Acknowledgement   30a In the organization neave of the contribution and which isn't required to be used for exempt purposes for the	5								
7       Boats and planes	6	Cars and other vehicles							
8 Intellectual property   9 Securities - Publicly traded   X 1   11 Securities - Closely Held stock   11 Securities - Scoley Held stock   12 Securities - Miscellaneous   13 Qualified conservation contribution -   Historic structures	7								
10       Securities - Partnership, LLC, or trust interests	8								
10       Securities - Partnership, LLC, or trust interests	9	Securities - Publicly traded	Х	1	250,000.	FAIR MARKET VAI	LUE		
11 Securities - Partnership, LLC, or trust interests   12 Securities - Miscellaneous   13 Gualified conservation contribution - Historic structures   14 Gualified conservation contribution - Other   15 Real estate - Residential   16 Real estate - Residential   17 Real estate - Commercial   18 Collectbiles   19 Food inventory   21 Taxidermy   22 Historical autflacts   23 Scientific specimens   24 Archeological artifacts   25 Other ▶ ()   26 Other ▶ ()   27 Other ▶ ()   28 Other ▶ ()   29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization 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 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 contributions in trequired to be used for exempt purposes for the entire holding period?   30a During the year, did the organization receive by contribution any wonstandard contributions?   31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash	10								
12       Securities - Miscellaneous	11								
12       Securities - Miscellaneous		trust interests							
13 Qualified conservation contribution -   Historic structures   14 Qualified conservation contribution - Other   15 Real estate - Residentia   16 Real estate - Residentia   17 Real estate - Commercial   18 Collectibles   19 Food inventory   20 Drugs and medical supplies   X 1   1 1, 228, 871.   20 Drugs and medical supplies   X 1   1 28, 871.   20 Scientific specimens   21 Taxiderny   22 Historical artifacts   23 Scientific specimens   24 Archeological artifacts   25 Other ▶ ()   26 Other ▶ ()   27 Other ▶ ()   28 Other ▶ ()   29 Yes   Soa 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 1   30a 1   30a 1   31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   31 X   32 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	12								
14 Qualified conservation contribution • Other   15 Real estate - Residential   16 Real estate - Commercial   17 Real estate - Other   18 Collectibles   19 Food inventory   20 Drugs and medical supplies   21 Taxidermy   22 Historical artifacts   23 Scientific specimens   24 Archeological artifacts   25 Other ▶ ()   20 Other ▶ ()   20 Other ▶ ()   23 Other ▶ ()   24 Archeological artifacts   25 Other ▶ ()   26 Other ▶ ()   27 Other ▶ ()   28 Other ▶ ()   29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization 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?   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   32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash	13								
14 Qualified conservation contribution · Other   15 Real estate - Residential   16 Real estate - Commercial   17 Real estate - Other   18 Collectibles   19 Food inventory   20 Drugs and medical supplies   21 Taxidermy   22 Historical artifacts   23 Scientific specimens   24 Archeological artifacts   25 Other ▶ ()   26 Other ▶ ()   27 Other ▶ ()   29 Number of Forms 8283 received by the organization during the tax year for contributions for which 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?   b f**es,* describe the arrangement in Part II.   31 X   32 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   31 X		Historic structures							
16       Real estate - Commercial	14								
17 Real estate - Other   18 Collectibles   19 Food inventory   20 Drugs and medical supplies   21 Taxidermy   22 Historical artifacts   23 Scientific specimens   24 Archeological artifacts   25 Other ▶ (   26 Other ▶ (   27 Other ▶ (   29     30a   29     30a   30a   30a   30a   b   if "Yes," describe the arrangement in Part II.   31   32   32a   32b   32	15	Real estate - Residential							
17 Real estate - Other   18 Collectibles   19 Food inventory   20 Drugs and medical supplies   21 Taxidermy   22 Historical artifacts   23 Scientific specimens   24 Archeological artifacts   25 Other ▶ (   26 Other ▶ (   27 Other ▶ (   29     30a   29     30a   30a   30a   30a   b   if "Yes," describe the arrangement in Part II.   31   32   32a   32b   32	16	Real estate - Commercial							
18       Collectibles	17								
19       Food inventory       X       1       1, 228, 871. COST/WHOLESALE PRICE         20       Drugs and medical supplies       X       1       1, 228, 871. COST/WHOLESALE PRICE         21       Taxidermy	18								
20       Drugs and medical supplies       X       1       1, 228, 871. COST/WHOLESALE PRICE         21       Taxidermy	19								
21 Taxidermy   22 Historical artifacts   23 Scientific specimens   24 Archeological artifacts   25 Other ▶ ()   26 Other ▶ ()   27 Other ▶ ()   28 Other ▶ ()   29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement   29 Number of Forms 8283 received by the organization during the tax year for contributions for which 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?   b If "Yes," describe the arrangement in Part II.   31 X   32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash	20		Х	1	1,228,871.	COST/WHOLESALE	PRICE		
22       Historical artifacts         23       Scientific specimens         24       Archeological artifacts         25       Other ▶ ()         26       Other ▶ ()         27       Other ▶ ()         28       Other ▶ ()         29       Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement       29         30a       29         30a       29         30a       30a         31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash	21	Taxidermy							
23       Scientific specimens	22								
24       Archeological artifacts	23								
25       Other ▶ ()	24								
27       Other ▶ ()	25	- · · · · · · · · · · · · · · · · · · ·							
27       Other ▶ ()	26	Other ► ()							
<ul> <li>29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement</li> <li>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?</li> <li>b If "Yes," describe the arrangement in Part II.</li> <li>31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?</li> <li>32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash</li> </ul>	27								
for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 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 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	28	Other ()							
<ul> <li>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?</li> <li>b If "Yes," describe the arrangement in Part II.</li> <li>31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?</li> <li>31 X</li> <li>32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash</li> </ul>	29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions				
<ul> <li>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?</li> <li>b If "Yes," describe the arrangement in Part II.</li> <li>31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?</li> <li>31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash</li> </ul>		for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for       30a         exempt purposes for the entire holding period?       30a         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         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash       31								Yes	No
exempt purposes for the entire holding period?30abIf "Yes," describe the arrangement in Part II.31Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?32aDoes the organization hire or use third parties or related organizations to solicit, process, or sell noncash	30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
<ul> <li>b If "Yes," describe the arrangement in Part II.</li> <li>31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?</li> <li>32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash</li> </ul>		must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for			
31Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?31X32aDoes the organization hire or use third parties or related organizations to solicit, process, or sell noncashX		exempt purposes for the entire holding period?	?				30a		х
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash	b	If "Yes," describe the arrangement in Part II.							
	31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	ions?	. 31	х	
contributions?	32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
		contributions?					32a	Х	

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.

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**b** If "Yes," describe in Part II.

TO THE EXTENT THAT AMERICARES FREE CLINICS, 3	INC. RECEIVES NONCASH	
CONTRIBUTIONS IN THE FORM OF DONATED SECURIT	IES, AMERICARES FREE	
CLINICS, INC. WILL USE ITS OWN INVESTMENT BRO	OKER TO SELL THOSE DONATED	
SECURITIES.		
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	38	

Schedule M (Form 990) 2021
Part II Supplementa **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.

06 - 1422741

SCHEDULE O					
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.				
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>		Open to Public Inspection		
Name of the organizatio	N AMERICARES FREE CLINICS, INC.		identification number		
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:				
THE MISSION OF AME	RICARES FREE CLINICS, INC. IS TO PROVIDE FREE HEALTH				
CARE TO LOW-INCOME	UNINSURED RESIDENTS OF THE GREATER NORWALK, DANBURY,				
STAMFORD AND BRIDG	EPORT CONNECTICUT AREAS IN A SETTING WHERE ALL				
INDIVIDUALS ARE TH	EATED WITH DIGNITY AND RESPECT. AMERICARES FREE				
CLINICS, INC. HELE	S THOSE WHO ARE MAKING A SINCERE EFFORT TO HELP				
THEMSELVES AND THE	IR FAMILIES, BUT DO NOT HAVE THE FINANCIAL RESOURCES				
FOR MEDICAL CARE.					
FORM 990, PART III	, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:				
AMERICARES FREE CI	INICS, INC. ACCEPTS NO FEDERAL GOVERNMENT FUNDING.				
RATHER IT OPERATES	WITH PRIVATE AND LOCAL DONATIONS AND VOLUNTEER				
SERVICES. HEALTH S	ERVICES VALUED AT MORE THAN \$141.2 MILLION HAVE BEEN				
DELIVERED TO OVER	28,107 PATIENTS THROUGH THE FREE CLINIC NETWORK SINCE				
THE FIRST CLINIC C	PENED IN 1994. CURRENTLY AMERICARES FREE CLINICS,				
INC. OPERATES CLIN	ICS IN DANBURY, NORWALK, STAMFORD AND BRIDGEPORT,				
CONNECTICUT. IN OF	FERING FREE HEALTH CARE TO THE UNINSURED, AMERICARES				
FREE CLINICS, INC.	DIAGNOSE AND TREAT PATIENTS BEFORE THEIR ILLNESSES				
REACH THE CRISIS S	TAGE, THEREBY REDUCING PREVENTABLE HOSPITAL STAYS AND				
EMERGENCY ROOM VIS	ITS AND, MOST IMPORTANTLY, PRESERVING AND IMPROVING				
THE HEALTH OF INDI	VIDUALS AND COMMUNITIES AS A WHOLE. IN ADDITION TO				
THE AMOUNTS LISTED	ABOVE, AMERICARES FREE CLINICS, INC. USED				
\$10,275,624 IN CON	TRIBUTED SERVICES.				
FORM 990, PART VI,	SECTION A, LINE 6:				
PER THE ORGANIZATI	ON'S BYLAWS, ITS SOLE CORPORATE MEMBER IS AMERICARES				

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

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Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization AMERICARES FREE CLINICS, INC.	Employer identification number 06-1422741
FOUNDATION, INC.	
FORM 990, PART VI, SECTION A, LINE 7A:	
PER THE ORGANIZATION'S BYLAWS, THE SOLE CORPORATE MEMBER IS RESERVED THE	
POWER TO ESTABLISH THE STRUCTURE OF THE BOARD OF DIRECTORS IN TERMS OF ITS	
SIZE AND COMPOSITION. THE SOLE MEMBER SHALL HAVE THE AUTHORITY TO REMOVE A	
BOARD MEMBER OR BOARD OFFICER WITH OR WITHOUT CAUSE.	
FORM 990, PART VI, SECTION A, LINE 7B:	
PER THE ORGANIZATION'S BYLAWS, THE SOLE CORPORATE MEMBER IS RESERVED	
CERTAIN RIGHTS, INCLUDING THE RIGHT TO REVIEW THE ORGANIZATION'S ANNUAL	
BUDGET.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN	
CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE FORM 990 IS	
REVIEWED BY MANAGEMENT AND WAS DISTRIBUTED TO THE BOARD OF DIRECTORS FOR	
REVIEW AND COMMENT IN APRIL OF 2022 AND APPROVED FOR FILING SHORTLY	
THEREAFTER.	
FORM 990, PART VI, SECTION B, LINE 12C:	
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	Schedule O (Form 990) 2021

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40 2021.05070 AMERICARES FREE CLINICS, 01780011

Name of the organization AMERICARES FREE CLINICS, INC.	Employer identification number 06-1422741
IN THE FINAL DELIBERATION OR DECISION REGARDING THE MATTER UNDER	
CONSIDERATION. HOWEVER, THE INTERESTED DIRECTOR OR OFFICER SHALL PROVIDE	
THE BOARD OF DIRECTORS OR COMMITTEE WITH ANY AND ALL MATERIAL INFORMATION.	
THE MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS OR COMMITTEE SHALL	
REFLECT THAT A CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED	
DIRECTOR OR OFFICER WAS NOT PRESENT DURING THE FINAL DISCUSSION OR VOTE AND	
DID NOT VOTE. WHEN THERE IS A DOUBT AS TO WHETHER A CONFLICT OF INTEREST	
EXISTS, THE MATTER SHALL BE RESOLVED BY A VOTE OF THE BOARD OF DIRECTORS,	
OR THE COMMITTEE, EXCLUDING THE INTERESTED DIRECTOR OR OFFICER CONCERNING	
WHOSE SITUATION THE DOUBT HAS ARISEN.	_
THIS POLICY SHALL BE REVIEWED ANNUALLY FOR THE INFORMATION AND GUIDANCE OF	
DIRECTORS, OFFICERS AND STAFF MEMBERS; AND ANY NEW DIRECTORS, OFFICERS OR	
STAFF MEMBERS SHALL BE ADVISED OF THE POLICY AND FURNISHED A DISCLOSURE	
STATEMENT UPON UNDERTAKING THE DUTIES OF SUCH OFFICE.	
FORM 990, PART VI, SECTION B, LINE 15:	
PROCESS FOR DETERMINING COMPENSATION	
THE AMERICARES FOUNDATION, INC'S CHIEF EXECUTIVE, ALONG WITH THE SVP OF	
PROGRAMS AND CHIEF PEOPLE OFFICER, DETERMINES THE COMPENSATION OF THE	
EXECUTIVE DIRECTOR OF THE AMERICARES FREE CLINICS, INC. ANNUALLY, AN	
ACROSS-THE-BOARD INCREASE IS PROVIDED. UTILIZATION OF PERFORMANCE	
EVALUATION, AVAILABLE MARKET DATA, SALARY SURVEY RESULTS, AND OTHER	
AVAILABLE TOOLS ARE USED TO SUBSTANTIATE ANY COMPENSATION DECISIONS BEYOND	
THE ORGANIZATION'S ANNUAL STANDARD.	
FORM 990, PART VI, SECTION C, LINE 19:	
132212 11-11-21	Schedule O (Form 990) 2021

132212 11-11-21

Schedule O (Form 990) 2021

Name of the organization

Schedule O (Form 990) 2021

Page 2

Employer identification number

Name of the organization		Employer identification number
AMERICARES FREE CLINICS, INC.		06-1422741
THE TAXPAYER MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC B	Y RETAINING A COPY	
AT ITS PLACE OF BUSINESS AND BY POSTING IT ON THE AMERICA	RES FOUNDATION,	
INC. WEBSITE, WWW.AMERICARES.ORG, AND THE AMERICARES FREE	CLINIC, INC.	
WEBSITE AMERICARESFREECLINIC.ORG. THE FORM 990 IS LIKEWIS	E PUBLISHED ON THE	
INTERNET AT WWW.GUIDESTAR.ORG. THE ORGANIZATION'S FINANCI	AL ACTIVITIES ARE	
PRESENTED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF ITS	PARENT	
ORGANIZATION, AMERICARES FOUNDATION, INC. AND ARE SUMMARI	ZED IN THE ANNUAL	
REPORT, WHICH IS AVAILABLE ON THE AMERICARES FOUNDATION,	INC. WEBSITE.	
GOVERNING DOCUMENTS ARE NOT ORDINARILY MADE AVAILABLE TO	THE PUBLIC. BUT IF	
REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.		
<sup>132212</sup> <sup>11-11-21</sup> 42 80403 153424 0178001-00010 2021.	2 .05070 AMERICARES FF	Schedule O (Form 990) 202

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

132161 11-17-21 LHA

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Related Organizations ar	d Unrelated Partnerships
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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.

#### Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

AMERICARES FREE CLINICS, INC.

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

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

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	cont	<b>(g)</b> 512(b)(13) htrolled htity?	
				501(c)(3))		Yes	No	
AMERICARES FOUNDATION, INC 06-1008595								
88 HAMILTON AVENUE								
STAMFORD, CT 06902	INTL RELIEF	CONNECTICUT	501(C)(3)	LINE 7	N/A		х	
AMERICARES FOUNDATION TANZANIA								
EKACLIFF BUILD., 2ND FL, ISAMILO PLOT # 117,								
BLOCK D, BALEW, TANZANIA	1	TANZANIA					х	
AMERICARES LIMITED								
4 HENDERSON STREET, DEVELOPMENT HOUSE FL 6,	7							
R, BLANTYRE, MALAWI	7	MALAWI					х	
	]							
	7							

AMEDICADES EDEE STINISS INC.

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number

06-1422741

Schedule R (Form 990) 2021

# 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.

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

## 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.

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

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		<u> </u>	es
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?		
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
Gift, grant, or capital contribution to related organization(s)		,	
Gift, grant, or capital contribution from related organization(s)		; X	ζ
Loans or loan guarantees to or for related organization(s)		1	
Loans or loan guarantees by related organization(s)		, X	2
Dividends from related organization(s)			
Sale of assets to related organization(s)	1g		
Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	<u>1i</u>		
Lease of facilities, equipment, or other assets to related organization(s)			
Lease of facilities, equipment, or other assets from related organization(s)	1k	:	
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m	n X	٢
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		n X	Z
Sharing of paid employees with related organization(s)		, x	2
Reimbursement paid to related organization(s) for expenses	<u>1p</u>	<b>,</b> x	ζ
Reimbursement paid by related organization(s) for expenses		4	
Other transfer of cash or property to related organization(s)	<u>1r</u>	,	
Other transfer of cash or property from related organization(s)	1s	;	

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>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) AMERICARES FOUNDATION, INC.	с	1,228,871.	FMV (GOODS)
(2) AMERICARES FOUNDATION, INC.	E	300,000.	LOAN GUARANTEE
(3) AMERICARES FOUNDATION, INC.	P	218,305.	COST
<u>(4)</u>			
(5)			
(6)			

### Schedule R (Form 990) 2021 AMERICARES FREE CLINICS, INC.

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>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	<b>(g)</b> Share of end-of-year assets	(r Disprotion allocat Yes	) opor- ate ions? <b>No</b>	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2021

# Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions. 132165 11-17-21 Schedule R (Form 990) 2021 47 $15080403 \ 153424 \ 0178001-00010$ 2021.05070 AMERICARES FREE CLINICS, 01780011