

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICARES FOUNDATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 88 HAMILTON AVENUE City or town, state or province, country, and ZIP or foreign postal code STAMFORD, CT 06902-3105 F Name and address of principal officer: CHRISTINE SQUIRES 88 HAMILTON AVENUE, STAMFORD, CT 06902-3105	D Employer identification number 06-1008595 E Telephone number (203) 658-9500 G Gross receipts \$ 1,274,473,843. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.AMERICARES.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1979
M State of legal domicile: CT		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: AMERICARES IS A HEALTH-FOCUSED RELIEF & DEVELOPMENT ORGANIZATION. (SEE SCHEDULE O).		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	218
6	Total number of volunteers (estimate if necessary)	6	276
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	1,438,445,654.	1,233,327,001.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	935,004.	1,137,060.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,741,641.	3,108,215.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-371,942.	239,320.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,440,750,357.	1,237,811,596.
14	Benefits paid to or for members (Part IX, column (A), line 4)	1,024,776,301.	1,127,488,223.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	25,469,314.	30,963,857.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,446,735.	2,495,149.	2,795,001.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	195,256,273.	122,278,098.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,247,997,037.	1,283,525,179.
19	Revenue less expenses. Subtract line 18 from line 12	192,753,320.	-45,713,583.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	421,824,159.	380,390,119.
22	Net assets or fund balances. Subtract line 21 from line 20	14,420,624.	17,638,326.
		407,403,535.	362,751,793.

Part II Signature Block

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

Sign Here	Signature of officer RICHARD K. TROWBRIDGE, JR., CFO, TREASURER, SVP, GIK OP Type or print name and title	Date _____
Paid Preparer Use Only	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature <i>Scott Thompsett</i>
	Date 3/7/22	Check if self-employed <input type="checkbox"/> PTIN P00741490
	Firm's name ▶ GRANT THORNTON LLP Firm's address ▶ 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013	Firm's EIN ▶ 36-6055558 Phone no. 212-599-0100

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 1,199,410,543. including grants of \$ 1,092,420,060.) (Revenue \$) SEE SCHEDULE O

4b (Code:) (Expenses \$ 47,340,921. including grants of \$ 30,811,410.) (Revenue \$) SEE SCHEDULE O

4c (Code:) (Expenses \$ 15,362,515. including grants of \$ 4,256,754.) (Revenue \$ 1,137,060.) SEE SCHEDULE O

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

4e Total program service expenses 1,262,113,979.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

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

Section C. Disclosure

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTINE SQUIRES PRESIDENT/CEO	40.00 1.00	X		X				429,560.	0.	77,325.
(2) RICHARD K. TROWBRIDGE, JR. CFO, TREASURER, SVP, GIK OPERATIONS	40.00 1.00			X				273,593.	0.	59,533.
(3) JED SELKOWITZ CMO & SVP, COMMUNICATIONS	40.00 0.00			X				272,943.	0.	17,346.
(4) KEVIN GILRAIN (THRU 12/2020) SENIOR VP, HUMAN RESOURCES	40.00 0.00			X				228,261.	0.	43,734.
(5) JENNY GOLDSTEIN SVP & CHIEF DEVELOPMENT OFFICER	40.00 0.00			X				209,131.	0.	61,715.
(6) MEGIN WOLFMAN SVP, STRATEGY & COS	40.00 1.00			X				177,200.	0.	50,142.
(7) DIANA MAGUIRE V.P., INSTITUTIONAL RELATIONS	40.00 0.00						X	158,189.	0.	53,878.
(8) RACHEL GRANGER VP INT'L PSHIP & PROG (THRU 09/2021)	40.00 0.00					X		183,073.	0.	23,442.
(9) GEOFF KNEISEL V.P., CORPORATE RELATIONS	40.00 0.00						X	138,931.	0.	51,515.
(10) SUSAN WILLET SR. DIRECTOR, CONTROLLER	40.00 0.00					X		172,774.	0.	14,754.
(11) JULIE VARUGHESE VP TECH UNIT AND CMO	40.00 0.00					X		166,780.	0.	17,109.
(12) VISH JAIN VP INFORMATION TECHNOLOGY	40.00 0.00					X		172,906.	0.	10,965.
(13) MELISSA WOOLFORD V.P., LEADERSHIP GIFTS	40.00 0.00					X		163,355.	0.	10,844.
(14) GABRIELA SALVATORE MD, MPH SVP, GL OPERATIONS (AS OF 01/2021)	40.00 0.00			X				132,277.	0.	27,609.
(15) MARTHA KENNARD VP, GLOBAL PROG OPS	40.00 0.00						X	149,931.	0.	9,671.
(16) E. ANNE PETERSON, MD, MPH SVP, GL PROGRAMS (THRU 06/30/2020)	40.00 0.00					X		142,549.	0.	13,350.
(17) M. RASHAD MASSOUD MD, MPH, FACP SENIOR VP, CPO (AS OF 09/2020)	40.00 0.00			X				98,451.	0.	16,428.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JENNIFER M. NAUMANN ASSISTANT SECRETARY (AS OF 07/2020)	40.00 0.00			X				66,001.	0.	22,419.
(19) ROBERT M. BAYLIS VICE CHAIRMAN (AS OF 07/2020)	1.00 0.00	X		X				0.	0.	0.
(20) ELIZABETH P. ALLEN DIRECTOR (THRU 06/30/2021)	1.00 0.00	X						0.	0.	0.
(21) PERCIVAL BARRETTO-KO DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) JEFFREY T. BECKER DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) TIM BOSEK DIRECTOR (AS OF 07/2020)	1.00 0.00	X						0.	0.	0.
(24) KATHERINE CLOSE, MD DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) ROBERTA CONROY DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) ELIZABETH F. FRANK DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								3,335,905.	0.	581,779.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,335,905.	0.	581,779.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **54**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE HARRINGTON AGENCY, LLC, 212 SOUTH CHESTER ROAD, SWARTHMORE, PA 19081	FUNDRAISING COUNSEL	2,424,263.
RWT PRODUCTION LLC, 5624 BELLINGTON AVENUE, SPRINGFIELD, VA 22151	PRINTING AND MAILING	1,157,710.
HUMANITARIAN SOFTWARE LLC, PO BOX 1170, CLEMSON, SC 29633	IT CONSULTANT	835,318.
BUILD HEALTH INTERNATIONAL, 100 CUMMINGS CENTER, SUITE 120B, BEVERLY, MA 01915	CONSULTANT-CONSTRUCTION	201,865.
GRANT THORNTON LLP, 3333 FINLEY ROAD, SUITE 700, DOWNERS GROVE, IL 60515	AUDIT & ACCOUNTING	188,272.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	65,050.				
	1 b	Membership dues					
	1 c	Fundraising events	1,630,366.				
	1 d	Related organizations					
	1 e	Government grants (contributions)	12,794,238.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above ...	1,218,837,347.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 1,152,453,970.				
	1 h	Total. Add lines 1a-1f	▶ 1,233,327,001.				
Program Service Revenue	2 a	PATIENT SVC. REVENUE	621400	1,137,060.	1,137,060.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	▶ 1,137,060.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶ 1,023,993.			1,023,993.	
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
	6 a	Gross rents	(i) Real	185,235.			
			(ii) Personal				
	6 b	Less: rental expenses ...	187,210.				
	6 c	Rental income or (loss)	-1,975.				
	d	Net rental income or (loss)	▶ -1,975.			-1,975.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	37,262,647.			
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses	35,178,425.				
7 c	Gain or (loss)	2,084,222.					
d	Net gain or (loss)	▶ 2,084,222.			2,084,222.		
8 a	Gross income from fundraising events (not including \$ 1,630,366. of contributions reported on line 1c). See Part IV, line 18	8a 8,625.					
8 b	Less: direct expenses	8b 118,338.					
c	Net income or (loss) from fundraising events	▶ -109,713.			-109,713.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
9 b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities	▶					
10 a	Gross sales of inventory, less returns and allowances		1,274,951.				
			1,178,274.				
c	Net income or (loss) from sales of inventory	▶ 96,677.			96,677.		
Miscellaneous Revenue	11 a	EL SALVADOR CAFETERIA	900099	220,171.		220,171.	
	b	MISCELLANEOUS	900099	34,160.		34,160.	
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d	▶ 254,331.				
12	Total revenue. See instructions	▶ 1,237,811,596.	1,137,060.	0.	3,347,535.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	183,488,340.	183,488,340.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	666,182,505.	666,182,505.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	277,817,378.	277,817,378.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,713,888.	867,704.	1,091,164.	755,020.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	576,578.	172,004.		404,574.
7 Other salaries and wages	20,045,578.	13,146,616.	3,585,228.	3,313,734.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	863,627.	537,182.	167,763.	158,682.
9 Other employee benefits	5,349,779.	3,802,593.	820,748.	726,438.
10 Payroll taxes	1,414,407.	733,646.	349,930.	330,831.
11 Fees for services (nonemployees):				
a Management	4,183,271.	3,539,980.	442,477.	200,814.
b Legal	168,689.	68,258.	81,223.	19,208.
c Accounting	239,163.	39,071.	200,092.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	2,795,001.			2,795,001.
f Investment management fees	127,211.		127,211.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,256,758.	1,709,141.	172,511.	375,106.
12 Advertising and promotion	2,052,957.	169,671.	15,361.	1,867,925.
13 Office expenses	338,580.	307,899.	15,746.	14,935.
14 Information technology	1,836,424.	861,143.	251,268.	724,013.
15 Royalties	1,667.		1,667.	
16 Occupancy	2,239,465.	1,837,613.	31,781.	370,071.
17 Travel	628,909.	622,176.	2,496.	4,237.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	81,326.	72,089.	5,099.	4,138.
20 Interest	814.	50.	764.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	617,008.	502,394.	61,523.	53,091.
23 Insurance	486,503.	340,607.	71,523.	74,373.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COST OF EXPIRED GOODS	91,705,009.	91,705,009.		
b POSTAGE AND FREIGHT	12,611,572.	11,789,823.	6,986.	814,763.
c MISCELLANEOUS	2,702,772.	1,801,087.	461,904.	439,781.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	1,283,525,179.	1,262,113,979.	7,964,465.	13,446,735.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	37,954.	1	33,941.
	2 Savings and temporary cash investments	23,828,094.	2	17,043,651.
	3 Pledges and grants receivable, net	3,519,111.	3	7,768,279.
	4 Accounts receivable, net	558,483.	4	2,148,586.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	347,318,603.	8	289,963,462.
	9 Prepaid expenses and deferred charges	6,154,593.	9	6,412,366.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,431,496.		
	b Less: accumulated depreciation	10b 6,449,225.		
	11 Investments - publicly traded securities	2,503,936.	10c	2,982,271.
	12 Investments - other securities. See Part IV, line 11	34,585,072.	11	50,102,340.
	13 Investments - program-related. See Part IV, line 11	0.	12	0.
	14 Intangible assets	0.	13	0.
	15 Other assets. See Part IV, line 11	0.	14	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,318,313.	15	3,935,223.	
	421,824,159.	16	380,390,119.	
Liabilities	17 Accounts payable and accrued expenses	6,044,275.	17	8,415,252.
	18 Grants payable	430,910.	18	891,844.
	19 Deferred revenue	54,069.	19	75,279.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,891,370.	25	8,255,951.
	26 Total liabilities. Add lines 17 through 25	14,420,624.	26	17,638,326.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	47,095,714.	27	110,135,730.
	28 Net assets with donor restrictions	360,307,821.	28	252,616,063.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	407,403,535.	32	362,751,793.
33 Total liabilities and net assets/fund balances	421,824,159.	33	380,390,119.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,237,811,596.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,283,525,179.
3	Revenue less expenses. Subtract line 2 from line 1	3	-45,713,583.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	407,403,535.
5	Net unrealized gains (losses) on investments	5	4,229,149.
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	515,976.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	366,435,077.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2020)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2379130027.	1042283235.	973,977,098.	1438445654.	1229643718.	7063479732.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2379130027.	1042283235.	973,977,098.	1438445654.	1229643718.	7063479732.
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)						3625483512.
6 Public support. Subtract line 5 from line 4.						3437996220.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	2379130027.	1042283235.	973,977,098.	1438445654.	1229643718.	7063479732.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	837,326.	1,189,036.	1,467,594.	1,435,551.	1,209,228.	6,138,735.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,199,482.	1,468,057.	1,477,410.	1,340,871.	1,537,906.	7,023,726.
11 Total support. Add lines 7 through 10						7076642193.
12 Gross receipts from related activities, etc. (see instructions)					12	4,867,696.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	48.58 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	52.05 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

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

SPECIAL EVENTS

2016 AMOUNT: \$ 141,760.

2017 AMOUNT: \$ 152,000.

2018 AMOUNT: \$ 128,160.

2019 AMOUNT: \$ 134,560.

2020 AMOUNT: \$ 8,625.

SALES OF INVENTORY

2016 AMOUNT: \$ 973,607.

2017 AMOUNT: \$ 1,105,452.

2018 AMOUNT: \$ 1,135,435.

2019 AMOUNT: \$ 996,403.

2020 AMOUNT: \$ 1,274,951.

MISCELLANEOUS

2016 AMOUNT: \$ 84,115.

2017 AMOUNT: \$ 210,605.

2018 AMOUNT: \$ 213,815.

2019 AMOUNT: \$ 209,908.

2020 AMOUNT: \$ 254,330.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 335,566,926.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 252,616,938.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 87,808,120.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 82,143,748.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 69,292,991.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 45,199,453.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 35,531,822.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 25,790,821.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS _____ _____ _____	\$ 335,566,926.	06/30/21
2	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS _____ _____ _____	\$ 252,616,938.	06/30/21
3	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS _____ _____ _____	\$ 87,808,120.	06/30/21
4	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS _____ _____ _____	\$ 82,143,748.	06/30/21
5	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS _____ _____ _____	\$ 69,292,991.	06/30/21
6	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS _____ _____ _____	\$ 45,199,453.	06/30/21

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS <hr/> <hr/> <hr/>	\$ 35,531,822.	06/30/21
8	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS <hr/> <hr/> <hr/>	\$ 25,790,821.	06/30/21
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting art and historical treasures, and a table for revenue and assets.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,686,992.	4,521,288.	1,748,813.	1,566,608.	1,420,481.
b Contributions	4,555,746.	1,125,000.	2,851,375.	225,000.	45,000.
c Net investment earnings, gains, and losses	2,164,185.	58,848.	85,278.	133,053.	206,768.
d Grants or scholarships					
e Other expenditures for facilities and programs	172,000.		158,000.	170,000.	100,000.
f Administrative expenses	26,129.	18,144.	6,178.	5,848.	5,641.
g End of year balance	12,208,794.	5,686,992.	4,521,288.	1,748,813.	1,566,608.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 82.9600 %
 - b Permanent endowment 13.5000 %
 - c Term endowment 3.5400 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		175,000.		175,000.
b Buildings		1,148,052.	694,288.	453,764.
c Leasehold improvements		2,633,273.	2,141,750.	491,523.
d Equipment		5,475,171.	3,613,187.	1,861,984.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,982,271.

Part VII Investments - Other Securities.

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT INTEREST AGREEMENTS	4,577,193.
(3) CAPITALIZED LEASE	36,758.
(4) PAYCHECK PROTECTION PROGRAM LOAN	3,642,000.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	8,255,951.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,240,935,266.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 4,229,148.		
b	Donated services and use of facilities	2b 705,218.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 515,977.		
e	Add lines 2a through 2d		2e	5,450,343.
3	Subtract line 2e from line 1		3	1,235,484,923.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 127,211.		
b	Other (Describe in Part XIII.)	4b -1,483,822.		
c	Add lines 4a and 4b		4c	-1,356,611.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,234,128,312.

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

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

1	Total expenses and losses per audited financial statements		1	1,285,587,008.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 705,218.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 1,483,822.		
e	Add lines 2a through 2d		2e	2,189,040.
3	Subtract line 2e from line 1		3	1,283,397,968.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 127,211.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	127,211.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,283,525,179.

Part XIII Supplemental Information.

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

PART V, LINE 4:

ENDOWMENT FUNDS

THE AMERICARES FOUNDATION ENDOWMENT IS INTENDED TO SUPPORT THE GENERAL

CHARITABLE MISSION OF THE ORGANIZATION. THE FOUNDATION INTENDS THAT THE

PRINCIPAL IN THE TEMPORARILY RESTRICTED AND PERMANENT ENDOWMENTS SHOULD

REMAIN UNTOUCHED, WHILE THE EARNINGS ON THE ENDOWMENT'S INVESTMENTS SHALL

BE USED TO SUPPORT VARIOUS CHARITABLE PROGRAMS.

DURING THE TAX YEARS ENDING 2017 AND 2018, \$170,000 AND \$158,000,

RESPECTIVELY, WAS WITHDRAWN FROM ITS ENDOWMENT TO SUPPORT THE

IMPLEMENTATION OF A NEW ENTERPRISE RESOURCE PLANNING ("ERP") SYSTEM.

Part XIII Supplemental Information (continued)

MANAGEMENT OF AMERICARES HAS REMOVED PLANNED GIVING GIFTS FROM ITS ANNUAL OPERATING BUDGET AND HAS ESTABLISHED GUIDELINES FOR ALLOCATING THESE GIFTS ON AN ANNUAL BASIS BETWEEN THE MANAGEMENT-DIRECTED QUASI ENDOWMENT, AN INNOVATION FUND, AND STRATEGIC INITIATIVES OR OPERATING FUNDS. THESE GUIDELINES ARE REVIEWED AT THE END OF EACH FISCAL YEAR DEPENDENT ON THE LEVEL OF PLANNED GIVING GIFTS AND THE FINANCIAL RESULTS FOR THE FISCAL YEAR. MANAGEMENT INFORMS THE BOARD OF DIRECTORS OF THESE DECISIONS. IN TAX YEARS ENDING 2019 AND 2018, RESPECTIVELY, MANAGEMENT DESIGNATED \$1.1 MILLION AND \$2.7 MILLION OF GIFTS WITHOUT DONOR RESTRICTIONS FOR LONG-TERM INVESTMENT IN THE QUASI-ENDOWMENT (I.E. WITHOUT DONOR RESTRICTIONS). MANAGEMENT HAS ACCESS TO SUCH FUNDS AND MAY USE THEM WITHOUT A RESOLUTION FROM THE BOARD OF DIRECTORS.

PART X, LINE 2:

INCOME TAXES

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

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

Part XIII Supplemental Information (continued)

STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING

AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO

IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS.

AMERICARES HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX

POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL

STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGES IN SPLIT-INTEREST AGREEMENT	515,977.
-------------------------------------	----------

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSE RECLASSIFIED TO OFFSET RENTAL INCOME	-187,210.
---	-----------

DIRECT FUNDRAISING EXPENSE RECLASSIFIED TO OFFSET SPECIAL

EVENT REVENUE	-118,338.
---------------	-----------

COST OF GOODS SOLD	-1,178,274.
--------------------	-------------

TOTAL TO SCHEDULE D, PART XI, LINE 4B	-1,483,822.
---------------------------------------	-------------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE RECLASSIFIED TO OFFSET RENTAL INCOME	187,210.
---	----------

DIRECT FUNDRAISING EXPENSE RECLASSIFIED TO OFFSET SPECIAL

EVENT REVENUE	118,338.
---------------	----------

COST OF GOODS SOLD	1,178,274.
--------------------	------------

TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,483,822.
--	------------

SCHEDULE D, PART X, LINE 4

IN FISCAL YEAR 2020, THE DEPARTMENT OF TREASURY IMPLEMENTED THE SMALL

BUSINESS ADMINISTRATION'S ("SBA") PAYCHECK PROTECTION PROGRAM ("PPP"),

WHICH PROVIDES POTENTIALLY FORGIVABLE LOANS TO NONPROFITS WITH 500 OR

Part XIII Supplemental Information (continued)

FEWER EMPLOYEES AND MEETING CERTAIN OTHER ELIGIBILITY REQUIREMENTS. THE

SBA WILL FORGIVE LOANS IF EMPLOYEES ARE MAINTAINED ON THE PAYROLL FOR 8 TO

24 WEEKS AFTER THE LOAN ORIGINATES AND THE LOAN PROCEEDS RECEIVED ARE USED

FOR PAYROLL, RENT, MORTGAGE, INTEREST, OR UTILITIES. IN APRIL 2020, THE

FOUNDATION APPLIED FOR PPP LOANS AND APPROVAL WAS GRANTED. THE FOUNDATION

RECEIVED LOAN PROCEEDS OF \$3,642,000 IN MAY 2020. THE FOUNDATION RECEIVED

FULL FORGIVENESS OF THE PPP LOAN IN AUGUST OF 2021 AND THIS AMOUNT SHALL

BE REPORTED AS GOVERNMENT GRANT REVENUE ON NEXT YEAR'S FORM 990.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

Employer identification number

AMERICARES FOUNDATION, INC.

06-1008595

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA / CARIBBEAN	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	4,299,138.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	1,390,100.
EUROPE	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	243,713.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	450,168.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	210,323.
SOUTH AMERICA	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	7,229,973.
NORTH AMERICA	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	66,494.
SOUTH ASIA	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	329,860.
3 a Subtotal	0	0			14,219,769.
b Total from continuation sheets to Part I	19	353			280,649,166.
c Totals (add lines 3a and 3b)	19	353			294,868,935.

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

Schedule F (Form 990) 2020

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	2,831,788.
CENTRAL AMERICA / CARIBBEAN	2	122	GRANTMAKING		108,122,957.
EAST ASIA AND THE PACIFIC	1	21	GRANTMAKING		2,719,863.
EUROPE	0	0	GRANTMAKING		3,948,787.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		19,505,638.
NORTH AMERICA	0	0	GRANTMAKING		331,543.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		44,190,934.
SOUTH AMERICA	11	173	GRANTMAKING		50,350,529.
SOUTH ASIA	2	3	GRANTMAKING		13,022,963.
SUB-SAHARAN AFRICA	3	34	GRANTMAKING		35,624,164.
Totals	19	353			280,649,166.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	HURRICANE RESPONSE	6,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HURRICANE RESPONSE	7,500.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HURRICANE RESPONSE	10,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM DEVELOPMENT	11,491.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM DEVELOPMENT	39,862.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM DEVELOPMENT	44,500.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	FOOD RELIEF	25,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM DEVELOPMENT	37,578.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► 201

3 Enter total number of other organizations or entities ►

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM DEVELOPMENT	120,400.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HYGIENE	50,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	FOOD RELIEF	6,721.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HURRICANE RESPONSE	10,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HURRICANE RESPONSE	163,436.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HYGIENE	19,150.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HYGIENE	11,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HURRICANE RESPONSE	10,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HURRICANE RESPONSE	10,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	HURRICANE RESPONSE	12,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	VOLCANO RESPONSE	9,990.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	FLOODING RELIEF	10,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PEDIATRIC NUTRITION	135,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	EARTHQUAKE RELIEF	35,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CYCLONE RELIEF	10,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CYCLONE RELIEF	10,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CYCLONE RELIEF	9,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	BREAST CANCER	75,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	COVID RESPONSE	150,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PORT EXPLOSION	10,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PORT EXPLOSION	20,066.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	REFUGEE CRISIS	52,500.	WIRE	0.		
		SOUTH ASIA	FLOODING RELIEF	8,000.	WIRE	0.		
		SOUTH ASIA	PARTNER SUPPORT	12,815.	WIRE	0.		
		SOUTH ASIA	PARTNER SUPPORT	19,106.	WIRE	0.		
		SOUTH ASIA	PARTNER SUPPORT	27,643.	WIRE	0.		
		SOUTH ASIA	PARTNER SUPPORT	32,874.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	PARTNER SUPPORT	34,815.	WIRE	0.		
		SOUTH ASIA	PARTNER SUPPORT	48,450.	WIRE	0.		
		SOUTH ASIA	PARTNER SUPPORT	50,250.	WIRE	0.		
		SOUTH ASIA	PARTNER SUPPORT	52,603.	WIRE	0.		
		SOUTH ASIA	PARTNER SUPPORT	68,622.	WIRE	0.		
		SOUTH ASIA	PARTNER SUPPORT	84,205.	WIRE	0.		
		SOUTH ASIA	PARTNER SUPPORT	104,640.	WIRE	0.		
		SOUTH ASIA	PARTNER SUPPORT	107,597.	WIRE	0.		
		SOUTH ASIA	PARTNER SUPPORT	107,597.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	COVID RESPONSE	200,000.	WIRE	0.		
		SOUTH ASIA	COVID RESPONSE	297,000.	WIRE	0.		
		SOUTH ASIA	COVID RESPONSE	500,000.	WIRE	0.		
		SOUTH ASIA	COVID RESPONSE	560,705.	WIRE	0.		
		SOUTH ASIA	COVID RESPONSE	1,000,000.	WIRE	0.		
		SOUTH ASIA	COVID RESPONSE	66,054.	WIRE	0.		
		SOUTH ASIA	COVID RESPONSE	48,644.	WIRE	0.		
		SOUTH ASIA	COVID RESPONSE	50,000.	WIRE	0.		
		SOUTH ASIA	COVID RESPONSE	50,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	COVID RESPONSE	6,593.	WIRE	0.		
		SOUTH AMERICA	COVID RESPONSE	18,249.	WIRE	0.		
		SOUTH AMERICA	COVID RESPONSE	29,421.	WIRE	0.		
		SOUTH AMERICA	COVID RESPONSE	34,000.	WIRE	0.		
		SOUTH AMERICA	COVID RESPONSE	55,929.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	REFUGEE CRISIS	50,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EMERGENCY	0.		7,426.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		11,241,434.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	EMERGENCY	0.		124,290.	MED. SUPPL.	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		3,617,140.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		66,014,476.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	EMERGENCY	0.		434,357.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		2,734,110.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	EMERGENCY	0.		137,500.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		943,857.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		2,306,660.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		843,190.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		1,181,299.	MED. SUPPL.	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		4,562,291.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		38,300.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		2,988,634.	MED. SUPPL.	FMV
		EAST ASIA AND THE PACIFIC	EMERGENCY	0.		79,464.	MED. SUPPL.	FMV
		EAST ASIA AND THE PACIFIC	ON-GOING	0.		182,952.	MED. SUPPL.	FMV
		EAST ASIA AND THE PACIFIC	ON-GOING	0.		1,796,534.	MED. SUPPL.	FMV
		EUROPE	EMERGENCY	0.		173,401.	MED. SUPPL.	FMV
		EUROPE	EMERGENCY	0.		2,256,288.	MED. SUPPL.	FMV
		EUROPE	ON-GOING	0.		100,195.	MED. SUPPL.	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	ON-GOING	0.		1,338,546.	MED. SUPPL.	FMV
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY	0.		2,093,024.	MED. SUPPL.	FMV
		MIDDLE EAST AND NORTH AFRICA	ON-GOING	0.		814,326.	MED. SUPPL.	FMV
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY	0.		324,197.	MED. SUPPL.	FMV
		MIDDLE EAST AND NORTH AFRICA	ON-GOING	0.		219,641.	MED. SUPPL.	FMV
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY	0.		175,389.	MED. SUPPL.	FMV
		MIDDLE EAST AND NORTH AFRICA	ON-GOING	0.		6,350,324.	MED. SUPPL.	FMV
		MIDDLE EAST AND NORTH AFRICA	ON-GOING	0.		8,497,363.	MED. SUPPL.	FMV
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY	0.		63,118.	MED. SUPPL.	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY	0.		138,230.	MED. SUPPL.	FMV
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY	0.		682,488.	MED. SUPPL.	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY	0.		911,701.	MED. SUPPL.	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ON-GOING	0.		12,329,120.	MED. SUPPL.	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ON-GOING	0.		2,160,832.	MED. SUPPL.	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ON-GOING	0.		10,973,745.	MED. SUPPL.	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ON-GOING	0.		63,300.	MED. SUPPL.	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY	0.		124,380.	MED. SUPPL.	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ON-GOING	0.		17,500,331.	MED. SUPPL.	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ON-GOING	0.		10,858.	MED. SUPPL.	FMV
		SOUTH AMERICA	EMERGENCY	0.		500,434.	MED. SUPPL.	FMV
		SOUTH AMERICA	ON-GOING	0.		30,073,650.	MED. SUPPL.	FMV
		SOUTH AMERICA	EMERGENCY	0.		966,040.	MED. SUPPL.	FMV
		SOUTH AMERICA	ON-GOING	0.		7,207,949.	MED. SUPPL.	FMV
		SOUTH AMERICA	ON-GOING	0.		10,693,801.	MED. SUPPL.	FMV
		SOUTH ASIA	EMERGENCY	0.		10,837.	MED. SUPPL.	FMV
		SOUTH ASIA	EMERGENCY	0.		59,313.	MED. SUPPL.	FMV
		SOUTH ASIA	EMERGENCY	0.		2,454,165.	MED. SUPPL.	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	ON-GOING	0.		15,992.	MED. SUPPL.	FMV
		SOUTH ASIA	ON-GOING	0.		6,836,262.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	EMERGENCY	0.		71,743.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	EMERGENCY	0.		93,264.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ONGOING-IP	0.		3,047,679.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	EMERGENCY	0.		148,995.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	EMERGENCY	0.		362,862.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ONGOING-IP	0.		2,819,591.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	EMERGENCY	0.		210,968.	MED. SUPPL.	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	EMERGENCY	0.		22,658.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	EMERGENCY	0.		690,300.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ONGOING-IP	0.		2,568,789.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ONGOING-IP	0.		401,141.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ONGOING-IP	0.		1,433,183.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ONGOING-IP	0.		2,109,877.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ONGOING-IP	0.		3,247,931.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ONGOING-IP	0.		4,319,869.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ONGOING-IP	0.		8,712,394.	MED. SUPPL.	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		7,503.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		7,761.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		8,604.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		10,356.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		10,631.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		10,896.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		11,357.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		11,804.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		11,992.	MED. SUPPL.	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		28,675.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		32,079.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		47,394.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		55,541.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		59,587.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		60,093.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		75,821.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		79,615.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		97,793.	MED. SUPPL.	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		106,252.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		120,152.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		144,122.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		154,401.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		164,819.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		174,426.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		182,424.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		195,359.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		203,349.	MED. SUPPL.	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		222,664.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		244,519.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		333,730.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		349,377.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		442,616.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		857,119.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		1,202,355.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		1,433,206.	MED. SUPPL.	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		1,703,836.	MED. SUPPL.	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	ON-GOING	0.		1,707,573.	MED. SUPPL.	FMV
		EUROPE	ON-GOING	0.		80,357.	MED. SUPPL.	FMV
		MIDDLE EAST AND NORTH AFRICA	ON-GOING	0.		16,662.	MED. SUPPL.	FMV
		NORTH AMERICA	ON-GOING	0.		10,972.	MED. SUPPL.	FMV
		NORTH AMERICA	ON-GOING	0.		36,301.	MED. SUPPL.	FMV
		NORTH AMERICA	ON-GOING	0.		125,877.	MED. SUPPL.	FMV
		NORTH AMERICA	ON-GOING	0.		157,734.	MED. SUPPL.	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ON-GOING	0.		11,852.	MED. SUPPL.	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ON-GOING	0.		13,754.	MED. SUPPL.	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ON-GOING	0.		47,676.	MED. SUPPL.	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ON-GOING	0.		53,785.	MED. SUPPL.	FMV
		SOUTH AMERICA	ON-GOING	0.		9,599.	MED. SUPPL.	FMV
		SOUTH AMERICA	ON-GOING	0.		35,639.	MED. SUPPL.	FMV
		SOUTH ASIA	ON-GOING	0.		28,793.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ON-GOING	0.		5,019.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ON-GOING	0.		8,019.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ON-GOING	0.		12,063.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ON-GOING	0.		14,567.	MED. SUPPL.	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ON-GOING	0.		15,719.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ON-GOING	0.		19,766.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ON-GOING	0.		40,825.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ON-GOING	0.		44,732.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ON-GOING	0.		55,140.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ON-GOING	0.		78,510.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ON-GOING	0.		126,033.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ON-GOING	0.		130,763.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ON-GOING	0.		132,401.	MED. SUPPL.	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ON-GOING	0.		138,403.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ON-GOING	0.		139,787.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ON-GOING	0.		150,292.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ON-GOING	0.		167,553.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ON-GOING	0.		204,675.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ON-GOING	0.		224,696.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ON-GOING	0.		245,423.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ON-GOING	0.		346,118.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ON-GOING	0.		348,601.	MED. SUPPL.	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ON-GOING	0.		395,415.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ON-GOING	0.		546,836.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ON-GOING	0.		714,603.	MED. SUPPL.	FMV
		SUB-SAHARAN AFRICA	ON-GOING	0.		826,149.	MED. SUPPL.	FMV

Part IV Foreign Forms

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

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

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

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

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

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

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2

TO ENSURE THAT DONATED GOODS AND FUNDS ARE USED TO FULFILL OUR MISSION,

AMERICARES TRACKS EVERY DONATION AS IT ENTERS AND LEAVES OUR WAREHOUSES

AND REQUIRES REPORTING OF EACH RECEIVING PARTNER ORGANIZATION, WHICH

INCLUDE DETAILED CONFIRMATION OF RECEIPT AND QUARTERLY UPDATES ON

DISTRIBUTION. INDIVIDUAL LICENSED HEALTH CARE PROVIDERS RECEIVING

DONATIONS THROUGH OUR MEDICAL OUTREACH PROGRAM MUST PROVIDE A REPORT

DETAILING HOW THE DONATION WAS USED, NUMBER OF PATIENTS TREATED AND

OTHER INFORMATION. HEALTH PARTNERS THAT RECEIVE FUNDING FROM AMERICARES

ARE REQUIRED TO COMPLETE A GRANT APPLICATION AND A GRANT REPORT,

INCLUDING DATA ON HOW FUNDS WERE USED AND, IF APPLICABLE, THE HEALTH

OUTCOME OF THE FUNDED PROJECT OR ACTIVITY. AMERICARES STAFF ALSO

PERFORM SITE VISITS TO MONITOR PARTNERS' USE OF PRODUCT DONATIONS AND

FUNDING. TARGETED HEALTH INITIATIVES SUCH AS THOSE DESCRIBED IN THE

"ONGOING" SECTION ABOVE, MAY INCLUDE BASELINE AND FINAL PROJECT

ASSESSMENTS.

SCHEDULE F, PART IV, LINE 3

AMERICARES FOUNDATION HAS TWO RELATED TAX-EXEMPT SUBSIDIARIES THAT IT

EFFECTIVELY CONTROLS: AMERICARES FOUNDATION TANZANIA AND AMERICAS

LIMITED (MALAWI).

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		AIRLIFT BENEFIT (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	1,638,991.			1,638,991.
	2 Less: Contributions	1,630,366.			1,630,366.
	3 Gross income (line 1 minus line 2)	8,625.			8,625.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	13,075.			13,075.
	8 Entertainment	6,112.			6,112.
	9 Other direct expenses	99,151.			99,151.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				118,338.
11 Net income summary. Subtract line 10 from line 3, column (d)				-109,713.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

PART I - FUNDRAISING CONSULTANTS

THE AMOUNTS PAID BY AMERICARES TO THE FUNDRAISING CONSULTANTS LISTED IN

SCHEDULE G ARE REPORTED (AS REQUIRED BY THE FORM 990) ON A FISCAL YEAR

BASIS. THESE CONSULTANTS MAY BE REPRESENTED IN PART VII, SECTION B AS

TOP HIGHLY PAID INDEPENDENT CONTRACTORS. THE AMOUNTS REPORTED IN PART

VII ARE REPORTED ON A CALENDAR-YEAR BASIS, THEREFORE THEY MAY DIFFER

FROM AMOUNTS REPORTED ON SCHEDULE G. PER ALL CONTRACTS, EXPENSES ARE

BUDGETED AND APPROVED SEPARATELY FROM CONSULTING FEES.

Part IV Supplemental Information (continued)

PART I - REGISTERED STATES

AMERICARES FOUNDATION OPERATES WITHIN ALL FIFTY STATES (AND THE DISTRICT OF COLUMBIA) AND IS REGISTERED TO FUNDRAISE IN 41 OF THOSE STATES PLUS DC. THE REMAINING 9 STATES HAVE NO REGISTRATION REQUIREMENTS TO FUNDRAISE.

PART II, LINE 3

DUE TO THE COVID-19 PANDEMIC, AMERICARES FOUNDATION'S ANNUAL AIRLIFT BENEFIT TO PROMOTE ITS MISSION OF SAVING LIVES, IMPROVING HEALTH AND ADVANCING HEALTH EQUITY WAS REQUIRED TO BE HELD VIRTUALLY VIA LIVESTREAM AND OTHER STREAMING PLATFORMS. MANY OF OUR VERY GENEROUS DONORS CONTINUED TO SUPPORT OUR BENEFIT AND THOSE REVENUES ARE REPORTED IN SCHEDULE G AS CONTRIBUTIONS (SINCE MOST DONORS RECEIVED NO RETURN BENEFIT FOR THEIR GIFTS OTHER THAN A DIGITAL GIFT BOX).

A SMALL PORTION OF OUR DONOR BASE SUPPORTED THE AIRLIFT BENEFIT VIA "WATCH PARTIES" AND TO SUPPORT THOSE EVENTS, THE FOUNDATION SHARED BOXED ENTREES AND BEVERAGES WITH THE ATTENDEES. THE VALUE OF THIS FOOD AND DRINK IS REPORTED AS GROSS INCOME FROM THE EVENT ON SCHEDULE G,

PART II, LINE 3.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
12TH STREET HEALTH AND WELLNESS CENTER - 4301 W. MARKHAM - LITTLE ROCK, AR 72205	71-6046242	501(C)(3)	0.	174,739.	FMV	MEDICAL SUPPLIES	ON-GOING
A COMMUNITY CLINIC, INC 344 MARKET STREET SUNBURY, PA 17801	20-4051982	501(C)(3)	0.	12,820.	FMV	MEDICAL SUPPLIES	ON-GOING
A PROMISE TO HELP 516 TUSCALOOSA AVE. SW BIRMINGHAM, AL 35211	26-4401185	501(C)(3)	0.	189,819.	FMV	MEDICAL SUPPLIES	ON-GOING
ABILENE-TAYLOR COUNTY PUBLIC HEALTH DISTRICT - 1902 SHELTON - ABILENE, TX 79603	75-6000440	115	0.	814,834.	FMV	MEDICAL SUPPLIES	EMERGENCY
ABILITIES OF NORTHWEST JERSEY 264 ROUTE 31 NORTH WASHINGTON, NJ 07882	22-2053518	501(C)(3)	0.	13,263.	FMV	MEDICAL SUPPLIES	EMERGENCY
ADVANTAGE BEHAVIORAL HEALTH SYSTEMS - 240 MITCHELL BRIDGE RD - ATHENS, GA 30606	58-2112427	CORP	0.	277,961.	FMV	MEDICAL SUPPLIES	ON-GOING

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 811.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 8.

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

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVENTHEALTH DIABETES INSTITUTE 301 EAST PRINCETON STREET ORLANDO, FL 32804	59-0724459	501(C)(3)	0.	102,770.	FMV	MEDICAL SUPPLIES	EMERGENCY
ADVENTHEALTH WATERMAN COMMUNITY CLINIC - 2300 KURT STREET - EUSTIS, FL 32726	59-3140669	501(C)(3)	0.	154,230.	FMV	MEDICAL SUPPLIES	ON-GOING
AGAPE CLINIC 4104 JUNIUS STREET DALLAS, TX 75246	14-1847977	501(C)(3)	0.	22,523.	FMV	MEDICAL SUPPLIES	EMERGENCY
AGAPE CLINIC 4104 JUNIUS STREET DALLAS, TX 75246	14-1847977	501(C)(3)	0.	3,988,500.	FMV	MEDICAL SUPPLIES	ON-GOING
ALABAMA FREE CLINICS 212 COURTHOUSE SQUARE BAY MINETTE, AL 36507	63-1247879	501(C)(3)	0.	370,929.	FMV	MEDICAL SUPPLIES	ON-GOING
ALBEMARLE HOSPITAL FOUNDATION 918 GREENLEAF ST ELIZABETH CITY, NC 27909	43-2031990	501(C)(3)	0.	73,584.	FMV	MEDICAL SUPPLIES	ON-GOING
ALL FOR HEALTH, HEALTH FOR ALL, INC. - 519 E BROADWAY BLVD - GLENDALE, CA 91205	95-4773684	501(C)(3)	0.	77,049.	FMV	MEDICAL SUPPLIES	EMERGENCY
ALL FOR HEALTH, HEALTH FOR ALL, INC. - 519 E BROADWAY BLVD - GLENDALE, CA 91205	95-4773684	501(C)(3)	0.	6,556.	FMV	MEDICAL SUPPLIES	ON-GOING
AMERICARES FREE CLINIC OF BRIDGEPORT - 115 HIGHLAND AVENUE - BRIDGEPORT, CT 06604	06-1422741	501(C)(3)	0.	347,287.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICARES FREE CLINIC OF DANBURY 76 WEST STREET DANBURY, CT 06810	06-1422741	501(C)(3)	0.	532,310.	FMV	MEDICAL SUPPLIES	ON-GOING
AMERICARES FREE CLINIC OF NORWALK 98 SOUTH MAIN STREET NORWALK, CT 06854	06-1422741	501(C)(3)	0.	381,722.	FMV	MEDICAL SUPPLIES	ON-GOING
AMERICARES FREE CLINIC OF STAMFORD 401 SHIPPAN AVENUE STAMFORD, CT 06902	06-1422741	501(C)(3)	0.	57,725.	FMV	MEDICAL SUPPLIES	EMERGENCY
AMERICARES FREE CLINIC OF STAMFORD 401 SHIPPAN AVENUE STAMFORD, CT 06902	06-1422741	501(C)(3)	0.	249,932.	FMV	MEDICAL SUPPLIES	ON-GOING
AMISTAD COMMUNITY HEALTH CENTER 1533 S. BROWNLEE CORPUS CHRISTI, TX 78404	20-3008507	501(C)(3)	0.	7,443.	FMV	MEDICAL SUPPLIES	ON-GOING
ANCHOR MENTAL HEALTH, INC. 1001 LAWRENCE STREET, NE WASHINGTON, DC 20017	52-0824835	501(C)(3)	0.	110,616.	FMV	MEDICAL SUPPLIES	ON-GOING
ANDREWS CENTER 2323 WEST FRONT STREET TYLER, TX 75702	75-1281410	501(C)(3)	0.	321,243.	FMV	MEDICAL SUPPLIES	ON-GOING
APICHA COMMUNITY HEALTH CENTER 400 BROADWAY NEW YORK, NY 10013	13-3706365	501(C)(3)	0.	20,980.	FMV	MEDICAL SUPPLIES	EMERGENCY
ARLINGTON FREE CLINIC 2921 SOUTH 11TH STREET ARLINGTON, VA 22204	54-1671883	501(C)(3)	0.	108,074.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AROOSTOOK BAND OF MICMACS 7 NORTHERN RD PRESQUE ISLE, ME 04769	01-0472707	INDIAN TRIBE	0.	10,566.	FMV	MEDICAL SUPPLIES	EMERGENCY
ARTHUR NAGEL COMMUNITY CLINIC 1116 12TH STREET, UNIT #3 BANDERA, TX 78003	77-0697361	501(C)(3)	0.	397,404.	FMV	MEDICAL SUPPLIES	EMERGENCY
ARTHUR NAGEL COMMUNITY CLINIC 1116 12TH STREET, UNIT #3 BANDERA, TX 78003	77-0697361	501(C)(3)	0.	379,608.	FMV	MEDICAL SUPPLIES	ON-GOING
ARUBAH COMMUNITY CLINIC 1021 W. MAIN ST COLLINSVILLE, OK 74021	27-3865132	501(C)(3)	0.	103,098.	FMV	MEDICAL SUPPLIES	ON-GOING
ATHENS NURSES CLINIC 240 NORTH AVENUE ATHENS, GA 30601	58-2490925	501(C)(3)	0.	39,957.	FMV	MEDICAL SUPPLIES	ON-GOING
AUSTIN TRAVIS COUNTY INTEGRAL CARE/INTEGRAL CARE - 5015 SOUTH IH 35 - AUSTIN, TX 78744	74-1547909	501(C)(3)	0.	52,763.	FMV	MEDICAL SUPPLIES	EMERGENCY
AUSTIN TRAVIS COUNTY INTEGRAL CARE/INTEGRAL CARE - 5015 SOUTH IH 35 - AUSTIN, TX 78744	74-1547909	501(C)(3)	0.	19,455.	FMV	MEDICAL SUPPLIES	ON-GOING
AVENAL COMMUNITY HEALTH CENTER 405 WEST D ST LEMOORE, CA 93245	77-0425496	501(C)(3)	0.	42,764.	FMV	MEDICAL SUPPLIES	ON-GOING
AVICENNA FREE CLINIC 1838 FRANKFORD AVE PANAMA CITY, FL 32405	82-2554695	501(C)(3)	0.	1,645,083.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVITA COMMUNITY PARTNERS 915 INTERSTATE RIDGE DR GAINESVILLE, GA 30501	58-2109706	115	0.	64,453.	FMV	MEDICAL SUPPLIES	ON-GOING
AZ PACH 2902 W CLARENDON AVE PHOENIX, AZ 85017	46-0650798	501(C)(3)	0.	43,394.	FMV	MEDICAL SUPPLIES	ON-GOING
AZZARELLI OUTREACH CLINIC 341 N ST JOSEPH AVE KANKAKEE, IL 60901	36-2312493	501(C)(3)	0.	340,250.	FMV	MEDICAL SUPPLIES	ON-GOING
BAAL PARAZIM WELLNESS, INC. 3353 SOUTH MORGAN STREET CHICAGO, IL 60608	46-5746945	501(C)(3)	0.	414,417.	FMV	MEDICAL SUPPLIES	ON-GOING
BAPTIST COMMUNITY HEALTH SERVICES 4960 ST. CLAUDE NEW ORLEANS, LA 70117	45-3792193	501(C)(3)	0.	73,087.	FMV	MEDICAL SUPPLIES	ON-GOING
BAPTIST HEALTH FOLLOW UP CARE 151 NW 11TH STREET #202B HOMESTEAD, FL 33030	85-2514662	501(C)(3)	0.	1,291,085.	FMV	MEDICAL SUPPLIES	ON-GOING
BARBARA DAVIS CENTER - UNIVERSITY OF COLORADO - 1775 AURORA COURT ROOM 1324 - AURORA, CO 80045	84-6000555	501(C)(3)	0.	409,963.	FMV	MEDICAL SUPPLIES	EMERGENCY
BARTZ-ALTADONNA COMMUNITY HEALTH CENTER - 43322 GINGHAM AVE. - LANCASTER, CA 93535	27-3261289	501(C)(3)	0.	7,095.	FMV	MEDICAL SUPPLIES	ON-GOING
BEACON CHARITABLE PHARMACY, INC. 408 NINTH STREET SW CANTON, OH 44707	20-0797475	501(C)(3)	0.	68,917.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEACON CHRISTIAN COMMUNITY HEALTH CENTER - 2079 FOREST AVENUE - STATEN ISLAND, NY 10303	02-0703686	501(C)(3)	0.	8,065.	FMV	MEDICAL SUPPLIES	EMERGENCY
BEACON CLINIC FOR HEALTH AND HOPE 248 SENECA ST. (REAR) HARRISBURG, PA 17110	46-3507570	501(C)(3)	0.	177,749.	FMV	MEDICAL SUPPLIES	ON-GOING
BECKLEY HEALTH RIGHT INC 111 RANDOLPH STREET BECKLEY, WV 25801	55-0774466	501(C)(3)	0.	11,137.	FMV	MEDICAL SUPPLIES	ON-GOING
BEERSHEBA SPRINGS MEDICAL CLINIC 19592 STATE HIGHWAY 56 BEERSHEBA SPRINGS, TN 37305	26-4579813	501(C)(3)	0.	1,234,822.	FMV	MEDICAL SUPPLIES	ON-GOING
BETANCES HEALTH CENTER 280 HENRY STREET NEW YORK, NY 10002	13-2697725	501(C)(3)	0.	8,065.	FMV	MEDICAL SUPPLIES	EMERGENCY
BETHANY FIRST NAZARENE CHURCH 6789 NW 39TH EXPRESSWATY BETHANY, OK 73008	73-0643163	501(C)(3)	0.	16,276.	FMV	MEDICAL SUPPLIES	ON-GOING
BETHESDA COMMUNITY CLINIC, INC 111 MOUNTAIN BROOK DR STE 100 CANTON, GA 30115	27-4923001	501(C)(3)	0.	203,922.	FMV	MEDICAL SUPPLIES	ON-GOING
BETHESDA HEALTH CLINIC 409 WEST FERGUSON TYLER, TX 75702	26-0036674	501(C)(3)	0.	714,135.	FMV	MEDICAL SUPPLIES	ON-GOING
BILLINGS URBAN INDIAN HEALTH AND WELLNESS CENTER - 1230 NORTH 30TH STREET - BILLINGS, MT 59101	81-0512124	501(C)(3)	0.	89,004.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK HAWK GRUNDY MENTAL HEALTH CENTER - 3251 WEST 9TH STREET - WATERLOO, IA 50702	42-0733463	501(C)(3)	0.	33,845.	FMV	MEDICAL SUPPLIES	ON-GOING
BLUEBONNET TRAILS COMMUNITY SERVICES - 1009 N. GEORGETOWN ST. - ROUND ROCK, TX 78664	74-2795332	501(C)(3)	0.	9,075.	FMV	MEDICAL SUPPLIES	ON-GOING
BOLINGBROOK CHRISTIAN HEALTH CENTER - 151 E BRIARCLIFF RD - BOLINGBROOK, IL 60440	36-4401468	501(C)(3)	0.	412,089.	FMV	MEDICAL SUPPLIES	ON-GOING
BORLAND FREE CLINIC 3550 SW BORLAND RD TUALATIN, OR 97062	46-1070038	501(C)(3)	0.	14,162.	FMV	MEDICAL SUPPLIES	EMERGENCY
BORLAND FREE CLINIC 3550 SW BORLAND RD TUALATIN, OR 97062	46-1070038	501(C)(3)	0.	214,817.	FMV	MEDICAL SUPPLIES	ON-GOING
BOSTON PUBLIC HEALTH COMMISSION 785 ALBANY ST BOSTON, MA 02188	04-3316655	115	0.	262,327.	FMV	MEDICAL SUPPLIES	EMERGENCY
BREAD OF HEALING CLINIC 1821 N 16TH ST MILWAUKEE, WI 53205	81-0669867	501(C)(3)	0.	679,953.	FMV	MEDICAL SUPPLIES	ON-GOING
BRIDGES TO HEALTH 119 S WASHINGTON ST MARION, IN 46952	20-5405181	501(C)(3)	0.	63,403.	FMV	MEDICAL SUPPLIES	ON-GOING
BRIGHTPOINT HEALTH 1543 INWOOD AVENUE BRONX, NY 10452	13-2828349	501(C)(3)	0.	10,490.	FMV	MEDICAL SUPPLIES	EMERGENCY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROAD STREET CLINIC 534 N. 35TH STREET, SUITE K MOREHEAD CITY, NC 28557	56-1853604	501(C)(3)	0.	101,427.	FMV	MEDICAL SUPPLIES	ON-GOING
BROOKLYN PLAZA MEDICAL CENTER 650 FULTON STREET BROOKLYN, NY 11217	11-2467268	501(C)(3)	0.	10,490.	FMV	MEDICAL SUPPLIES	EMERGENCY
BROTHER BILLS HELPING HAND 3906 N. WESTMORELAND RD. DALLAS, TX 75212	75-6027740	501(C)(3)	0.	362,164.	FMV	MEDICAL SUPPLIES	EMERGENCY
BROTHER BILLS HELPING HAND 3906 N. WESTMORELAND RD. DALLAS, TX 75212	75-6027740	501(C)(3)	0.	389,980.	FMV	MEDICAL SUPPLIES	ON-GOING
BROWARD HEALTH NORTH HOSPITAL RETAIL PHARMACY - 201 E SAMPLE ROAD - POMPANO BEACH, FL 33064	59-6012065	501(C)(3)	0.	514,675.	FMV	MEDICAL SUPPLIES	ON-GOING
BROWNSVILLE MEDICAL CENTER INC. 2400 NW 54TH STREET MIAMI, FL 33142	20-3856290	501(C)(3)	0.	9,304.	FMV	MEDICAL SUPPLIES	EMERGENCY
BROWNSVILLE MEDICAL CENTER INC. 2400 NW 54TH STREET MIAMI, FL 33142	20-3856290	501(C)(3)	0.	1,948,827.	FMV	MEDICAL SUPPLIES	ON-GOING
BROWNSVILLE MULTI-SERVICE FAMILY HEALTH CENTER - 592 ROCKAWAY AVENUE - BROOKLYN, NY 11212	74-2176836	501(C)(3)	0.	10,490.	FMV	MEDICAL SUPPLIES	EMERGENCY
BUDDHIST TZU CHI MEDICAL CENTER 1000 S. GARFIELD ALHAMBRA, CA 91801	95-4457939	501(C)(3)	0.	193,018.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CABRINI CLINIC 1234 PORTER STREET DETROIT, MI 48226	38-3129349	501(C)(3)	0.	143,704.	FMV	MEDICAL SUPPLIES	ON-GOING
CABUN RURAL HEALTH SERVICES INC 402 S. LEE HAMPTON, AR 71744	71-0487596	501(C)(3)	0.	5,930.	FMV	MEDICAL SUPPLIES	EMERGENCY
CACHE VALLEY COMMUNITY HEALTH CENTER - 1515 N 400 E SUITE 104 - LOGAN, UT 84341	81-0587644	501(C)(3)	0.	803,077.	FMV	MEDICAL SUPPLIES	ON-GOING
CACHE VALLEY COMMUNITY HEALTH CENTER - SOUTH - 517 WEST 100 NORTH SUITE #110 - PROVIDENCE, UT 84332	81-0587644	115	0.	904,049.	FMV	MEDICAL SUPPLIES	ON-GOING
CACTUS HEALTH SERVICES 700 N MAIN ST FORT STOCKTON, TX 79735	16-1663081	501(C)(3)	0.	708,933.	FMV	MEDICAL SUPPLIES	ON-GOING
CALCASIEU PARISH SCHOOL SYSTEM 3310 BROAD ST. LAKE CHARLES, LA 70615	72-6000235	115	0.	17,279.	FMV	MEDICAL SUPPLIES	EMERGENCY
CALLEN LORDE COMMUNITY HEALTH CENTER - 356 WEST 18 STREET - NEW YORK, NY 10011	13-3409680	501(C)(3)	0.	11,480.	FMV	MEDICAL SUPPLIES	EMERGENCY
CAMILLUS HEALTH CONCERN 336 NW 5TH ST MIAMI, FL 33128	65-0063921	501(C)(3)	0.	131,051.	FMV	MEDICAL SUPPLIES	ON-GOING
CAMINO COMMUNITY DEVELOPMENT CORPORATION INC - 133 STETSON DR. - CHARLOTTE, NC 28262	56-2015959	501(C)(3)	0.	2,229,746.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPE FEAR CLINIC, INC. 1605 DOCTORS CIRCLE WILMINGTON, NC 28401	56-1984630	501(C)(3)	0.	220,773.	FMV	MEDICAL SUPPLIES	ON-GOING
CAPITAL AREA HEALTHNETWORK 2809 NORTH AVENUE RICHMOND, VA 23222	54-1884190	501(C)(3)	0.	10,460.	FMV	MEDICAL SUPPLIES	ON-GOING
CARE BEYOND THE BOULEVARD INC 3617 N 112TH TERRACE KANSAS CITY, KS 66109	83-1122028	501(C)(3)	0.	34,576.	FMV	MEDICAL SUPPLIES	ON-GOING
CARE FOR THE HOMELESS 1911 JEROME AVE BRONX, NY 10453	13-3666994	501(C)(3)	0.	10,490.	FMV	MEDICAL SUPPLIES	EMERGENCY
CARIDAD CENTER 8645 W BOYNTON BEACH BOULEVARD BOYNTON BEACH, FL 33472	65-0149423	501(C)(3)	0.	509,845.	FMV	MEDICAL SUPPLIES	ON-GOING
CARIN CLINIC 5150 ALLISON ST ARVADA, CO 80002	84-1331444	501(C)(3)	0.	13,666.	FMV	MEDICAL SUPPLIES	ON-GOING
CARROLL COUNTY HEALTH DEPARTMENT 101 WEST MAIN ST DELPHI, IN 46923	35-6000130	501(C)(3)	0.	213,947.	FMV	MEDICAL SUPPLIES	ON-GOING
CASA JUAN DIEGO 4818 ROSE STREET HOUSTON, TX 77007	76-0003018	501(C)(3)	0.	15,083.	FMV	MEDICAL SUPPLIES	ON-GOING
C-ASSIST 30260 CHERRY HILL ROAD GARDEN CITY, MI 48135	81-3386484	501(C)(3)	0.	755,193.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHERINES HEALTH CENTER 1211 LAFAYETTE AVE NE GRAND RAPIDS, MI 49505	20-3572418	501(C)(3)	0.	8,053.	FMV	MEDICAL SUPPLIES	ON-GOING
CATHOLIC CHARITIES - USA 20 N. 4TH STREET, SUITE 300 WILMINGTON, NC 28401	26-1467328	501(C)(3)	0.	153,822.	FMV	MEDICAL SUPPLIES	EMERGENCY
CATHOLIC CHARITIES DIOCESE OF ARLINGTON - MOTHER - 9380 FORESTWOOD LANE - MANASSAS, VA 20110	54-0515706	501(C)(3)	0.	5,089.	FMV	MEDICAL SUPPLIES	ON-GOING
CATHOLIC CHARITIES OF SOUTH MISSISSIPPI - 1450 NORTH STREET - GULFPORT, MS 39507	64-0506632	501(C)(3)	0.	7,876.	FMV	MEDICAL SUPPLIES	EMERGENCY
CATHOLIC CHARITIES OF THE RIO GRANDE VALLEY, INC - 111 S. 15TH ST. - MCALLEN, TX 78501	68-0599307	501(C)(3)	0.	259,473.	FMV	MEDICAL SUPPLIES	EMERGENCY
CATHOLIC CHARITIES VOLUNTEER MEDICAL CLINIC - 1618 MONROE ST. NW - WASHINGTON, DC 20010	52-0980905	501(C)(3)	0.	441,046.	FMV	MEDICAL SUPPLIES	ON-GOING
CEDAR COUNTY PUBLIC HEALTH 400 CEDAR STREET TIPTON, IA 52772	42-6005281	115	0.	8,090.	FMV	MEDICAL SUPPLIES	ON-GOING
CENTER FOR HAITIAN STUDIES, INC 8260 NE 2ND AVE MIAMI, FL 33138	65-0136723	501(C)(3)	0.	350,523.	FMV	MEDICAL SUPPLIES	ON-GOING
CENTER FOR HEALING & HOPE 400 WEST LINCOLN AVENUE GOSHEN, IN 46526	02-0560511	501(C)(3)	0.	472,921.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR HEALTHY HEARTS 1200 WEST CARY STREET RICHMOND, VA 23220	52-1303481	501(C)(3)	0.	19,475.	FMV	MEDICAL SUPPLIES	ON-GOING
CENTRAL CITY HEALTH 1860 HAMNER AVE NORCO, CA 92860	95-4492570	501(C)(3)	0.	27,632.	FMV	MEDICAL SUPPLIES	EMERGENCY
CENTRE VOLUNTEERS IN MEDICINE 2520 GREEN TECH DR. STE D STATE COLLEGE, PA 16803	25-1897969	501(C)(3)	0.	47,024.	FMV	MEDICAL SUPPLIES	ON-GOING
CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILL - CALLE GUILLERMO RIEFKHOL 99 - PATILLAS, PR 00723	66-0430826	501(C)(3)	0.	21,647.	FMV	MEDICAL SUPPLIES	EMERGENCY
CENTRO SAN VICENTE 8061 ALAMEDA AVE. EL PASO, TX 79915	74-2505561	501(C)(3)	0.	25,497.	FMV	MEDICAL SUPPLIES	ON-GOING
CHARIS HEALTH CENTER 2620 N. MOUNT JULIET RD. MOUNT JULIET, TN 37122	35-2298919	501(C)(3)	0.	293,046.	FMV	MEDICAL SUPPLIES	ON-GOING
CHARITABLE PHARMACY OF CENTRAL OHIO - 200 EAST LIVINGSTON AVE - COLUMBUS, OH 43215	27-0147099	501(C)(3)	0.	448,398.	FMV	MEDICAL SUPPLIES	ON-GOING
CHARLES B. WANG COMMUNITY HEALTH CENTER INC - 136-26 37TH AVE - FLUSHING, NY 11354	13-2739694	501(C)(3)	0.	10,490.	FMV	MEDICAL SUPPLIES	EMERGENCY
CHARLOTTE COMMUNITY HEALTH CLINIC 8401 MEDICAL PLAZA DR CHARLOTTE, NC 28262	56-2274174	501(C)(3)	0.	681,605.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN AND COMMUNITY HEALTH CENTER - 4510 MEDICAL CENTER DRIVE - MCKINNEY, TX 75069	20-0637782	501(C)(3)	0.	337,175.	FMV	MEDICAL SUPPLIES	ON-GOING
CHILDREN'S HOSPITAL AT MONTEFIORE 3411 WAYNE AVE BRONX, NY 10467	13-1740114	501(C)(3)	0.	26,957.	FMV	MEDICAL SUPPLIES	EMERGENCY
CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET BOULEVARD LOS ANGELES, CA 90027	95-1690977	501(C)(3)	0.	30,843.	FMV	MEDICAL SUPPLIES	EMERGENCY
CHILDRENS HOSPITAL OF ORANGE COUNTY - 1201 W. LA VETA AVE. - ORANGE, CA 92868	95-2321786	501(C)(3)	0.	71,792.	FMV	MEDICAL SUPPLIES	EMERGENCY
CHILDRENS HOSPITAL OF PHILADELPHIA 3401 CIVIC CENTER BLVD. ROOM AW-19 PHILADELPHIA, PA 19104	23-2237932	501(C)(3)	0.	219,569.	FMV	MEDICAL SUPPLIES	EMERGENCY
CHIPPEWA VALLEY FREE CLINIC 1030 OAK RIDGE DRIVE EAU CLAIRE, WI 54701	39-1840231	501(C)(3)	0.	90,589.	FMV	MEDICAL SUPPLIES	ON-GOING
CHRISTIAN HEALTH CENTER 1115 FAIRVIEW CAMDEN, AR 71701	71-0804142	501(C)(3)	0.	68,990.	FMV	MEDICAL SUPPLIES	ON-GOING
CHRISTIAN MEDICAL MINISTRIES 6900 DANIELS PKWY SUITE 29-393 FORT MYERS, FL 33912	47-2641606	501(C)(3)	0.	72,268.	FMV	MEDICAL SUPPLIES	ON-GOING
CHURCH HEALTH SERVICES 115 N CENTER STREET BEAVER DAM, WI 53916	39-1759669	501(C)(3)	0.	8,040.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH HILL FREE CLINIC 401 RICHMOND STREET CHURCH HILL, TN 37642	62-1391365	501(C)(3)	0.	109,066.	FMV	MEDICAL SUPPLIES	ON-GOING
CITY SQUARE 2835 AL LIPSCOMB WAY DALLAS, TX 75215	79-2332948	501(C)(3)	0.	8,340.	FMV	MEDICAL SUPPLIES	ON-GOING
CLACKAMAS VOLUNTEERS IN MEDICINE 700 MOLALLA AVENUE OREGON CITY, OR 97045	37-1621141	501(C)(3)	0.	10,444.	FMV	MEDICAL SUPPLIES	EMERGENCY
CLAY BEHAVIORAL HEALTH CENTER 3292 COUNTY ROAD 220 MIDDLEBURG, FL 32068	59-2219317	501(C)(3)	0.	274,094.	FMV	MEDICAL SUPPLIES	ON-GOING
CLEARWATER FREE CLINIC 1218 COURT STREET CLEARWATER, FL 33756	59-1852871	501(C)(3)	0.	1,765,020.	FMV	MEDICAL SUPPLIES	ON-GOING
CLEVELAND COUNTY HEALTH DEPARTMENT 200 S POST RD SHELBY, NC 28152	56-6000288	115	0.	776,558.	FMV	MEDICAL SUPPLIES	ON-GOING
CLINIC BY THE BAY 4877 MISSION STREET SAN FRANCISCO, CA 94112	26-2593712	501(C)(3)	0.	11,089.	FMV	MEDICAL SUPPLIES	ON-GOING
CLINICA TEPATI 1820 J ST. SACRAMENTO, CA 95811	94-2324682	501(C)(3)	0.	206,620.	FMV	MEDICAL SUPPLIES	ON-GOING
CMAP EXPRESS 1101 4TH STREET, SUITE 203 ALEXANDRIA, LA 71301	02-0751416	501(C)(3)	0.	10,089.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COACHELLA VALLEY VOLUNTEERS IN MEDICINE - 82915 AVENUE 48 - INDIO, CA 92201	26-3312826	501(C)(3)	0.	32,864.	FMV	MEDICAL SUPPLIES	EMERGENCY
COACHELLA VALLEY VOLUNTEERS IN MEDICINE - 82915 AVENUE 48 - INDIO, CA 92201	26-3312826	501(C)(3)	0.	64,157.	FMV	MEDICAL SUPPLIES	ON-GOING
COASTAL COMMUNITY HEALTH SERVICES 106 SHOPPERS WAY, SUITE 101 BRUNSWICK, GA 31525	46-1859206	501(C)(3)	0.	28,730.	FMV	MEDICAL SUPPLIES	ON-GOING
COMCARE OF SEDGWICK COUNTY 1919 N AMIDON SUITE 206 WICHITA, KS 67203	48-6000798	115	0.	326,892.	FMV	MEDICAL SUPPLIES	ON-GOING
COMMONSHARE 2026 DABNEY RD STE A RICHMOND, VA 23230	84-2490661	501(C)(3)	0.	19,782.	FMV	MEDICAL SUPPLIES	ON-GOING
COMMONWEALTH HEALTHCARE CORPORATION - 1 LOWER NAVY HILL - SAIPAN, MP 96950	66-0774364	CORP	0.	99,490.	FMV	MEDICAL SUPPLIES	ON-GOING
COMMUNITY CARE CENTER FOR FORSYTH CO. INC. - 2135 NEW WALKERTOWN RD - WINSTON SALEM, NC 27101	58-1403699	501(C)(3)	0.	2,350,520.	FMV	MEDICAL SUPPLIES	ON-GOING
COMMUNITY CARE CLINIC OF DARE 425 HEALTH CENTER DRIVE NAGS HEAD, NC 27959	20-2230717	501(C)(3)	0.	22,445.	FMV	MEDICAL SUPPLIES	ON-GOING
COMMUNITY CARE CLINIC OF HIGHLANDS-CASHIERS, INC - 52 AUNT DORA DRIVE - HIGHLANDS, NC 28741	65-1251915	501(C)(3)	0.	86,013.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CARE CLINIC OF ROWAN COUNTY - 315G MOCKSVILLE AVE. - SALISBURY, NC 28144	56-1964773	501(C)(3)	0.	312,332.	FMV	MEDICAL SUPPLIES	ON-GOING
COMMUNITY CLINIC OF HIGH POINT, INC - 779 N MAIN ST - HIGH POINT, NC 27262	56-1795022	501(C)(3)	0.	10,190.	FMV	MEDICAL SUPPLIES	ON-GOING
COMMUNITY CLINIC OF SHELBYVILLE BEDFORD CO - 200 DOVER ST SUITE 202 - SHELBYVILLE, TN 37160	34-1974609	501(C)(3)	0.	23,625.	FMV	MEDICAL SUPPLIES	ON-GOING
COMMUNITY CLINIC OF SOUTHWEST MISSOURI - 701 S. JOPLIN AVE - JOPLIN, MO 64801	43-1643962	501(C)(3)	0.	106,106.	FMV	MEDICAL SUPPLIES	ON-GOING
COMMUNITY CONNECTIONS FREE CLINIC 101 E. FOUNTAIN STREET DODGEVILLE, WI 53533	72-1619112	501(C)(3)	0.	68,018.	FMV	MEDICAL SUPPLIES	ON-GOING
COMMUNITY FREE CLINIC OF DECATUR-MORGAN COUNTY - 245 JACKSON ST., SE - DECATUR, AL 35601	72-1526129	501(C)(3)	0.	81,523.	FMV	MEDICAL SUPPLIES	ON-GOING
COMMUNITY FREE CLINIC, INC. 249 MILL STREET HAGERSTOWN, MD 21740	52-1772594	501(C)(3)	0.	548,349.	FMV	MEDICAL SUPPLIES	ON-GOING
COMMUNITY HEALTH AND SOCIAL SERVICES CENTER - 5635 W FORT ST - DETROIT, MI 48209	38-3094394	501(C)(3)	0.	29,153.	FMV	MEDICAL SUPPLIES	ON-GOING
COMMUNITY HEALTH CENTER OF RICHMOND - 439 PORT RICHMOND AVENUE - STATEN ISLAND, NY 10302	51-0567466	501(C)(3)	0.	10,490.	FMV	MEDICAL SUPPLIES	EMERGENCY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS - 3011 N. MICHIGAN ST. - PITTSBURG, KS 66762	75-3003364	501(C)(3)	0.	32,956.	FMV	MEDICAL SUPPLIES	ON-GOING
COMMUNITY HEALTH CENTER OF WEST PALM BEACH - 2100 45TH ST. - WEST PALM BEACH, FL 33407	26-3611337	501(C)(3)	0.	295,069.	FMV	MEDICAL SUPPLIES	ON-GOING
COMMUNITY HEALTH CENTERS, INC. 12716 N.E. 36TH STREET SPENCER, OK 73084	73-0930123	501(C)(3)	0.	66,734.	FMV	MEDICAL SUPPLIES	ON-GOING
COMMUNITY HEALTH CLINIC OF HARDIN & LARUE COUNTI - 1113 WOODLAND DR - ELIZABETHTOWN, KY 42701	30-0042070	501(C)(3)	0.	431,581.	FMV	MEDICAL SUPPLIES	ON-GOING
COMMUNITY HEALTH IMPROVEMENT CENTER - 320 E CENTRAL AVE - DECATUR, IL 62521	37-0961830	501(C)(3)	0.	60,716.	FMV	MEDICAL SUPPLIES	ON-GOING
COMMUNITY HEALTH INITIATIVES, INC. 2882 W 15TH STREET BROOKLYN, NY 11224	47-2424768	501(C)(3)	0.	8,065.	FMV	MEDICAL SUPPLIES	EMERGENCY
COMMUNITY HEALTH SERVICE INC 1926 COLLEGEVIEW RD SE ROCHESTER, MN 55904	41-1000060	501(C)(3)	0.	67,012.	FMV	MEDICAL SUPPLIES	ON-GOING
COMMUNITY HEALTH SERVICE INC 1113 W 11TH ST GRAFTON, ND 58237	41-1000060	501(C)(3)	0.	272,255.	FMV	MEDICAL SUPPLIES	ON-GOING
COMMUNITY HEALTH SERVICES OF UNION COUNTY INC - 1338-C EAST SUNSET DRIVE - MONROE, NC 28112	46-0495947	501(C)(3)	0.	6,507.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH SERVICES, INC 1804 SW TROTT AVE WILLMAR, MN 56201	41-1000060	501(C)(3)	0.	227,209.	FMV	MEDICAL SUPPLIES	ON-GOING
COMMUNITY HEALTHCARE NETWORK 97-04 SUTPHIN BLVD JAMAICA, NY 11435	13-3083068	501(C)(3)	0.	28,646.	FMV	MEDICAL SUPPLIES	EMERGENCY
COMMUNITY HEALTH-IN-PARTNERSHIP SERVICES (CHIPS) - 2431 N. GRAND BLVD. - SAINT LOUIS, MO 63106	43-1589851	501(C)(3)	0.	129,430.	FMV	MEDICAL SUPPLIES	ON-GOING
COMMUNITY HELPING HANDS HEALTH CLINIC - 34-C COURTHOUSE SQUARE - CLEVELAND, GA 30528	64-0950194	501(C)(3)	0.	572,620.	FMV	MEDICAL SUPPLIES	ON-GOING
COMMUNITY MEDICAL WELLNESS CENTERS 1360 E. ANAHEIM STREET, # 208 LONG BEACH, CA 90813	45-2424322	501(C)(3)	0.	21,357.	FMV	MEDICAL SUPPLIES	ON-GOING
COMMUNITY MEDICINE FOUNDATION 1131 SALUDA STREET ROCK HILL, SC 29730	57-0891008	501(C)(3)	0.	339,847.	FMV	MEDICAL SUPPLIES	ON-GOING
COMMUNITY VOLUNTEERS IN MEDICINE 300B LAWRENCE DRIVE WEST CHESTER, PA 19380	23-2944553	501(C)(3)	0.	137,137.	FMV	MEDICAL SUPPLIES	ON-GOING
COMMUNITYHEALTH 2611 W. CHICAGO AVE. CHICAGO, IL 60622	36-3931793	501(C)(3)	0.	53,841.	FMV	MEDICAL SUPPLIES	ON-GOING
COMPASSIONATE CARE OF SHELBY COUNTY, INC. - 124 N. OHIO AVE - SIDNEY, OH 45365	20-8479583	501(C)(3)	0.	582,138.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPREHENSIVE BEHAVIORAL HEALTH CENTER - 505 SOUTH 8TH STREET - EAST SAINT LOUIS, IL 62201	37-0760015	501(C)(3)	0.	230,277.	FMV	MEDICAL SUPPLIES	ON-GOING
CONCILIO DE SALUD INTEGRAL DE LOIZA - CARR. 188 INT. 187 - LOIZA, PR 00772	66-0314649	501(C)(3)	0.	20,943.	FMV	MEDICAL SUPPLIES	ON-GOING
COOPERATIVE CHRISTIAN MINISTRIES AND CLINIC - 133 ARBOR STREET - HOT SPRINGS NATIONAL, AR 71901	62-1671396	501(C)(3)	0.	160,807.	FMV	MEDICAL SUPPLIES	ON-GOING
COOS COUNTY FAMILY HEALTH SERVICES 133 PLEASANT ST BERLIN, NH 03570	02-0350051	501(C)(3)	0.	89,891.	FMV	MEDICAL SUPPLIES	ON-GOING
CORPORACION DE SERVICIOS DE SALUD PRIMARIA Y DES - CARR. 140 KM 38.8 - UTUADO, PR 00641	66-0812599	501(C)(3)	0.	223,206.	FMV	MEDICAL SUPPLIES	ON-GOING
CORPORACION DE SERVICIOS MEDICOS PRIMARIOS Y PREVE - CARR. #2 KM86.6 INTERIOR - HATILLO, PR 00659	66-0427194	501(C)(3)	0.	8,260.	FMV	MEDICAL SUPPLIES	ON-GOING
CORPUS CHRISTI METRO MINISTRIES 1919 LEOPARD ST. CORPUS CHRISTI, TX 78408	74-2247261	501(C)(3)	0.	625,957.	FMV	MEDICAL SUPPLIES	ON-GOING
COSSMA, INC. 600 AVE. EL JIBARO CIDRA, PR 00739	66-0434923	501(C)(3)	0.	42,340.	FMV	MEDICAL SUPPLIES	ON-GOING
COVE HOUSE FREE CLINIC 108 E HALSTEAD COPPERAS COVE, TX 76522	74-2764062	501(C)(3)	0.	755,919.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COVENANT COMMUNITY CARE 27776 WOODWARD AVE. ROYAL OAK, MI 48067	38-3533998	501(C)(3)	0.	160,643.	FMV	MEDICAL SUPPLIES	ON-GOING
COVENANT COMMUNITY CARE 5716 MICHIGAN AVE. DETROIT, MI 48210	38-3533998	501(C)(3)	0.	117,663.	FMV	MEDICAL SUPPLIES	ON-GOING
COVENANT COMMUNITY CARE STREET OUTREACH - 559 WEST GRAND BLVD. - DETROIT, MI 48216	38-3533998	501(C)(3)	0.	292,202.	FMV	MEDICAL SUPPLIES	ON-GOING
COVENANT HOUSE NEW YORK 550 TENTH AVE NEW YORK, NY 10018	13-3076376	501(C)(3)	0.	22,435.	FMV	MEDICAL SUPPLIES	EMERGENCY
COVENANT HOUSE NEW YORK 550 TENTH AVE NEW YORK, NY 10018	13-3076376	501(C)(3)	0.	13,277.	FMV	MEDICAL SUPPLIES	ON-GOING
COVENANT WITH CHRIST FOOD PANTRY 500 E HOUSTON ST CLEVELAND, TX 77327	77-0719656	501(C)(3)	0.	6,804.	FMV	MEDICAL SUPPLIES	EMERGENCY
CREOKS BEHAVIORAL HEALTH SERVICES 105 EAST ROSS SAPULPA, OK 74066	73-1108774	501(C)(3)	0.	257,395.	FMV	MEDICAL SUPPLIES	ON-GOING
CROSS AND CROWN CLINIC 1008 N. MCKINLEY STREET OKLAHOMA CITY, OK 73106	73-1608071	501(C)(3)	0.	10,740.	FMV	MEDICAL SUPPLIES	ON-GOING
CROSSINGS COMMUNITY CLINIC 10255 N PENN AVE OKLAHOMA CITY, OK 73120	86-1115863	501(C)(3)	0.	27,275.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSSOVER MINISTRY 108 COWARDIN AVE RICHMOND, VA 23224	54-1371067	501(C)(3)	0.	52,947.	FMV	MEDICAL SUPPLIES	ON-GOING
CROSSROADS CLINIC VOLUNTEERS IN MEDICINE - 10714 VETERANS MEMORIAL - LAKE SAINT LOUIS, MO 63367	27-3109107	501(C)(3)	0.	41,094.	FMV	MEDICAL SUPPLIES	ON-GOING
DADE COUNTY HEALTH DEPARTMENT 413 W WATER STREET GREENFIELD, MO 65661	43-1266535	115	0.	14,596.	FMV	MEDICAL SUPPLIES	ON-GOING
DAHLONEGA PEDIATRICS 1055 GROVE ST NORTH DAHLONEGA, GA 30533	55-0850037	CORP	0.	56,251.	FMV	MEDICAL SUPPLIES	ON-GOING
DAMIAN FAMILY CARE CENTERS, INC. 89-56 162 STREET 3FL JAMAICA, NY 11432	22-3433831	501(C)(3)	0.	10,490.	FMV	MEDICAL SUPPLIES	EMERGENCY
DAVIDSON MEDICAL MINISTRIES 420 N SALISBURY ST LEXINGTON, NC 27292	56-1746266	501(C)(3)	0.	77,374.	FMV	MEDICAL SUPPLIES	ON-GOING
DELTA HEALTH ALLIANCE/LELAND MEDICAL CLINIC - 201 BAKER BLVD. - LELAND, MS 38756	64-0892954	501(C)(3)	0.	27,052.	FMV	MEDICAL SUPPLIES	ON-GOING
DENTON COUNTY MHMR 2519 SCRIPTURE ST DENTON, TX 76201	75-1368151	501(C)(3)	0.	24,703.	FMV	MEDICAL SUPPLIES	ON-GOING
DEO CLINIC 218 NORTH FREDRICK ST. DALTON, GA 30721	46-0789000	501(C)(3)	0.	11,730.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIVINE GRACE MEDICAL MISSIONARIES 11000 FONDREN RD HOUSTON, TX 77096	27-4000666	501(C)(3)	0.	43,799.	FMV	MEDICAL SUPPLIES	EMERGENCY
DIVINE GRACE MEDICAL MISSIONARIES 11000 FONDREN RD HOUSTON, TX 77096	27-4000666	501(C)(3)	0.	1,473,335.	FMV	MEDICAL SUPPLIES	ON-GOING
DOWNTOWN CLINIC 611 SOUTH SECOND STREET LARAMIE, WY 82070	83-0326354	501(C)(3)	0.	73,988.	FMV	MEDICAL SUPPLIES	ON-GOING
DOWNTOWN PREGNANCY CENTER 525 NORTH ERVAY STREET DALLAS, TX 75201	25-1902817	501(C)(3)	0.	98,541.	FMV	MEDICAL SUPPLIES	ON-GOING
DR GARY BURNSTEIN COMMUNITY HEALTH CLINIC - 45580 WOODWARD AVE - PONTIAC, MI 48341	32-0015321	501(C)(3)	0.	36,712.	FMV	MEDICAL SUPPLIES	ON-GOING
DREAM CENTERS WOMEN'S CLINIC 4360 MONTEBELLO DR, SUITE 900 COLORADO SPRINGS, CO 80918	27-4876080	501(C)(3)	0.	500,113.	FMV	MEDICAL SUPPLIES	ON-GOING
DROP IN CENTER NORTH 2328 WILLIAMSON RD ROANOKE, VA 24012	54-0718859	501(C)(3)	0.	48,190.	FMV	MEDICAL SUPPLIES	ON-GOING
DUPLIN MEDICAL ASSOCIATION 600 SOUTH SYCAMORE STREET ROSE HILL, NC 28458	56-1414420	501(C)(3)	0.	1,374,311.	FMV	MEDICAL SUPPLIES	ON-GOING
EAST BAY COMMUNITY ACTION PROGRAM 6 JOHN H. CHAFEE BLVD NEWPORT, RI 02840	05-0310024	501(C)(3)	0.	38,750.	FMV	MEDICAL SUPPLIES	EMERGENCY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST HARLEM COUNCIL FOR HUMAN SERVICES, INC. - 2253 THIRD AVENUE - NEW YORK, NY 10035	13-6213532	501(C)(3)	0.	13,310.	FMV	MEDICAL SUPPLIES	EMERGENCY
EASTER SEALS LOUISIANA, INC. 725 JORDAN STREET SHREVEPORT, LA 71101	72-0694376	501(C)(3)	0.	30,937.	FMV	MEDICAL SUPPLIES	EMERGENCY
EASTER SEALS OREGON 7300 SW HUNZIKER RD, SUITE 103 PORTLAND, OR 97223	93-0386885	501(C)(3)	0.	10,091.	FMV	MEDICAL SUPPLIES	EMERGENCY
EASTERSEALS 4443 N JOSEY LANE CARROLLTON, TX 75010	31-4379471	501(C)(3)	0.	535,572.	FMV	MEDICAL SUPPLIES	EMERGENCY
EDISTO INDIAN FREE CLINIC 1125 RIDGE RD RIDGEVILLE, SC 29472	82-1691197	501(C)(3)	0.	1,800,634.	FMV	MEDICAL SUPPLIES	ON-GOING
EDWARD R. LEAHY JR. CENTER CLINIC FOR THE UNINSU - 230 KRESSLER CT - SCRANTON, PA 18503	24-0795495	501(C)(3)	0.	29,786.	FMV	MEDICAL SUPPLIES	ON-GOING
EL CENTRO DEL BARRIO DBA CENTROMED 9011 POTEET JOURDANTON FWY. SAN ANTONIO, TX 78224	74-1787031	501(C)(3)	0.	50,630.	FMV	MEDICAL SUPPLIES	ON-GOING
ELLENTON HEALTH CLINIC, PUBLIC HEALTH DISTRICT 8 - 185 NORTH BAKER STREET - ELLENTON, GA 31747	23-7379607	501(C)(3)	0.	171,159.	FMV	MEDICAL SUPPLIES	ON-GOING
EUNICE COMMUNITY HEALTH CENTER 450 MOOSA BLVD. STE. E EUNICE, LA 70535	27-0213992	501(C)(3)	0.	1,014,108.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EZRA MEDICAL CENTER 1278 60TH STREET BROOKLYN, NY 11219	11-3535388	501(C)(3)	0.	20,190.	FMV	MEDICAL SUPPLIES	EMERGENCY
FAITH COMMUNITY HEALTH 610 SOUTH SIXTH STREET BRANSON, MO 65616	94-3467834	501(C)(3)	0.	20,600.	FMV	MEDICAL SUPPLIES	ON-GOING
FAITH COMMUNITY PHARMACY INC 7033 BURLINGTON PIKE FLORENCE, KY 41042	61-1378914	501(C)(3)	0.	3,717,388.	FMV	MEDICAL SUPPLIES	ON-GOING
FAITH FAMILY MEDICAL CLINIC 326 21ST AVE N NASHVILLE, TN 37203	62-1816811	501(C)(3)	0.	33,117.	FMV	MEDICAL SUPPLIES	ON-GOING
FAMILY CENTERS HEALTH CARE 111 WILBUR PECK COURT GREENWICH, CT 06830	06-0646656	501(C)(3)	0.	105,577.	FMV	MEDICAL SUPPLIES	ON-GOING
FAMILY HEALTH PARTNERSHIP CLINIC 401 CONGRESS PARKWAY CRYSTAL LAKE, IL 60014	36-4277029	501(C)(3)	0.	60,326.	FMV	MEDICAL SUPPLIES	ON-GOING
FAMILY HEALTH SERVICES 826 EASTLAND DRIVE TWIN FALLS, ID 83301	82-0371093	501(C)(3)	0.	42,694.	FMV	MEDICAL SUPPLIES	ON-GOING
FAMILY PLANNING PLUS 4612 WESTBRANCH HWY LEWISBURG, PA 17837	23-2032597	501(C)(3)	0.	67,321.	FMV	MEDICAL SUPPLIES	ON-GOING
FAYETTE CARE CLINIC 1260 HWY 54 FAYETTEVILLE, GA 30214	20-0314897	501(C)(3)	0.	48,574.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEED MY SHEEP 613 S. 3RD STREET TEMPLE, TX 76504	74-2724033	501(C)(3)	0.	42,730.	FMV	MEDICAL SUPPLIES	ON-GOING
FEEDING AMERICA 150 BRADLEY STREET EAST HAVEN, CT 06512	75-1812865	501(C)(3)	0.	1,184,144.	FMV	MEDICAL SUPPLIES	EMERGENCY
FIRST BAPTIST CHURCH MEDICAL/DENTAL CLINIC - 1607 CHERRY STREET - VICKSBURG, MS 39180	64-0356253	501(C)(3)	0.	91,806.	FMV	MEDICAL SUPPLIES	ON-GOING
FIRST PERSON CARE CLINIC 1200 S 4TH ST LAS VEGAS, NV 89104	46-2155118	501(C)(3)	0.	478,391.	FMV	MEDICAL SUPPLIES	ON-GOING
FIRSTMED HEALTH AND WELLNESS 400 SHADOW LANE, STE. 106 LAS VEGAS, NV 89106	27-0759056	501(C)(3)	0.	7,455.	FMV	MEDICAL SUPPLIES	ON-GOING
FIU COLLEGE OF MEDICINE MOBILE HEALTH CENTER - 11200 SW 8TH STREET - MIAMI, FL 33199	23-7047106	501(C)(3)	0.	273,466.	FMV	MEDICAL SUPPLIES	ON-GOING
FLAGLER COUNTY FREE CLINIC 703 EAST MOODY BLVD. BUNNELL, FL 32110	20-5036975	501(C)(3)	0.	280,720.	FMV	MEDICAL SUPPLIES	ON-GOING
FLORIDA DREAM CENTER 8787 BRYAN DAIRY RD SUITE 275 LARGO, FL 33777	85-8016567	501(C)(3)	0.	80,049.	FMV	MEDICAL SUPPLIES	ON-GOING
FOUNDATION FOR HIV AND KIDNEY DIALYSIS INC. - 14 ZIRKEL. AVENUE. - PISCATAWAY, NJ 08854	43-2024266	501(C)(3)	0.	102,450.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREE MEDICAL CLINIC 47 W LONG AVENUE DU BOIS, PA 15801	25-1804763	501(C)(3)	0.	36,901.	FMV	MEDICAL SUPPLIES	ON-GOING
FREE MEDICAL CLINIC OF DARLINGTON COUNTY - 203 GROVE STREET - DARLINGTON, SC 29532	58-2445265	501(C)(3)	0.	89,041.	FMV	MEDICAL SUPPLIES	ON-GOING
FREE MEDICAL CLINIC OF OAK RIDGE 116 E. DIVISION RD. OAK RIDGE, TN 37830	90-0715369	501(C)(3)	0.	279,340.	FMV	MEDICAL SUPPLIES	ON-GOING
FRIENDS OF HICKORY COUNTY HEALTH DEPARTMENT - 24885 STATE HIGHWAY 254 - HERMITAGE, MO 65668	47-1206725	501(C)(3)	0.	36,436.	FMV	MEDICAL SUPPLIES	ON-GOING
FUNDACION MANOS JUNTAS 1320 NORTH PENNSYLVANIA AVE OKLAHOMA CITY, OK 73107	73-1523135	501(C)(3)	0.	412,610.	FMV	MEDICAL SUPPLIES	ON-GOING
GAIN, INC. (GREATER ASSISTANCE TO THOSE IN NEED) - 712 W. 3RD STREET - LITTLE ROCK, AR 72201	71-0763418	501(C)(3)	0.	145,417.	FMV	MEDICAL SUPPLIES	ON-GOING
GALILEE CENTER 66101 HAMMOND RD MECCA, CA 92254	27-3133601	501(C)(3)	0.	12,957.	FMV	MEDICAL SUPPLIES	EMERGENCY
GATEWAY COMMUNITY SERVICES, INC. 555 STOCKTON STREET JACKSONVILLE, FL 32204	59-1881828	501(C)(3)	0.	227,655.	FMV	MEDICAL SUPPLIES	ON-GOING
GATEWAY FOUNDATION - CARBONDALE 1080 E. PARK ST CARBONDALE, IL 62901	36-2670036	501(C)(3)	0.	255,755.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GATEWAY FOUNDATION - SPRINGFIELD AND PEKIN - 2200 LAKE VICTORIA DRIVE - SPRINGFIELD, IL 62703	37-1394445	501(C)(3)	0.	18,750.	FMV	MEDICAL SUPPLIES	ON-GOING
GEORGIA FARMWORKER HEALTH PROGRAM 1626 E. SHOTWELL ST BAINBRIDGE, GA 39819	58-6000359	501(C)(3)	0.	29,786.	FMV	MEDICAL SUPPLIES	ON-GOING
GET UP PROJECT 8101 CAMERON RD AUSTIN, TX 78754	45-4931906	501(C)(3)	0.	18,901.	FMV	MEDICAL SUPPLIES	ON-GOING
GOOCHLANDCARES 2999 RIVER ROAD WEST GOOCHLAND, VA 23063	54-1967650	501(C)(3)	0.	17,922.	FMV	MEDICAL SUPPLIES	ON-GOING
GOOD HEALTH CLINIC, INC 91555 OVERSEAS HWY, STE 2 TAVERNIER, FL 33070	04-3745805	501(C)(3)	0.	237,030.	FMV	MEDICAL SUPPLIES	ON-GOING
GOOD NEIGHBOR FREE MEDICAL CLINIC OF BEAUFORT - 974 RIBAUT ROAD - BEAUFORT, SC 29902	26-0335357	501(C)(3)	0.	15,540.	FMV	MEDICAL SUPPLIES	ON-GOING
GOOD NEIGHBOR HOUSE 627 EAST FIRST ST DAYTON, OH 45402	31-1374154	501(C)(3)	0.	535,260.	FMV	MEDICAL SUPPLIES	ON-GOING
GOOD NEIGHBOR SETTLEMENT HOUSE 1254 E. TYLER STREET BROWNSVILLE, TX 78520	74-1211654	501(C)(3)	0.	24,301.	FMV	MEDICAL SUPPLIES	EMERGENCY
GOOD NEWS CLINICS 810 PINE STREET GAINESVILLE, GA 30501	58-2058853	501(C)(3)	0.	227,068.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD NEWS MINISTRIES/ GOOD NEWS HEALTH CLINIC - 2716 EAST WASHINGTON STREET - INDIANAPOLIS, IN 46201	35-0999233	501(C)(3)	0.	47,422.	FMV	MEDICAL SUPPLIES	ON-GOING
GOOD SAMARITAN CLINIC 3880 WATERMELON RD STE A NORTHPORT, AL 35473	63-1199900	501(C)(3)	0.	361,409.	FMV	MEDICAL SUPPLIES	ON-GOING
GOOD SAMARITAN HEALTH AND WELLNESS CENTER - 209 WEST STATE LINE ROAD - SOUTH FULTON, TN 38257	45-3745315	501(C)(3)	0.	962,438.	FMV	MEDICAL SUPPLIES	ON-GOING
GOOD SAMARITAN HEALTH CENTER 1015 DONALD LEE HOLLOWELL PKWY ATLANTA, GA 30318	58-2373395	501(C)(3)	0.	28,595.	FMV	MEDICAL SUPPLIES	ON-GOING
GOOD SAMARITAN HEALTH CLINIC 401 ARNOLD STREET, NE CULLMAN, AL 35055	20-0149215	501(C)(3)	0.	382,339.	FMV	MEDICAL SUPPLIES	ON-GOING
GOOD SAMARITAN HEALTH CLINIC OF PASCO, INC - 5334 ASPEN ST. - NEW PORT RICHEY, FL 34652	59-3072334	501(C)(3)	0.	28,928.	FMV	MEDICAL SUPPLIES	ON-GOING
GOOD SAMARITAN MEDICAL CLINIC 139 CHURCH ST. CHESTER, SC 29706	82-0549226	501(C)(3)	0.	230,864.	FMV	MEDICAL SUPPLIES	ON-GOING
GOOD SAMARITAN PHARMACY & HEALTH SERVICES, INC. - 2502 TAMIAMI TRAIL NORTH - NOKOMIS, FL 34275	26-2295558	501(C)(3)	0.	78,176.	FMV	MEDICAL SUPPLIES	ON-GOING
GOOD SHEPHERD CLINIC 452 HIGHWAY 53 E #1009 DAWSONVILLE, GA 30534	27-0245804	501(C)(3)	0.	40,940.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SHEPHERD CLINIC 6392 MURPHY DRIVE MORROW, GA 30260	58-2578581	501(C)(3)	0.	146,348.	FMV	MEDICAL SUPPLIES	ON-GOING
GOOD SHEPHERD HEALTHCARE CLINIC OF MUSKOGEE, OKL - 2130 WEST OKMULGEE - MUSKOGEE, OK 74401	73-1581613	501(C)(3)	0.	356,735.	FMV	MEDICAL SUPPLIES	ON-GOING
GOOD SHEPHERD MINISTRIES OF OKLAHOMA, INC. - 222 NW 12TH STREET - OKLAHOMA CITY, OK 73103	20-0526892	501(C)(3)	0.	84,761.	FMV	MEDICAL SUPPLIES	ON-GOING
GOOD SHEPHERD PHARMACY 266 SOUTH CLEVELAND STREET MEMPHIS, TN 38104	46-3313048	501(C)(3)	0.	59,341.	FMV	MEDICAL SUPPLIES	ON-GOING
GOODWIN COMMUNITY HEALTH 311 ROUTE 108 SOMERSWORTH, NH 03878	02-0304203	501(C)(3)	0.	697,794.	FMV	MEDICAL SUPPLIES	ON-GOING
GRACE CLINIC 800 WEST CANAL DRIVE KENNEWICK, WA 99336	77-0592408	501(C)(3)	0.	446,796.	FMV	MEDICAL SUPPLIES	ON-GOING
GRACE COMMUNITY HEALTH CENTER 39 CUMBERLAND GAP PLAZA GRAY, KY 40734	26-1779437	501(C)(3)	0.	45,352.	FMV	MEDICAL SUPPLIES	ON-GOING
GRACE MEDICAL HOME 1417 E CONCORD ST. ORLANDO, FL 32803	26-1817966	501(C)(3)	0.	890,370.	FMV	MEDICAL SUPPLIES	ON-GOING
GRASSROOTS HEALTHCARE FOUNDATION 743 E. TABOR AVE. FAIRFIELD, CA 94533	32-0600776	501(C)(3)	0.	344,766.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER GREENWOOD UNITED MINISTRY FREE MEDICAL C - 1404 EDGEFIELD STREET - GREENWOOD, SC 29646	57-1012393	501(C)(3)	0.	12,179.	FMV	MEDICAL SUPPLIES	ON-GOING
GREATER KILLEEN FREE CLINIC 718 N 2ND STREET, STE A KILLEEN, TX 76541	74-2724725	501(C)(3)	0.	1,355,102.	FMV	MEDICAL SUPPLIES	ON-GOING
GREATER TEXOMA HEALTH CLINIC 900 N. ARMSTRONG AVE. DENISON, TX 75020	81-0584983	501(C)(3)	0.	579,309.	FMV	MEDICAL SUPPLIES	ON-GOING
GREENVILLE FREE MEDICAL CLINIC 600 ARLINGTON AVENUE GREENVILLE, SC 29601	57-0855205	501(C)(3)	0.	209,321.	FMV	MEDICAL SUPPLIES	ON-GOING
GUADALUPE CLINIC 940 S SAINT FRANCIS WICHITA, KS 67211	20-1285208	501(C)(3)	0.	1,377,857.	FMV	MEDICAL SUPPLIES	ON-GOING
GUIDANCE/CARE CENTER, INC. 3000 41ST STREET OCEAN MARATHON, FL 33050	59-1458324	501(C)(3)	0.	6,345.	FMV	MEDICAL SUPPLIES	ON-GOING
GULF BEND CENTER 6502 NURSERY DRIVE, SUITE 100 VICTORIA, TX 77904	74-1659064	501(C)(3)	0.	60,290.	FMV	MEDICAL SUPPLIES	ON-GOING
GULF COAST HEALTH CENTER, INC. 2548 MEMORIAL BLVD. PORT ARTHUR, TX 77640	76-0289927	501(C)(3)	0.	8,187.	FMV	MEDICAL SUPPLIES	ON-GOING
HACKENSACK MERIDIAN HEALTH, ADULT 385 PROSPECT AVE HACKENSACK, NJ 07601	22-2339534	501(C)(3)	0.	147,560.	FMV	MEDICAL SUPPLIES	EMERGENCY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HACKENSACK MERIDIAN HEALTH, PEDIATRICS - 343 THORNWALL STREET - EDISON, NJ 08837	22-2339534	501(C)(3)	0.	295,216.	FMV	MEDICAL SUPPLIES	EMERGENCY
HALEY CENTER 3425 LAKE ALFRED RD WINTER HAVEN, FL 33881	82-5306080	501(C)(3)	0.	5,156.	FMV	MEDICAL SUPPLIES	EMERGENCY
HALEY CENTER 3425 LAKE ALFRED RD WINTER HAVEN, FL 33881	82-5306080	501(C)(3)	0.	677,115.	FMV	MEDICAL SUPPLIES	ON-GOING
HANDS OF HOPE CLINIC, INC. 1010 HOSPITAL DRIVE BLDG B STOCKBRIDGE, GA 30281	42-1591970	501(C)(3)	0.	14,439.	FMV	MEDICAL SUPPLIES	ON-GOING
HARLEM UNITED/ UPPER ROOM AIDS MINISTRY - 169 WEST 133RD ST - NEW YORK, NY 10030	13-3841701	501(C)(3)	0.	8,065.	FMV	MEDICAL SUPPLIES	EMERGENCY
HARTVILLE MIGRANT MINISTRIES 3980 SWAMP STREET NE HARTVILLE, OH 44632	34-0899100	501(C)(3)	0.	147,846.	FMV	MEDICAL SUPPLIES	ON-GOING
HAVEN FREE CLINIC 800 HOWARD AVE, 1ST FLOOR NEW HAVEN, CT 06519	06-0646973	501(C)(3)	0.	5,144.	FMV	MEDICAL SUPPLIES	ON-GOING
HEAL THE CITY 609 S. CAROLINA AMARILLO, TX 79106	46-5694050	501(C)(3)	0.	19,036.	FMV	MEDICAL SUPPLIES	ON-GOING
HEALING BRIDGE CLINIC 215 WILLOW BEND RD. PEACHTREE CITY, GA 30269	26-3555799	501(C)(3)	0.	618,139.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALING HANDS MINISTRIES INC 8515 GREENVILLE AVENUE, N-112 DALLAS, TX 75243	65-1259379	501(C)(3)	0.	41,585.	FMV	MEDICAL SUPPLIES	ON-GOING
HEALTH ACCESS, INC. 489 WASHINGTON AVENUE CLARKSBURG, WV 26301	55-0715066	501(C)(3)	0.	402,962.	FMV	MEDICAL SUPPLIES	ON-GOING
HEALTH AND HOPE CLINIC, INC. 1718 E OLIVE RD PENSACOLA, FL 32514	26-4336638	501(C)(3)	0.	125,307.	FMV	MEDICAL SUPPLIES	EMERGENCY
HEALTH AND HOPE CLINIC, INC. 1718 E OLIVE RD PENSACOLA, FL 32514	26-4336638	501(C)(3)	0.	271,316.	FMV	MEDICAL SUPPLIES	ON-GOING
HEALTH BRIGADE 1010 NORTH THOMPSON STREET RICHMOND, VA 23230	54-0927792	501(C)(3)	0.	37,304.	FMV	MEDICAL SUPPLIES	ON-GOING
HEALTH FOR ALL 3030 EAST 29TH STREET BRYAN, TX 77802	74-2624477	501(C)(3)	0.	218,289.	FMV	MEDICAL SUPPLIES	EMERGENCY
HEALTH FOR ALL 3030 EAST 29TH STREET BRYAN, TX 77802	74-2624477	501(C)(3)	0.	28,071.	FMV	MEDICAL SUPPLIES	ON-GOING
HEALTHCARE CHOICES NY INC. 6209 16TH AVENUE BROOKLYN, NY 11204	11-3488520	501(C)(3)	0.	8,065.	FMV	MEDICAL SUPPLIES	EMERGENCY
HEALTHCARE FOR THE HOMELESS - HOUSTON - 1934 CAROLINE STREET - HOUSTON, TX 77002	76-0647934	501(C)(3)	0.	6,102.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHNET OF ROCK COUNTY, INC. 23 W. MILWAUKEE STREET JANESVILLE, WI 53548	39-1778804	501(C)(3)	0.	243,052.	FMV	MEDICAL SUPPLIES	ON-GOING
HEALTHQUEST OF UNION COUNTY 415 E. FRANKLIN STREET MONROE, NC 28112	56-2117596	501(C)(3)	0.	247,813.	FMV	MEDICAL SUPPLIES	ON-GOING
HEALTHREACH COMMUNITY CLINIC 400 EAST STATESVILLE AVE MOORESVILLE, NC 28115	20-1020941	501(C)(3)	0.	476,224.	FMV	MEDICAL SUPPLIES	ON-GOING
HEARTBRIGHT FOUNDATION INC 2101 CAMBRIDGE BELTWAY DRIVE CHARLOTTE, NC 28273	45-0496759	501(C)(3)	0.	78,902.	FMV	MEDICAL SUPPLIES	ON-GOING
HEARTS AND HANDS CLINIC 127 NORTH COLLEGE STREET STATESBORO, GA 30458	26-4597700	501(C)(3)	0.	85,918.	FMV	MEDICAL SUPPLIES	ON-GOING
HELPCARE CLINIC 3015 AVE. A KEARNEY, NE 68847	46-5551263	501(C)(3)	0.	6,526.	FMV	MEDICAL SUPPLIES	ON-GOING
HELPING HANDS FREE MEDICAL CLINIC 230 SOUTH MAIN STREET MULLINS, SC 29574	32-0378680	501(C)(3)	0.	5,519.	FMV	MEDICAL SUPPLIES	ON-GOING
HELPING HANDS HEALTH AND WELLNESS CENTER, INC. - 5100 KARL ROAD - COLUMBUS, OH 43229	20-5937457	501(C)(3)	0.	27,733.	FMV	MEDICAL SUPPLIES	ON-GOING
HEMOSTASIS AND THROMBOSIS CENTER OF NEVADA - 8352 W. WARM SPRINGS RD - LAS VEGAS, NV 89113	82-2793154	501(C)(3)	0.	12,020.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGHLANDS HEALTH FREE AND CHARITABLE CLINIC - 315 LOCUST 2ND FLOOR - JOHNSTOWN, PA 15901	23-2922409	501(C)(3)	0.	348,465.	FMV	MEDICAL SUPPLIES	ON-GOING
HILL COUNTRY COMMUNITY MHMR CENTER 819 WATER STREET KERRVILLE, TX 78028	74-2822017	501(C)(3)	0.	141,205.	FMV	MEDICAL SUPPLIES	ON-GOING
HIS HANDS FREE MEDICAL CLINIC 1245 2ND AVE SE CEDAR RAPIDS, IA 52403	39-1878606	501(C)(3)	0.	47,404.	FMV	MEDICAL SUPPLIES	ON-GOING
HOPE CLINIC 1815 SE BISON RD BARTLESVILLE, OK 74006	46-4417141	501(C)(3)	0.	7,260.	FMV	MEDICAL SUPPLIES	EMERGENCY
HOPE CLINIC 1815 SE BISON RD BARTLESVILLE, OK 74006	46-4417141	501(C)(3)	0.	7,722.	FMV	MEDICAL SUPPLIES	ON-GOING
HOPE CLINIC 411 EAST JEFFERSON WAXAHACHIE, TX 75165	75-2813621	501(C)(3)	0.	66,240.	FMV	MEDICAL SUPPLIES	EMERGENCY
HOPE CLINIC 203 NORTH STREET BAYBORO, NC 28515	56-2114681	501(C)(3)	0.	277,432.	FMV	MEDICAL SUPPLIES	ON-GOING
HOPE CLINIC 411 EAST JEFFERSON WAXAHACHIE, TX 75165	75-2813621	501(C)(3)	0.	153,399.	FMV	MEDICAL SUPPLIES	ON-GOING
HOPE CLINIC AND CARE CENTER 1814 APPLETON ROAD MENASHA, WI 54952	47-3031346	501(C)(3)	0.	267,604.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE CLINIC OF GARLAND 800 S. 6TH STREET, SUITE 100 GARLAND, TX 75040	75-2960314	501(C)(3)	0.	10,421.	FMV	MEDICAL SUPPLIES	EMERGENCY
HOPE CLINIC OF GARLAND 800 S. 6TH STREET, SUITE 100 GARLAND, TX 75040	75-2960314	501(C)(3)	0.	191,364.	FMV	MEDICAL SUPPLIES	ON-GOING
HOPE CLINIC OF MCKINNEY 103 E. LAMAR ST. MCKINNEY, TX 75069	81-3813928	501(C)(3)	0.	547,581.	FMV	MEDICAL SUPPLIES	ON-GOING
HOPE HEALTH CLINIC 1025 SANIBEL WAY LA GRANGE, KY 40031	46-5509958	501(C)(3)	0.	49,796.	FMV	MEDICAL SUPPLIES	ON-GOING
HOPE MEDICAL CLINIC 150 BEACH DRIVE DESTIN, FL 32541	26-3811078	501(C)(3)	0.	324,269.	FMV	MEDICAL SUPPLIES	ON-GOING
HOPE MEDICAL CLINIC 518 HARRIET STREET YPSILANTI, MI 48197	38-2469007	501(C)(3)	0.	38,590.	FMV	MEDICAL SUPPLIES	ON-GOING
HOPE MEDICAL CLINIC 10101 60TH STREET LEXINGTON, OK 73051	73-1338039	501(C)(3)	0.	1,628,342.	FMV	MEDICAL SUPPLIES	ON-GOING
HOPE MEDICAL/DENTAL CLINIC 111 MEADOWVIEW DRIVE CLEBURNE, TX 76033	75-2953856	501(C)(3)	0.	41,679.	FMV	MEDICAL SUPPLIES	ON-GOING
HOPEHEALTH MANNING FAMILY PRACTICE 12 WEST SOUTH STREET MANNING, SC 29102	57-0984427	501(C)(3)	0.	1,346,360.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPELIGHT MEDICAL CLINIC 1351 COLLYER ST LONGMONT, CO 80501	46-4657471	501(C)(3)	0.	101,135.	FMV	MEDICAL SUPPLIES	ON-GOING
HOSPITAL GENERAL CASTANER CARRETERA 135 KM 64.2 LARES, PR 00631	66-0352014	501(C)(3)	0.	44,308.	FMV	MEDICAL SUPPLIES	ON-GOING
HOUSTON COUNTY VOLUNTEER MEDICAL CLINIC - 125 RUSSELL PARKWAY - WARNER ROBINS, GA 31088	20-1859450	501(C)(3)	0.	454,073.	FMV	MEDICAL SUPPLIES	ON-GOING
I CARE SAN ANTONIO 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	74-2690192	501(C)(3)	0.	58,284.	FMV	MEDICAL SUPPLIES	ON-GOING
IBN SINA FOUNDATION 11226 S. WILCREST DR HOUSTON, TX 77099	76-0698464	501(C)(3)	0.	17,419.	FMV	MEDICAL SUPPLIES	EMERGENCY
IBN SINA FOUNDATION 11226 S. WILCREST DR HOUSTON, TX 77099	76-0698464	501(C)(3)	0.	3,501,650.	FMV	MEDICAL SUPPLIES	ON-GOING
IFM COMMUNITY MEDICINE 722 LOUGHBOROUGH AVENUE SAINT LOUIS, MO 63111	43-1863752	501(C)(3)	0.	217,361.	FMV	MEDICAL SUPPLIES	ON-GOING
IMPACT CHRISTIAN MINISTRIES CLINIC 115 W. SOLOMON ST. GRIFFIN, GA 30223	27-0344233	501(C)(3)	0.	287,339.	FMV	MEDICAL SUPPLIES	ON-GOING
INDIANA UNIVERSITY HEALTH 705 RILEY HOSPITAL DR. INDIANAPOLIS, IN 46202	35-1747218	501(C)(3)	0.	44,322.	FMV	MEDICAL SUPPLIES	EMERGENCY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INHEALTH COMMUNITY WELLNESS FREE CLINIC - 109 1/2 E BLUFF ST - BOSCOBEL, WI 53805	33-1170597	501(C)(3)	0.	8,535.	FMV	MEDICAL SUPPLIES	ON-GOING
INTERFAITH CLINIC 403 W. OAK EL DORADO, AR 71730	71-0236863	501(C)(3)	0.	241,886.	FMV	MEDICAL SUPPLIES	ON-GOING
INTERFAITH COMMUNITY CLINIC 101 PINE MANOR DRIVE CONROE, TX 77385	75-2634623	501(C)(3)	0.	166,323.	FMV	MEDICAL SUPPLIES	ON-GOING
INTERFAITH PARTNERSHIP FOR THE HOMELESS - 317 SHERIDAN AVE - ALBANY, NY 12206	14-1666321	501(C)(3)	0.	49,002.	FMV	MEDICAL SUPPLIES	ON-GOING
INTERMOUNTAIN HEALTHCARE FOUNDATION, INC. - 100 N MARIO-CAPECCHI DR. - SALT LAKE CITY, UT 84113	80-0225150	501(C)(3)	0.	160,053.	FMV	MEDICAL SUPPLIES	EMERGENCY
INTERNATIONAL MEDICAL RESPONSE 22 PROSPECT PARK BROOKLYN, NY 11215	47-1859775	501(C)(3)	0.	25,933.	FMV	MEDICAL SUPPLIES	EMERGENCY
IOWA HARM REDUCTION COALITION 1221 CENTER ST DES MOINES, IA 50309	82-1864287	501(C)(3)	0.	50,928.	FMV	MEDICAL SUPPLIES	ON-GOING
ISLAND HEALTH CARE 245 EDGARTOWNVINEYARD HAVEN RD EDGARTOWN, MA 02539	47-0870772	501(C)(3)	0.	87,876.	FMV	MEDICAL SUPPLIES	ON-GOING
IUSB HEALTH & WELLNESS CENTER 1960 NORTHSIDE BLVD SOUTH BEND, IN 46615	35-6001673	115	0.	313,453.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON COUNTY HEALTH DEPARTMENT 801 W. SECOND ST. SEYMOUR, IN 47274	35-6000159	501(C)(3)	0.	17,190.	FMV	MEDICAL SUPPLIES	ON-GOING
JEFFERSON CENTER FOR MENTAL HEALTH 5801 WEST ALAMEDA AVENUE DENVER, CO 80226	84-0474717	501(C)(3)	0.	818,790.	FMV	MEDICAL SUPPLIES	ON-GOING
JOHN P. MURRAY COMMUNITY CARE CLINIC - 303 YADKIN STREET, STE C - ALBEMARLE, NC 28001	56-2098720	501(C)(3)	0.	33,005.	FMV	MEDICAL SUPPLIES	ON-GOING
JOSEPH P. ADDABBO FAMILY HEALTH CENTER - 6200 BEACH CHANNEL DRIVE - ARVERNE, NY 11692	06-1181226	501(C)(3)	0.	29,778.	FMV	MEDICAL SUPPLIES	EMERGENCY
JOSLIN DIABETES CENTER, PEDIATRICS ONE JOSLIN PLACE BOSTON, MA 02215	04-2203836	501(C)(3)	0.	131,456.	FMV	MEDICAL SUPPLIES	EMERGENCY
JUST KIDS DENTAL 1313 FAIRGROUNDS ROAD TWO HARBORS, MN 55616	27-2311353	501(C)(3)	0.	16,970.	FMV	MEDICAL SUPPLIES	ON-GOING
KALSIPPEL TRIBE OF INDIANS / CAMAS CENTER CLINIC - 1821 NORTH LECLERC ROAD. - CUSICK, WA 99119	91-0875018	INDIAN TRIBE	0.	32,125.	FMV	MEDICAL SUPPLIES	ON-GOING
KATAHDIN VALLEY HEALTH CENTER 529 SOUTH PATTEN ROAD PATTEN, ME 04765	23-7411014	501(C)(3)	0.	340,494.	FMV	MEDICAL SUPPLIES	ON-GOING
KATALASSO FAMILY HEALTH CENTER 38 SOUTH BELVIDERE AVENUE YORK, PA 17401	45-3170905	501(C)(3)	0.	246,122.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS FIRST HEALTH CARE 4675 E. 69TH AVENUE COMMERCE CITY, CO 80022	84-0799374	501(C)(3)	0.	26,174.	FMV	MEDICAL SUPPLIES	ON-GOING
KNOX COUNTY HEALTH CLINIC 22 WHITE STREET ROCKLAND, ME 04841	01-0528885	501(C)(3)	0.	66,858.	FMV	MEDICAL SUPPLIES	ON-GOING
LA CLINICA CRISTIANA 1915 AVALON AV MUSCLE SHOALS, AL 35661	20-1624284	501(C)(3)	0.	70,807.	FMV	MEDICAL SUPPLIES	ON-GOING
LA CLINICA DEL VALLE FAMILY HEALTH CARE CENTER INC - 931 CHEVY WAY - MEDFORD, OR 97504	94-3096772	501(C)(3)	0.	6,012.	FMV	MEDICAL SUPPLIES	EMERGENCY
LAKE AREA FREE CLINIC 856B ARMOUR RD OCONOMOWOC, WI 53066	39-2006388	501(C)(3)	0.	31,762.	FMV	MEDICAL SUPPLIES	ON-GOING
LAKE COUNTY FREE CLINIC 54 S STATE STREET PAINESVILLE, OH 44077	34-1081191	501(C)(3)	0.	215,850.	FMV	MEDICAL SUPPLIES	ON-GOING
LAKE HEALTH DISTRICT FUND-NORTHEEAST OHIO DRP - 7757 AUBURN ROAD - PAINESVILLE, OH 44077	34-1598598	501(C)(3)	0.	174,980.	FMV	MEDICAL SUPPLIES	ON-GOING
LAKELAND VOLUNTEERS IN MEDICINE 600 W. PEACHTREE ST LAKELAND, FL 33815	52-2351630	501(C)(3)	0.	314,366.	FMV	MEDICAL SUPPLIES	ON-GOING
LAKEVIEW CENTER INC. 1201 W. HERNANDEZ ST PENSACOLA, FL 32501	59-0737872	501(C)(3)	0.	18,816.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEBANON VALLEY VOLUNTEERS IN MEDICINE - 711 S 8TH ST - LEBANON, PA 17042	26-3915958	501(C)(3)	0.	7,699.	FMV	MEDICAL SUPPLIES	ON-GOING
LEFLORE COUNTY HEALTH CENTER 706 HWY 82 WEST GREENWOOD, MS 38930	20-0069223	501(C)(3)	0.	67,643.	FMV	MEDICAL SUPPLIES	ON-GOING
LEGACY COMMUNITY HEALTH SERVICES 450 N. 11TH STREET BEAUMONT, TX 77702	76-0009637	501(C)(3)	0.	14,007.	FMV	MEDICAL SUPPLIES	EMERGENCY
LESTONNAC FREE CLINIC 1215 E CHAPMAN ORANGE, CA 92866	95-3499011	501(C)(3)	0.	18,013.	FMV	MEDICAL SUPPLIES	ON-GOING
LEWIS & CLARK BEHAVIORIAL HEALTH SERVICES, INC. - 1028 WALNUT STREET - YANKTON, SD 57078	16-1900308	501(C)(3)	0.	196,392.	FMV	MEDICAL SUPPLIES	ON-GOING
LIFE CHOICES MEDICAL CLINIC 3234 NORTHWESTERN SAN ANTONIO, TX 78238	74-2809910	501(C)(3)	0.	27,658.	FMV	MEDICAL SUPPLIES	EMERGENCY
LIFE CHOICES MEDICAL CLINIC 3234 NORTHWESTERN SAN ANTONIO, TX 78238	74-2809910	501(C)(3)	0.	1,586,588.	FMV	MEDICAL SUPPLIES	ON-GOING
LIFESPRING HEALTH SYSTEMS 1036 SHARON DRIVE JEFFERSONVILLE, IN 47130	35-1097350	501(C)(3)	0.	559,313.	FMV	MEDICAL SUPPLIES	ON-GOING
LIFESTREAM BEHAVIORAL CENTER 215 NORTH 3RD STREET LEESBURG, FL 34748	59-1561501	501(C)(3)	0.	318,062.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIGHT OF THE WORLD CLINIC, INC. 5333 N. DIXIE HWY FORT LAUDERDALE, FL 33334	65-0266070	501(C)(3)	0.	420,748.	FMV	MEDICAL SUPPLIES	ON-GOING
LIVE OAK CLINIC OF BRAZOSPORT 102 YAUPON ST. LAKE JACKSON, TX 77566	30-0395491	501(C)(3)	0.	14,870.	FMV	MEDICAL SUPPLIES	EMERGENCY
LONGVIEW WELLNESS CENTER, INC. DBA WELLNESS POIN - 1011 E WHALEY ST - LONGVIEW, TX 75601	75-2723993	501(C)(3)	0.	94,704.	FMV	MEDICAL SUPPLIES	ON-GOING
LORAIN COUNTY FREE CLINIC 5040 OBERLIN AVENUE LORAIN, OH 44053	34-1506180	501(C)(3)	0.	149,737.	FMV	MEDICAL SUPPLIES	ON-GOING
LTP MEDICAL MOBILE INC DBA THE HEALTH HUT - 310 WEST MISSISSIPPI AVE - RUSTON, LA 71270	27-3764078	501(C)(3)	0.	445,351.	FMV	MEDICAL SUPPLIES	ON-GOING
LUKE 52 CLINIC 9615 MAIN ST SUITE B WHITMORE LAKE, MI 48189	81-2779813	501(C)(3)	0.	6,528.	FMV	MEDICAL SUPPLIES	ON-GOING
LUKE SOCIETY 2718 WOODLAWN STREET DICKINSON, TX 77539	74-2211973	501(C)(3)	0.	60,940.	FMV	MEDICAL SUPPLIES	ON-GOING
MACON VOLUNTEER CLINIC 376 ROGERS AVE MACON, GA 31204	74-3055376	501(C)(3)	0.	11,901.	FMV	MEDICAL SUPPLIES	ON-GOING
MAINLINE HEALTH SYSTEMS INC. 535 JORDAN DRIVE MONTICELLO, AR 71655	71-0623643	501(C)(3)	0.	8,410.	FMV	MEDICAL SUPPLIES	EMERGENCY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MALIHEH FREE CLINIC 941 E 3300 S SALT LAKE CITY, UT 84106	20-2313461	501(C)(3)	0.	13,362.	FMV	MEDICAL SUPPLIES	ON-GOING
MALTA HOUSE OF CARE, INC 19 WOODLAND STREET HARTFORD, CT 06105	20-3562424	501(C)(3)	0.	651,899.	FMV	MEDICAL SUPPLIES	ON-GOING
MARION COUNTY PUBLIC HEALTH 2003 N. LINCOLN KNOXVILLE, IA 50138	42-6004844	115	0.	11,178.	FMV	MEDICAL SUPPLIES	ON-GOING
MARTIN LUTHER KING HEALTH CENTER 865 OLIVE STREET SHREVEPORT, LA 71104	72-1079721	501(C)(3)	0.	39,832.	FMV	MEDICAL SUPPLIES	ON-GOING
MATAGORDA EPISCOPAL HEALTH OUTREACH PROGRAM - 111 AVE F - BAY CITY, TX 77414	20-0537948	501(C)(3)	0.	22,394.	FMV	MEDICAL SUPPLIES	ON-GOING
MATTAWA COMMUNITY MEDICAL CLINIC 210 GOVERNMENT ROAD MATTAWA, WA 99349	91-1499763	501(C)(3)	0.	352,240.	FMV	MEDICAL SUPPLIES	ON-GOING
MATTHEW 25 HEALTH AND DENTAL CLINIC - 413 E. JEFFERSON BLVD - FORT WAYNE, IN 46802	35-1484951	501(C)(3)	0.	56,820.	FMV	MEDICAL SUPPLIES	ON-GOING
MATTHEW WALKER COMPREHENSIVE HEALTH CENTER - 1035 14TH AVENUE NORTH - NASHVILLE, TN 37208	62-1035426	501(C)(3)	0.	20,186.	FMV	MEDICAL SUPPLIES	EMERGENCY
MATTHEW WALKER COMPREHENSIVE HEALTH CENTER - 1035 14TH AVENUE NORTH - NASHVILLE, TN 37208	62-1035426	501(C)(3)	0.	47,882.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MATTHEWS FREE MEDICAL CLINIC 196 S. TRADE STREET MATTHEWS, NC 28105	51-0468874	501(C)(3)	0.	455,345.	FMV	MEDICAL SUPPLIES	ON-GOING
MCINTOSH TRAIL, CSB 1209 GREENBELT DRIVE GRIFFIN, GA 30224	58-2098758	115	0.	743,225.	FMV	MEDICAL SUPPLIES	ON-GOING
MCKINNEY MEDICAL CENTER 218 QUARTERMAN STREET WAYCROSS, GA 31501	58-2101260	501(C)(3)	0.	2,055,110.	FMV	MEDICAL SUPPLIES	ON-GOING
MED CENTRO 1015 HOSTOS AVENUE PONCE, PR 00716	66-0292961	501(C)(3)	0.	36,584.	FMV	MEDICAL SUPPLIES	ON-GOING
MEDICAL MINISTRIES INC. 633 THOMAS KATE ROAD DORCHESTER, SC 29437	47-2062464	501(C)(3)	0.	515,699.	FMV	MEDICAL SUPPLIES	ON-GOING
MEDICAL MISSIONS FOR CHRIST CLINIC 1974 N. BUSINESS RTE 5 CAMDENTON, MO 65020	20-3637019	501(C)(3)	0.	195,555.	FMV	MEDICAL SUPPLIES	ON-GOING
MEDICAL OUTREACH MINISTRIES 5741 CARMICHAEL PARKWAY MONTGOMERY, AL 36117	63-1204645	501(C)(3)	0.	51,047.	FMV	MEDICAL SUPPLIES	ON-GOING
MERCY CLINIC 1315 TATUM DRIVE NEW BERN, NC 28560	56-2034052	501(C)(3)	0.	12,996.	FMV	MEDICAL SUPPLIES	ON-GOING
MERCY HEALTH CENTER, INC. 700 OGLETHORPE AVE. ATHENS, GA 30606	58-2603523	501(C)(3)	0.	317,810.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY MEDICAL CLINIC 615 WASHINGTON STREET SHELBYVILLE, KY 40065	61-1211189	501(C)(3)	0.	198,471.	FMV	MEDICAL SUPPLIES	ON-GOING
MERCY MEDICINE FREE CLINIC 500 SOUTH COIT STREET FLORENCE, SC 29501	31-1693093	501(C)(3)	0.	10,806.	FMV	MEDICAL SUPPLIES	ON-GOING
MERCY WATCH 7209 265TH ST NW #204 STANWOOD, WA 98292	81-2889138	501(C)(3)	0.	11,785.	FMV	MEDICAL SUPPLIES	ON-GOING
MERIDIAN BEHAVIORAL HEALTHCARE, INC - 4300 SW 13TH STREET - GAINESVILLE, FL 32608	59-1906214	501(C)(3)	0.	431,915.	FMV	MEDICAL SUPPLIES	ON-GOING
METRO COMMUNITY HEALTH CENTERS 979 CROSS BRONX EXPRESSWAY BRONX, NY 10460	46-1317334	501(C)(3)	0.	10,490.	FMV	MEDICAL SUPPLIES	EMERGENCY
METROCARE SERVICES 1350 N WESTMORELAND RD DALLAS, TX 75211	75-1285603	501(C)(3)	0.	22,419.	FMV	MEDICAL SUPPLIES	ON-GOING
MIAMI RESCUE MISSION CLINIC INC 2015 NW 1ST AVE MIAMI, FL 33127	45-1481860	501(C)(3)	0.	23,107.	FMV	MEDICAL SUPPLIES	ON-GOING
MIDDLE FLINT AREA COMMUNITY SERVICE BOARD - 415 N JACKSON ST - AMERICUS, GA 31709	58-2111079	115	0.	152,652.	FMV	MEDICAL SUPPLIES	ON-GOING
MIDDLE PENINSULA NORTHERN NECK CSB 9228 GEORGE WASHINGTON MEM HWY GLOUCESTER, VA 23061	54-0958505	501(C)(3)	0.	82,301.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDLAND COMMUNITY CHILDREN'S CLINIC - 1101 E. FRONT STREET - MIDLAND, TX 79701	75-1875246	501(C)(3)	0.	92,426.	FMV	MEDICAL SUPPLIES	ON-GOING
MILAN PUSKAR HEALTH RIGHT 341 SPRUCE STREET MORGANTOWN, WV 26505	31-1118673	501(C)(3)	0.	75,644.	FMV	MEDICAL SUPPLIES	ON-GOING
MINISTRIES OF JESUS 1200 E. I-35 FRONTAGE ROAD EDMOND, OK 73034	73-1622804	501(C)(3)	0.	674,434.	FMV	MEDICAL SUPPLIES	ON-GOING
MISSION ARLINGTON MEDICAL CLINIC 210 W. SOUTH ARLINGTON, TX 76010	75-2724385	501(C)(3)	0.	3,621,655.	FMV	MEDICAL SUPPLIES	ON-GOING
MISSION CLINIC OF PALM SPRINGS INC 11941 SOUTH WEST SAILFISH ISLES WAY PORT SAINT LUCIE, FL 34987	47-3441097	501(C)(3)	0.	482,772.	FMV	MEDICAL SUPPLIES	ON-GOING
MISSION HOSPITAL- MEDICATION ASSISTANCE PROGRAM - 1 HOSPITAL DRIVE ROOM 2229 - ASHEVILLE, NC 28801	58-1450888	501(C)(3)	0.	177,566.	FMV	MEDICAL SUPPLIES	ON-GOING
MISSION LEXINGTON, INC. 230 S. MARTIN LUTHER KING BLVD LEXINGTON, KY 40508	20-2824933	501(C)(3)	0.	6,570.	FMV	MEDICAL SUPPLIES	ON-GOING
MISSION MEDICAL CENTER 2125 EAST LASALLE STREET COLORADO SPRINGS, CO 80909	68-0506812	501(C)(3)	0.	176,112.	FMV	MEDICAL SUPPLIES	ON-GOING
MISSION OF MERCY 22 SOUTH MARKET ST., SUITE 6D FREDERICK, MD 21701	86-0704883	501(C)(3)	0.	1,785,129.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSION OF MERCY TEXAS CLINICS 2421 AYERS ST. CORPUS CHRISTI, TX 78404	86-0704883	501(C)(3)	0.	16,995.	FMV	MEDICAL SUPPLIES	EMERGENCY
MISSION OF MERCY TEXAS CLINICS 2421 AYERS ST. CORPUS CHRISTI, TX 78404	86-0704883	501(C)(3)	0.	17,725.	FMV	MEDICAL SUPPLIES	ON-GOING
MISSION OF MERCY-ARIZONA 1965 E DIVOT DR TEMPE, AZ 85283	86-0704883	501(C)(3)	0.	212,082.	FMV	MEDICAL SUPPLIES	ON-GOING
MISSION WACO HEALTH CLINIC 1226 WASHINGTON AVE WACO, TX 76701	74-2605621	501(C)(3)	0.	206,545.	FMV	MEDICAL SUPPLIES	ON-GOING
MLK FAMILY CLINIC DBA FOREMOST FAMILY HEALTH CENT - 2922-B MLK JR. BLVD - DALLAS, TX 75215	75-2098992	501(C)(3)	0.	50,266.	FMV	MEDICAL SUPPLIES	EMERGENCY
MOAB FREE HEALTH CLINIC 380 NORTH 500 WEST MOAB, UT 84532	26-2082745	501(C)(3)	0.	25,158.	FMV	MEDICAL SUPPLIES	ON-GOING
MONTEFIORE MEDICAL GROUP / BRONX COMMUNITY HEALTH - 200 CORPORATE BLVD - YONKERS, NY 10543	13-1740114	501(C)(3)	0.	12,915.	FMV	MEDICAL SUPPLIES	EMERGENCY
MONTGOMERY COUNTY FREE CLINIC 816 MILL ST CRAWFORDSVILLE, IN 47933	27-1198512	501(C)(3)	0.	64,983.	FMV	MEDICAL SUPPLIES	ON-GOING
MONUMENT HEALTH SYSTEM 353 FAIRMONT BLVD. RAPID CITY, SD 57701	20-1487506	501(C)(3)	0.	30,843.	FMV	MEDICAL SUPPLIES	EMERGENCY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORGAN COUNTY MEDICAL CENTER 224 OLD MILL ROAD WARTBURG, TN 37887	62-0913596	501(C)(3)	0.	73,280.	FMV	MEDICAL SUPPLIES	ON-GOING
MOROVIS COMMUNITY HEALTH CENTER CALLE PATRON #2 AVENIDA COROZAL MOROVIS, PR 00687	66-0480948	501(C)(3)	0.	46,583.	FMV	MEDICAL SUPPLIES	ON-GOING
MORTON COMPREHENSIVE SERVICES 1334 N LANSING AVE TULSA, OK 74106	73-1177858	501(C)(3)	0.	120,398.	FMV	MEDICAL SUPPLIES	ON-GOING
M-POWER MINISTRIES HEALTH CENTER 4022 4TH AVE SOUTH BIRMINGHAM, AL 35222	31-1639601	501(C)(3)	0.	5,029.	FMV	MEDICAL SUPPLIES	ON-GOING
NAOMI BERRIE DIABETES CENTER/NYP/COLUMBIA UNI - 1150 ST. NICHOLAS AVENUE AT 168TH STREET - NEW YORK, NY 10032	13-3957095	501(C)(3)	0.	220,474.	FMV	MEDICAL SUPPLIES	EMERGENCY
NAVAJO NATION CHINLE FIRE DEPARTMENT CHINLE, AZ 86503	86-0092333	115	0.	321,024.	FMV	MEDICAL SUPPLIES	EMERGENCY
NC MEDASSIST 4428 TAGGART CREEK RD CHARLOTTE, NC 28208	56-2018957	501(C)(3)	0.	583,827.	FMV	MEDICAL SUPPLIES	ON-GOING
NEIGHBOR FOR NEIGHBOR 505 E 36TH ST N TULSA, OK 74106	73-0776404	501(C)(3)	0.	2,122,495.	FMV	MEDICAL SUPPLIES	ON-GOING
NEIGHBORHOOD CLINIC 1323 S YAKIMA AVE TACOMA, WA 98405	91-1318144	501(C)(3)	0.	6,618.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD FELLOWSHIP INC 530 W. 49TH STREET INDIANAPOLIS, IN 46208	35-2035206	501(C)(3)	0.	36,541.	FMV	MEDICAL SUPPLIES	ON-GOING
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH NAPLES, FL 34102	59-3546884	501(C)(3)	0.	21,831.	FMV	MEDICAL SUPPLIES	ON-GOING
NEIGHBORHOOD HEALTH PARTNERS OF INDIANAPOLIS - 7911 MICHIGAN RD - INDIANAPOLIS, IN 46268	84-4269148	501(C)(3)	0.	52,421.	FMV	MEDICAL SUPPLIES	ON-GOING
NEVADA OBSTETRICAL CHARITY CLINIC 1950 PINTO LANE LAS VEGAS, NV 89106	26-4834603	501(C)(3)	0.	673,518.	FMV	MEDICAL SUPPLIES	ON-GOING
NEW LIFE COMMUNITY HEALTH CENTER 82-10 QUEENS BOULEVARD ELMHURST, NY 11373	11-3204890	501(C)(3)	0.	51,079.	FMV	MEDICAL SUPPLIES	ON-GOING
NEW ORLEANS DREAM CENTER 22205 LITTLE CREEK ROAD MANDEVILLE, LA 70471	46-1935367	501(C)(3)	0.	72,245.	FMV	MEDICAL SUPPLIES	ON-GOING
NEWHOPE CLINIC 41 S. COURT STREET OWINGSVILLE, KY 40360	61-1363437	501(C)(3)	0.	231,228.	FMV	MEDICAL SUPPLIES	ON-GOING
NORTH BROWARD HOSPITAL DISTRICT 1101 W BROWARD BLVD FORT LAUDERDALE, FL 33312	59-6012065	501(C)(3)	0.	559,993.	FMV	MEDICAL SUPPLIES	ON-GOING
NORTH BROWARD HOSPITAL DISTRICT 2011 NW 3RD AVENUE POMPANO BEACH, FL 33060	59-6012065	501(C)(3)	0.	545,990.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH BROWARD HOSPITAL DISTRICT 200 NORTHWEST 7TH AVENUE FORT LAUDERDALE, FL 33311	59-6012065	501(C)(3)	0.	171,100.	FMV	MEDICAL SUPPLIES	ON-GOING
NORTH CENTRAL DISTRICT HEALTH DEPARTMENT - 422 E DOUGLAS ST - ONEILL, NE 68763	03-0418895	115	0.	6,490.	FMV	MEDICAL SUPPLIES	ON-GOING
NORTH HUDSON COMMUNITY ACTION CORPORATION - 800 31ST STREET - UNION CITY, NJ 07087	22-1818699	501(C)(3)	0.	238,266.	FMV	MEDICAL SUPPLIES	ON-GOING
NORTH JEFFERSON COUNTY CLINIC PHARMACY - 1295 PEARL ST - BEAUMONT, TX 77701	74-6000291	115	0.	35,981.	FMV	MEDICAL SUPPLIES	EMERGENCY
NORTH JEFFERSON COUNTY CLINIC PHARMACY - 1295 PEARL ST - BEAUMONT, TX 77701	74-6000291	115	0.	664,728.	FMV	MEDICAL SUPPLIES	ON-GOING
NORTH MIAMI BEACH MEDICAL CENTER 13899 BISCAYNE BLVD NORTH MIAMI BEACH, FL 33181	65-1032266	501(C)(3)	0.	8,916.	FMV	MEDICAL SUPPLIES	ON-GOING
NORTHWEST CONFER OF THE UNITED METHODIST CHURCH - 2270 SW 198TH AVE - ALOHA, OR 97003	91-0581034	501(C)(3)	0.	19,582.	FMV	MEDICAL SUPPLIES	EMERGENCY
NORTHERN NECK FREE HEALTH CLINIC 51 WILLIAM B. GRAHAM CT. KILMARNOCK, VA 22482	54-1679279	501(C)(3)	0.	21,629.	FMV	MEDICAL SUPPLIES	ON-GOING
NORTHSHORE SCOTTSDALE PHARMACY 6050 STERLING CREEK RD PORTAGE, IN 46368	35-2028588	501(C)(3)	0.	30,172.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST ASSISTANCE MINISTRIES 15555 KUYKENDAHL ROAD HOUSTON, TX 77090	76-0088702	501(C)(3)	0.	118,254.	FMV	MEDICAL SUPPLIES	ON-GOING
NORTHWEST MICHIGAN HEALTH SERVICES 10767 TRAVERSE HIGHWAY TRAVERSE CITY, MI 49684	38-1958790	501(C)(3)	0.	44,870.	FMV	MEDICAL SUPPLIES	ON-GOING
NORTHWESTERN MEMORIAL HEALTHCARE 675 N. ST. CLAIR STREET CHICAGO, IL 60611	36-3152959	501(C)(3)	0.	41,233.	FMV	MEDICAL SUPPLIES	EMERGENCY
NORTON CHILDRENS MEDICAL GROUP 411 E. CHESTNUT STREET LOUISVILLE, KY 40202	61-1028725	501(C)(3)	0.	132,448.	FMV	MEDICAL SUPPLIES	EMERGENCY
NOVA SCRIPTSCENTRAL 6400 ARLINGTON BLVD FALLS CHURCH, VA 22042	65-1275162	501(C)(3)	0.	106,743.	FMV	MEDICAL SUPPLIES	ON-GOING
NURSES GLOBAL OUTREACH, INC. 925 N WACO AVE WICHITA, KS 67203	83-1687039	501(C)(3)	0.	41,323.	FMV	MEDICAL SUPPLIES	ON-GOING
OAKLAWN 330 LAKEVIEW DR. GOSHEN, IN 46528	35-1070041	501(C)(3)	0.	154,020.	FMV	MEDICAL SUPPLIES	ON-GOING
OASIS FREE CLINICS 66 BARIBEAU DR. SUITE 5B BRUNSWICK, ME 04011	01-0497587	501(C)(3)	0.	84,477.	FMV	MEDICAL SUPPLIES	ON-GOING
OASIS OF HOPE CENTER 522 LEONARD ST. NW GRAND RAPIDS, MI 49504	20-2781312	501(C)(3)	0.	64,782.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ODA PRIMARY HEALTH CARE NETWORK 74 WALLABOUT STREET BROOKLYN, NY 11249	11-2329960	501(C)(3)	0.	8,065.	FMV	MEDICAL SUPPLIES	EMERGENCY
OHIO VALLEY HEALTH CENTER 423 SOUTH STREET STEBENVILLE, OH 43952	20-3924355	501(C)(3)	0.	8,364.	FMV	MEDICAL SUPPLIES	ON-GOING
OLDE TOWNE MEDICAL & DENTAL CENTER 5249 OLDE TOWNE ROAD WILLIAMSBURG, VA 23188	54-1663905	501(C)(3)	0.	46,554.	FMV	MEDICAL SUPPLIES	ON-GOING
ONE HUNDRED ANGELS 2502 E. UNIVERSITY DRIVE PHOENIX, AZ 85034	83-1491716	501(C)(3)	0.	328,575.	FMV	MEDICAL SUPPLIES	EMERGENCY
ONE STOP CLINIC 701 17TH AVE W BRADENTON, FL 34205	59-3340921	501(C)(3)	0.	641,646.	FMV	MEDICAL SUPPLIES	ON-GOING
ONEWORLD COMMUNITY HEALTH CENTERS INC - 4920 S. 30TH STREET, SUITE 103 - OMAHA, NE 68107	47-0548990	501(C)(3)	0.	5,549.	FMV	MEDICAL SUPPLIES	ON-GOING
ON SLOW COMMUNITY OUTREACH 200 DOCTORS DR JACKSONVILLE, NC 28546	56-1705813	501(C)(3)	0.	41,192.	FMV	MEDICAL SUPPLIES	ON-GOING
OPEN ARMS CLINIC 109 BIG A ROAD TOCCOA, GA 30577	20-3296577	501(C)(3)	0.	318,849.	FMV	MEDICAL SUPPLIES	ON-GOING
OPEN ARMS FREE CLINIC, INC. 205 E. COMMERCE CT ELKHORN, WI 53121	45-4475625	501(C)(3)	0.	11,547.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPEN ARMS HEALTH CLINIC 3311 LITTLE RD. ARLINGTON, TX 76016	45-0621201	501(C)(3)	0.	31,456.	FMV	MEDICAL SUPPLIES	EMERGENCY
OPEN ARMS HEALTH CLINIC 3311 LITTLE RD. ARLINGTON, TX 76016	45-0621201	501(C)(3)	0.	236,001.	FMV	MEDICAL SUPPLIES	ON-GOING
OPEN CITIES HEALTH CENTER 409 N. DUNLAP STREET SAINT PAUL, MN 55104	36-3381598	501(C)(3)	0.	135,667.	FMV	MEDICAL SUPPLIES	ON-GOING
OPEN DOOR HEALTH CENTER 151 NW 11TH STREET, STE. E202A HOMESTEAD, FL 33030	83-0375996	501(C)(3)	0.	1,258,114.	FMV	MEDICAL SUPPLIES	ON-GOING
OPEN DOOR HEALTH CLINIC 521 E MOUNTAINVIEW AVE ELLENSBURG, WA 98926	65-1185178	501(C)(3)	0.	115,274.	FMV	MEDICAL SUPPLIES	ON-GOING
OPEN M 941 PRINCETON ST AKRON, OH 44311	34-1046107	501(C)(3)	0.	384,819.	FMV	MEDICAL SUPPLIES	ON-GOING
ORANGEBURG-CALHOUN FREE MEDICAL CLINIC - 141 CENTRE STREET - ORANGEBURG, SC 29115	26-3762573	501(C)(3)	0.	235,419.	FMV	MEDICAL SUPPLIES	ON-GOING
ORTHOPAEDIC HEMOPHILIA TREATMENT CENTER - 403 W ADAMS BLVD - LOS ANGELES, CA 90007	95-1644604	501(C)(3)	0.	182,045.	FMV	MEDICAL SUPPLIES	ON-GOING
OZARKS COMMUNITY HEALTH CENTER 18614 JACKSON ST HERMITAGE, MO 65668	20-5822485	501(C)(3)	0.	6,482.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OZARKS COMMUNITY HEALTH CENTER - URBANA - 111 N MAIN ST - URBANA, MO 65767	20-5822485	501(C)(3)	0.	192,300.	FMV	MEDICAL SUPPLIES	ON-GOING
PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY - 222 SE 8TH AVE. STE 110 - HILLSBORO, OR 97123	93-0386892	501(C)(3)	0.	199,585.	FMV	MEDICAL SUPPLIES	EMERGENCY
PALMETTO HEALTH COUNCIL, INC. 643 MAIN STREET PALMETTO, GA 30268	58-1307597	501(C)(3)	0.	2,534,355.	FMV	MEDICAL SUPPLIES	ON-GOING
PANCARE OF FLORIDA, INC. 5336 E 10TH STREET MALONE, FL 32445	91-2189932	501(C)(3)	0.	4,150,258.	FMV	MEDICAL SUPPLIES	ON-GOING
PARKVIEW MEDICAL CLINIC 1205 DR. MARTIN L KING JR. WAY HAINES CITY, FL 33844	01-0790991	501(C)(3)	0.	197,050.	FMV	MEDICAL SUPPLIES	ON-GOING
PARTNERS FOR HEALING INC 109 WEST BLACKWELL TULLAHOMA, TN 37388	62-1834800	501(C)(3)	0.	277,188.	FMV	MEDICAL SUPPLIES	ON-GOING
PEDIPLACE 502 S. OLD ORCHARD LANE LEWISVILLE, TX 75067	75-2512752	501(C)(3)	0.	120,622.	FMV	MEDICAL SUPPLIES	ON-GOING
PENINSULA COMMUNITY HEALTH SERVICES OF ALASKA - 230 E. MARYDALE AVE - SOLDOTNA, AK 99669	92-0177803	501(C)(3)	0.	8,121.	FMV	MEDICAL SUPPLIES	EMERGENCY
PENROSE-ST. FRANCIS HEALTH FOUNDATION SET CLINIC - 2864 S. CIRCLE DRIVE SUITE 450 - COLORADO SPRINGS, CO 80906	84-0902211	501(C)(3)	0.	45,118.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLES CLINIC 3111 ELECTRIC AVE PORT HURON, MI 48060	38-3274342	501(C)(3)	0.	46,990.	FMV	MEDICAL SUPPLIES	ON-GOING
PEOPLES HEALTH WELLNESS CLINIC 553 NORTH MAIN STREET BARRE, VT 05641	03-0343290	501(C)(3)	0.	19,445.	FMV	MEDICAL SUPPLIES	ON-GOING
PERSON CENTERED PARTNERSHIPS IN DBA AMARA WELLNE - 5108 REAGAN DRIVE - CHARLOTTE, NC 28206	56-2271889	501(C)(3)	0.	119,658.	FMV	MEDICAL SUPPLIES	ON-GOING
PLACE OF HOPE CLINIC 5405 JONESBORO ROAD LAKE CITY, GA 30260	58-2656313	501(C)(3)	0.	34,918.	FMV	MEDICAL SUPPLIES	ON-GOING
POCATELLO FREE CLINIC 1001 N. 7TH AVE. POCATELLO, ID 83201	82-0351133	501(C)(3)	0.	228,444.	FMV	MEDICAL SUPPLIES	ON-GOING
PONCE MEDICAL SCHOOL FOUNDATION 388 LUI F SALAS STREET PONCE, PR 00732	66-0379122	501(C)(3)	0.	57,772.	FMV	MEDICAL SUPPLIES	ON-GOING
PORTER STARKE SERVICES D.B.A. MARRAM HEALTH CENT - 3229 BROADWAY - GARY, IN 46409	35-1330771	501(C)(3)	0.	151,092.	FMV	MEDICAL SUPPLIES	ON-GOING
POTTAWATTAMIE COUNTY DIVISION OF PUBLIC HEALTH - 600 S. 4TH ST. - COUNCIL BLUFFS, IA 51503	42-6004433	115	0.	6,712.	FMV	MEDICAL SUPPLIES	ON-GOING
PRESBYTERIAN MEDICAL CARE MISSION 1857 PINE ST STE 100 ABILENE, TX 79601	75-1910600	501(C)(3)	0.	291,803.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT SOS -SUPPORT OUR SOLDIERS INC. - 2412 DUE WEST DRIVE - THE VILLAGES, FL 32162	27-2932657	501(C)(3)	0.	58,995.	FMV	MEDICAL SUPPLIES	ON-GOING
PROTEUS 1221 CENTER ST DES MOINES, IA 50309	42-1186501	501(C)(3)	0.	367,152.	FMV	MEDICAL SUPPLIES	ON-GOING
PRYMED MEDICAL CARE CARRETERA 149 KM. 13 CIALES, PR 00638	66-0428120	501(C)(3)	0.	231,979.	FMV	MEDICAL SUPPLIES	ON-GOING
RAPHAEL COMMUNITY FREE CLINIC, INC. - 1807 WATER STREET - KERRVILLE, TX 78028	74-2819628	501(C)(3)	0.	188,058.	FMV	MEDICAL SUPPLIES	ON-GOING
REFRESH F5 INC 25 W. MAIN STREET AUSTIN, IN 47102	81-3730871	501(C)(3)	0.	7,635.	FMV	MEDICAL SUPPLIES	ON-GOING
REFUGE CLINIC 2349 RICHMOND RD LEXINGTON, KY 40502	37-1547506	501(C)(3)	0.	35,730.	FMV	MEDICAL SUPPLIES	ON-GOING
RENEWED HOPE HEALTH CLINIC 894 MARSHALL ST. ALLEGAN, MI 49010	16-1760734	501(C)(3)	0.	216,360.	FMV	MEDICAL SUPPLIES	ON-GOING
RICHLAND HILLS HELPING HANDS MINISTRY - 7100 BLVD 26 - NORTH RICHLAND HILLS, TX 76180	47-5624322	501(C)(3)	0.	53,977.	FMV	MEDICAL SUPPLIES	EMERGENCY
RICHLAND HILLS HELPING HANDS MINISTRY - 7100 BLVD 26 - NORTH RICHLAND HILLS, TX 76180	47-5624322	501(C)(3)	0.	157,342.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RILEY MEDICAL CLINIC/FIRST BAPTIST CHURCH JONESB - 147 CHURCH STREET - JONESBORO, GA 30236	58-0685903	501(C)(3)	0.	1,061,797.	FMV	MEDICAL SUPPLIES	ON-GOING
RIVER CITY MINISTRY 1021 WASHINGTON NORTH LITTLE ROCK, AR 72114	71-0786539	501(C)(3)	0.	271,106.	FMV	MEDICAL SUPPLIES	ON-GOING
RIVER HILLS COMMUNITY HEALTH CENTER - 201 SOUTH MARKET STREET - OTTUMWA, IA 52501	42-1489471	501(C)(3)	0.	16,861.	FMV	MEDICAL SUPPLIES	ON-GOING
RIVER VALLEY CHRISTIAN CLINIC 1714 STATE HWY. 22 DARDANELLE, AR 72834	20-5193973	501(C)(3)	0.	304,436.	FMV	MEDICAL SUPPLIES	ON-GOING
RIVER VALLEY FAMILY HEALTH CENTER 1010 RIO GRANDE AVE MONTROSE, CO 81401	27-3757444	501(C)(3)	0.	680,366.	FMV	MEDICAL SUPPLIES	ON-GOING
ROANOKE CHOWAN COMMUNITY HEALTH CENTER (RCCHC) - 120 HEALTH CENTER DRIVE - AHOSKIE, NC 27910	42-1638714	501(C)(3)	0.	223,686.	FMV	MEDICAL SUPPLIES	ON-GOING
ROCK RIVER FREE CLINIC 1541 ANNEX ROAD JEFFERSON, WI 53549	47-0898219	501(C)(3)	0.	35,554.	FMV	MEDICAL SUPPLIES	ON-GOING
ROLETTE COUNTY PUBLIC HEALTH DISTRICT - 114 3RD ST. NE - ROLLA, ND 58367	02-0761623	501(C)(3)	0.	22,052.	FMV	MEDICAL SUPPLIES	ON-GOING
ROPHE FREE CLINIC 4374 W 52ND ST INDIANAPOLIS, IN 46254	81-2339063	501(C)(3)	0.	129,511.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSA CLARK MEDICAL CLINIC 301 MEMORIAL DRIVE SENECA, SC 29672	58-6076010	501(C)(3)	0.	28,562.	FMV	MEDICAL SUPPLIES	ON-GOING
ROSE GARDEN CENTER FOR HOPE AND HEALING - 2040 MADISON AVE - COVINGTON, KY 41014	27-2425177	501(C)(3)	0.	310,295.	FMV	MEDICAL SUPPLIES	ON-GOING
ROTACARE INC 15 FLETCHER AVE BOX 1 VALLEY STREAM, NY 11580	11-3135331	501(C)(3)	0.	48,111.	FMV	MEDICAL SUPPLIES	ON-GOING
RURAL HEALTH NETWORK OF MONROE COUNTY - 3706 N ROOSEVELT BLVD SUITE G - KEY WEST, FL 33040	65-0474953	501(C)(3)	0.	89,122.	FMV	MEDICAL SUPPLIES	ON-GOING
RUTHS PLACE 1411 CRAWFORD AVENUE GRANBURY, TX 76048	20-4594680	501(C)(3)	0.	1,048,954.	FMV	MEDICAL SUPPLIES	ON-GOING
RUTLAND FREE CLINIC 145 STATE STREET RUTLAND, VT 05701	83-0427544	501(C)(3)	0.	37,143.	FMV	MEDICAL SUPPLIES	ON-GOING
RYAN HEALTH NETWORK 110 WEST 97TH STREET NEW YORK, NY 10025	13-2884976	501(C)(3)	0.	20,980.	FMV	MEDICAL SUPPLIES	EMERGENCY
SACRED HEART COMMUNITY CLINIC 620 ROUND ROCK WEST DR ROUND ROCK, TX 78681	27-2901548	501(C)(3)	0.	15,273.	FMV	MEDICAL SUPPLIES	ON-GOING
SAFE HARBOR FREE CLINIC 7209 265TH ST. NW #203/204 STANWOOD, WA 98292	26-3825107	501(C)(3)	0.	92,758.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFENETRX PHARMACY 11100 AURORA AVE., BLDG. 13 URBANDALE, IA 50322	42-1518875	501(C)(3)	0.	119,959.	FMV	MEDICAL SUPPLIES	ON-GOING
SALEM FREE CLINICS 1300 BROADWAY ST NE SALEM, OR 97301	20-3549992	501(C)(3)	0.	57,593.	FMV	MEDICAL SUPPLIES	EMERGENCY
SALEM FREE CLINICS 1300 BROADWAY ST NE SALEM, OR 97301	20-3549992	501(C)(3)	0.	69,454.	FMV	MEDICAL SUPPLIES	ON-GOING
SALINA FAMILY HEALTHCARE CENTER 651 EAST PRESCOTT ROAD SALINA, KS 67401	48-0858197	501(C)(3)	0.	28,793.	FMV	MEDICAL SUPPLIES	ON-GOING
SALT LAKE COUNTY HEALTH DEPARTMENT 2001 S. STATE STREET SALT LAKE CITY, UT 84190	87-6000316	115	0.	205,346.	FMV	MEDICAL SUPPLIES	ON-GOING
SALUD INTEGRAL EN LA MONTANA (SIM) CARR 164. SECTOR EL DESVO NARANJITO, PR 00719	66-0329532	501(C)(3)	0.	71,397.	FMV	MEDICAL SUPPLIES	EMERGENCY
SALUD INTEGRAL EN LA MONTANA (SIM) CARR 164. SECTOR EL DESVO NARANJITO, PR 00719	66-0329532	501(C)(3)	0.	82,445.	FMV	MEDICAL SUPPLIES	ON-GOING
SALVATION ARMY 21457 HAPPYLAND DRIVE RICHARDSVILLE, VA 22726	22-2406433	501(C)(3)	0.	353,288.	FMV	MEDICAL SUPPLIES	EMERGENCY
SAMARITAN HEALTH CENTER 13 ROSE STREET DANBURY, CT 06810	75-3258057	501(C)(3)	0.	30,934.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITAN HEALTH CLINIC OF PICKENS COUNTY - 303 DACUSVILLE HIGHWAY - EASLEY, SC 29640	57-0947115	501(C)(3)	0.	14,141.	FMV	MEDICAL SUPPLIES	ON-GOING
SAMARITAN HOUSE 114 5TH AVE REDWOOD CITY, CA 94063	23-7416272	501(C)(3)	0.	42,811.	FMV	MEDICAL SUPPLIES	ON-GOING
SAMARITAN REGIONAL HEALTH CLINIC 24 NORTH SPRIGG ST CAPE GIRARDEAU, MO 63701	27-5427837	501(C)(3)	0.	446,643.	FMV	MEDICAL SUPPLIES	ON-GOING
SAMARITANS TOUCH CARE CENTER 3015 HERRING AVE. SEBRING, FL 33870	02-0773338	501(C)(3)	0.	835,996.	FMV	MEDICAL SUPPLIES	ON-GOING
SAMUEL DIXON FAMILY HEALTH CENTERS, INC-CANYON C - 27225 CAMP PLENTY ROAD SUITE 4 - CANYON COUNTRY, CA 91351	95-4278726	501(C)(3)	0.	95,136.	FMV	MEDICAL SUPPLIES	ON-GOING
SAMUEL DIXON FAMILY HEALTH CENTERS, INC-NEWHALL - 23772 NEWHALL AVENUE - NEWHALL, CA 91321	95-4278726	501(C)(3)	0.	67,548.	FMV	MEDICAL SUPPLIES	EMERGENCY
SAMUEL DIXON FAMILY HEALTH CENTERS, INC-VAL VERD - 30257 SAN MARTINEZ ROAD - CASTAIC, CA 91384	95-4278726	501(C)(3)	0.	101,003.	FMV	MEDICAL SUPPLIES	ON-GOING
SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION - 4699 MURPHY CANYON RD STE 102 - SAN DIEGO, CA 92123	95-2568714	501(C)(3)	0.	14,190.	FMV	MEDICAL SUPPLIES	ON-GOING
SAN FRANCISCO FREE CLINIC 4900 CALIFORNIA ST. SAN FRANCISCO, CA 94118	94-3186248	501(C)(3)	0.	76,355.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN JOSE CLINIC 2615 FANNIN ST., SUITE 2703 HOUSTON, TX 77002	76-0373703	501(C)(3)	0.	1,525,232.	FMV	MEDICAL SUPPLIES	EMERGENCY
SAN JOSE CLINIC 2615 FANNIN ST., SUITE 2703 HOUSTON, TX 77002	76-0373703	501(C)(3)	0.	40,988.	FMV	MEDICAL SUPPLIES	ON-GOING
SANTA CRUZ COMMUNITY HEALTH 125 WATER STREEET ST A2 SANTA CRUZ, CA 95060	23-7428303	501(C)(3)	0.	8,605.	FMV	MEDICAL SUPPLIES	EMERGENCY
SCHUYLER COUNTY HEALTH DEPARTMENT 233 NORTH CONGRESS RUSHVILLE, IL 62681	80-0357911	115	0.	7,595.	FMV	MEDICAL SUPPLIES	ON-GOING
SCOTLAND COMMUNITY HEALTH CLINIC 1405-B WEST BLVD LAURINBURG, NC 28352	20-2841940	501(C)(3)	0.	257,251.	FMV	MEDICAL SUPPLIES	ON-GOING
SCOTT COUNTY HEALTH DEPARTMENT 825 HIGHWAY 31 NORTH AUSTIN, IN 47102	35-6000195	115	0.	272,835.	FMV	MEDICAL SUPPLIES	ON-GOING
SEA MAR COMMUNITY HEALTH CENTER 8800 14TH AVE. S SEATTLE, WA 98108	91-1020139	501(C)(3)	0.	13,694.	FMV	MEDICAL SUPPLIES	ON-GOING
SEAGER MEMORIAL CLINIC 2775 WALL AVENUE OGDEN, UT 84401	46-0711300	501(C)(3)	0.	23,043.	FMV	MEDICAL SUPPLIES	ON-GOING
SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS - 700 EDWARDS AVE - NEW ORLEANS, LA 70123	72-0956468	501(C)(3)	0.	16,511.	FMV	MEDICAL SUPPLIES	EMERGENCY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEMO HEALTH NETWORK 6738 STATE HWY 77 BENTON, MO 63736	43-1253101	501(C)(3)	0.	326,896.	FMV	MEDICAL SUPPLIES	ON-GOING
SETTLEMENT HEALTH AND MEDICAL SERVICES INC. - 212 E 106TH STREET - NEW YORK, NY 10029	13-2957943	501(C)(3)	0.	20,980.	FMV	MEDICAL SUPPLIES	EMERGENCY
SHEPHERDS CLINIC 2800 KIRK AVE. BALTIMORE, MD 21218	52-1739001	501(C)(3)	0.	162,735.	FMV	MEDICAL SUPPLIES	ON-GOING
SHERIDAN HEALTH CENTER 31 E WHITNEY STREET SHERIDAN, WY 82801	20-1389307	501(C)(3)	0.	722,603.	FMV	MEDICAL SUPPLIES	ON-GOING
SHIFA CLINIC 1092 JOHNNIE DODDS BLVD MOUNT PLEASANT, SC 29464	04-3810161	501(C)(3)	0.	182,138.	FMV	MEDICAL SUPPLIES	ON-GOING
SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)(3)	0.	167,069.	FMV	MEDICAL SUPPLIES	ON-GOING
SINCLAIR HEALTH CLINIC 301 N. CAMERON ST. WINCHESTER, VA 22601	54-1373296	501(C)(3)	0.	5,822.	FMV	MEDICAL SUPPLIES	ON-GOING
SISTER MAURA BRANNICK HEALTH CENTER - 326 S. CHAPIN ST. - SOUTH BEND, IN 46601	53-0196617	501(C)(3)	0.	72,066.	FMV	MEDICAL SUPPLIES	ON-GOING
SMITH MEDICAL CLINIC, INC 99 BASKERVILL DRIVE PAWLEYS ISLAND, SC 29585	57-0786699	501(C)(3)	0.	42,623.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMITHVILLE COMMUNITY CLINIC 300 LYNCH STREET SMITHVILLE, TX 78957	20-4515999	501(C)(3)	0.	6,803.	FMV	MEDICAL SUPPLIES	EMERGENCY
SNAKE RIVER COMMUNITY CLINIC 215 10TH STREET LEWISTON, ID 83501	31-1726460	501(C)(3)	0.	278,815.	FMV	MEDICAL SUPPLIES	ON-GOING
SO OTHERS MIGHT EAT 60 O STREET NW WASHINGTON, DC 20001	23-7098123	501(C)(3)	0.	347,008.	FMV	MEDICAL SUPPLIES	ON-GOING
SOCIAL WELFARE BOARD 904 S. 10TH, SUITE A SAINT JOSEPH, MO 64503	44-6000455	115	0.	49,140.	FMV	MEDICAL SUPPLIES	ON-GOING
SOCIETY OF ST. VINCENT DE PAUL CHARITABLE PHARMA - 5750 PINELAND DRIVE - DALLAS, TX 75231	26-3273175	501(C)(3)	0.	14,976.	FMV	MEDICAL SUPPLIES	ON-GOING
SOUTH ALABAMA REGIONAL PLANNING COMISSION - 110 BEAUREGARD STREET - MOBILE, AL 36602	63-0501382	501(C)(3)	0.	62,100.	FMV	MEDICAL SUPPLIES	EMERGENCY
SOUTH CENTRAL FAMILY HEALTH CENTER 7300 SANTA FE AVE. HUNTINGTON PARK, CA 90255	95-3877793	501(C)(3)	0.	20,357.	FMV	MEDICAL SUPPLIES	EMERGENCY
SOUTH CENTRAL MISSOURI COMMUNITY HEALTH CENTER - 1081 EAST 18TH STREET - ROLLA, MO 65401	26-2522083	501(C)(3)	0.	560,454.	FMV	MEDICAL SUPPLIES	ON-GOING
SOUTH PARK INN MEDICAL CLINIC 263 FARMINGTON AVENUE FARMINGTON, CT 06032	52-1725543	501(C)(3)	0.	8,280.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH ROUTT MEDICAL CENTER HEALTH SERVICE DISTRI - 300 MAIN STREET - OAK CREEK, CO 80467	84-6032810	115	0.	112,518.	FMV	MEDICAL SUPPLIES	ON-GOING
SOUTH SANTA ROSA INTERFAITH MINISTRIES - 4435 GULF BREEZE PARKWY - GULF BREEZE, FL 32563	59-3690750	501(C)(3)	0.	280,860.	FMV	MEDICAL SUPPLIES	ON-GOING
SOUTHEAST INC. 16 WEST LONG STREET COLUMBUS, OH 43215	31-0940189	501(C)(3)	0.	287,597.	FMV	MEDICAL SUPPLIES	ON-GOING
SOUTHWEST IOWA MENTAL HEALTH CENTER - 2307 OLIVE ST - ATLANTIC, IA 50022	42-0928938	501(C)(3)	0.	13,446.	FMV	MEDICAL SUPPLIES	ON-GOING
SOUTHWEST MISSOURI AREA COALITION 1011 W MAIN BUFFALO, MO 65622	27-3253482	501(C)(3)	0.	28,736.	FMV	MEDICAL SUPPLIES	ON-GOING
SPACE COAST VOLUNTEERS IN MEDICINE 2555 JUDGE FRAN JAMIESON WAY MELBOURNE, FL 32940	27-2135914	501(C)(3)	0.	20,859.	FMV	MEDICAL SUPPLIES	ON-GOING
SPINDLETOP CENTER 655 SOUTH 8TH STREET BEAUMONT, TX 77701	74-1684198	501(C)(3)	0.	29,630.	FMV	MEDICAL SUPPLIES	EMERGENCY
SPINDLETOP CENTER 655 SOUTH 8TH STREET BEAUMONT, TX 77701	74-1684198	501(C)(3)	0.	78,549.	FMV	MEDICAL SUPPLIES	ON-GOING
ST ANDREW COMMUNITY MEDICAL CENTER 3101-B WEST HIGHWAY 98 PANAMA CITY, FL 32401	32-0103234	501(C)(3)	0.	8,067.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT DE PAUL CHARITABLE PHARMACY - 1146 BANK ST. - CINCINNATI, OH 45214	30-0272954	501(C)(3)	0.	909,631.	FMV	MEDICAL SUPPLIES	ON-GOING
ST. CLARE MEDICAL OUTREACH 1407 YORK ROAD LUTHERVILLE TIMONIUM, MD 21093	52-1681044	501(C)(3)	0.	1,407,240.	FMV	MEDICAL SUPPLIES	ON-GOING
ST. FRANCIS COMMUNITY FREE CLINIC 1000 N. KOELLER ST. OSHKOSH, WI 54902	39-1334342	501(C)(3)	0.	1,398,904.	FMV	MEDICAL SUPPLIES	ON-GOING
ST. JOESPH'S NEIGHBORHOOD CENTER 417 SOUTH AVE. ROCHESTER, NY 14620	46-1176792	501(C)(3)	0.	129,405.	FMV	MEDICAL SUPPLIES	ON-GOING
ST. JOHN BOSCO CLINIC, INC. 730 NW 34 STREET MIAMI, FL 33127	65-0435764	501(C)(3)	0.	1,654,225.	FMV	MEDICAL SUPPLIES	ON-GOING
ST. JOSEPH HEALTH CENTER 510 W. ADAMS ST PLYMOUTH, IN 46563	35-1142669	501(C)(3)	0.	444,287.	FMV	MEDICAL SUPPLIES	ON-GOING
ST. JOSEPH PRIMARY CARE 4057 US-70 BUS. W. CLAYTON, NC 27520	46-5192720	501(C)(3)	0.	491,656.	FMV	MEDICAL SUPPLIES	ON-GOING
ST. LUKES FREE MEDICAL CLINIC 162 N. DEAN ST. SPARTANBURG, SC 29302	57-0943232	501(C)(3)	0.	110,783.	FMV	MEDICAL SUPPLIES	ON-GOING
ST. MARTINS HEALTHCARE INC 1359 SOUTH RANDOLPH STREET GARRETT, IN 46738	20-8609620	501(C)(3)	0.	172,897.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. MARY'S HEALTH WAGON 5626 PATRIOT DRIVE WISE, VA 24293	04-3739083	501(C)(3)	0.	5,943.	FMV	MEDICAL SUPPLIES	ON-GOING
ST. MARY'S LEGACY CLINIC 10919 CARMICHAEL ROAD KNOXVILLE, TN 37932	46-2331706	501(C)(3)	0.	949,259.	FMV	MEDICAL SUPPLIES	ON-GOING
ST. MICHAEL'S MEDICAL CLINIC 1005 W. 18TH STREET ANNISTON, AL 36201	82-5246184	501(C)(3)	0.	1,695,151.	FMV	MEDICAL SUPPLIES	ON-GOING
ST. THOMAS CLINIC 600 PAUL HAND BOULEVARD FRANKLIN, IN 46131	35-1449379	501(C)(3)	0.	9,448.	FMV	MEDICAL SUPPLIES	ON-GOING
ST. VINCENT DE PAUL CLINIC 420 WEST WATKINS ROAD PHOENIX, AZ 85003	86-0096789	501(C)(3)	0.	480,201.	FMV	MEDICAL SUPPLIES	ON-GOING
ST. VINCENT DE PAUL FREE CLINIC 1004 EAST MAIN STREET MERRILL, WI 54452	45-0508546	501(C)(3)	0.	7,243.	FMV	MEDICAL SUPPLIES	ON-GOING
ST. VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER - 1501 IMPERIAL AVENUE - SAN DIEGO, CA 92101	33-0492302	501(C)(3)	0.	8,251.	FMV	MEDICAL SUPPLIES	ON-GOING
ST. VINCENT DEPAUL COMMUNITY PHARMACY - 502 GRAMMONT ST - MONROE, LA 71201	90-0014479	501(C)(3)	0.	41,829.	FMV	MEDICAL SUPPLIES	ON-GOING
ST. VINCENT'S MOBILE HEALTH OUTREACH MINISTRY - 3 SHIRCLIFF WAY - JACKSONVILLE, FL 32204	53-0196617	501(C)(3)	0.	14,761.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. VINCENT'S STUDENT FREE CLINIC 2817 POST OFFICE ST GALVESTON, TX 77550	74-1384864	501(C)(3)	0.	5,745.	FMV	MEDICAL SUPPLIES	ON-GOING
ST.MARY'S DINING ROOM 545 W. SONORA ST. STOCKTON, CA 95203	94-2687280	501(C)(3)	0.	310,457.	FMV	MEDICAL SUPPLIES	ON-GOING
STAR - STAND TOGETHER AND RECOVER CENTERS, INC. - 2502 E WASHINGTON STREET - PHOENIX, AZ 85034	86-0586210	501(C)(3)	0.	23,431.	FMV	MEDICAL SUPPLIES	ON-GOING
STAYWELL HEALTH CENTER 80 PHOENIX AVENUE WATERBURY, CT 06702	22-3160873	501(C)(3)	0.	17,639.	FMV	MEDICAL SUPPLIES	ON-GOING
STEPS, INC. 1033 N. PINE HILLS ROAD ORLANDO, FL 32808	63-0839630	501(C)(3)	0.	29,262.	FMV	MEDICAL SUPPLIES	ON-GOING
STILLWATER COMMUNITY HEALTH CENTER 821 SOUTH PINE STREET STILLWATER, OK 74074	73-1502192	501(C)(3)	0.	24,732.	FMV	MEDICAL SUPPLIES	ON-GOING
SUMPTER FREE MEDICAL CLINIC DBA SUMPTER FREE HEA - 1083 HWY 35 - SAINT STEPHEN, SC 29479	27-1097304	501(C)(3)	0.	207,425.	FMV	MEDICAL SUPPLIES	ON-GOING
SURRY MEDICAL MINISTRIES 830 ROCKFORD ST. ATTN: HATCHER MOUNT AIRY, NC 27030	56-1829347	501(C)(3)	0.	252,942.	FMV	MEDICAL SUPPLIES	ON-GOING
SWAIN COUNTY CARING CORNER 81 ACADEMY STREET BRYSON CITY, NC 28713	47-2593010	501(C)(3)	0.	147,405.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SYMBA CENTER 20601 HWY 18 SUITE 171 APPLE VALLEY, CA 92307	84-3729902	501(C)(3)	0.	52,177.	FMV	MEDICAL SUPPLIES	ON-GOING
TALBOT HOUSE MINISTRIES OF LAKELAND, INC. - 814 NORTH KENTUCKY AVE. - LAKELAND, FL 33801	85-8012641	501(C)(3)	0.	659,886.	FMV	MEDICAL SUPPLIES	ON-GOING
TALLAHASSEE MEMORIAL METABOLIC HEALTH CENTER - 2633 CENTENNIAL BLVD. - TALLAHASSEE, FL 32308	59-1917016	501(C)(3)	0.	30,843.	FMV	MEDICAL SUPPLIES	EMERGENCY
TARZANA TREATMENT CENTERS, INC. 7101 BAIRD AVE RESEDA, CA 91335	94-2219349	501(C)(3)	0.	41,708.	FMV	MEDICAL SUPPLIES	EMERGENCY
TARZANA TREATMENT CENTERS, INC. 7101 BAIRD AVE RESEDA, CA 91335	94-2219349	501(C)(3)	0.	61,678.	FMV	MEDICAL SUPPLIES	ON-GOING
TEMPLE COMMUNITY CLINIC 1905 CURTIS B ELLIOT DRIVE TEMPLE, TX 76501	74-2634500	501(C)(3)	0.	156,936.	FMV	MEDICAL SUPPLIES	EMERGENCY
TEMPLE COMMUNITY CLINIC 1905 CURTIS B ELLIOT DRIVE TEMPLE, TX 76501	74-2634500	501(C)(3)	0.	71,715.	FMV	MEDICAL SUPPLIES	ON-GOING
TEXAS CHILDRENS HOSPITAL 6701 FANNIN STREET HOUSTON, TX 77030	74-1100555	501(C)(3)	0.	61,687.	FMV	MEDICAL SUPPLIES	EMERGENCY
THE ARK 6450 N. CALIFORNIA AVE. CHICAGO, IL 60645	23-7164967	501(C)(3)	0.	46,252.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BRIDGE CLINIC 6349 WHITE BERRY LANE LOVES PARK, IL 61111	27-3097955	CORP	0.	5,469.	FMV	MEDICAL SUPPLIES	ON-GOING
THE CHILDREN'S MERCY HOSPITAL 3101 BROADWAY BOULEVARD KANAS CITY, MO 64111	44-0605373	501(C)(3)	0.	294,697.	FMV	MEDICAL SUPPLIES	EMERGENCY
THE CLINIC 143 CHURCH ST. PHOENIXVILLE, PA 19460	23-3072363	501(C)(3)	0.	334,042.	FMV	MEDICAL SUPPLIES	ON-GOING
THE COMMUNITY FREE CLINIC OF NEWPORT NEWS - 727 25TH STREET - NEWPORT NEWS, VA 23607	27-3510814	501(C)(3)	0.	7,313.	FMV	MEDICAL SUPPLIES	ON-GOING
THE DOOR- A CENTER FOR ALTERNATIVES, INC. - 121 AVENUE OF THE AMERICAS - NY, NY 10013	13-6127348	501(C)(3)	0.	5,245.	FMV	MEDICAL SUPPLIES	EMERGENCY
THE EL PASO BAPTIST CLINIC 2700 N. PIEDRAS ST EL PASO, TX 79930	20-3046801	501(C)(3)	0.	155,788.	FMV	MEDICAL SUPPLIES	ON-GOING
THE FLOATING HOSPITAL 21-01 41ST AVENUE LONG ISLAND CITY, NY 11101	13-1624169	501(C)(3)	0.	20,611.	FMV	MEDICAL SUPPLIES	EMERGENCY
THE FLOATING HOSPITAL 21-01 41ST AVENUE LONG ISLAND CITY, NY 11101	13-1624169	501(C)(3)	0.	130,060.	FMV	MEDICAL SUPPLIES	ON-GOING
THE FREE CLINICS OF HENDERSON COUNTY - 841 CASE STREET - HENDERSONVILLE, NC 28792	56-2212024	501(C)(3)	0.	124,708.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FREE MEDICAL CLINIC 1875 HARDEN STREET COLUMBIA, SC 29204	57-0779279	501(C)(3)	0.	8,929.	FMV	MEDICAL SUPPLIES	ON-GOING
THE FRIENDSHIP CLINIC 704 SOUTH LATAH BOISE, ID 83705	20-0184266	501(C)(3)	0.	34,431.	FMV	MEDICAL SUPPLIES	ON-GOING
THE GOOD SAMARITAN CENTER 140 INDUSTRIAL LOOP, STE 100 FREDERICKSBURG, TX 78624	91-2129853	501(C)(3)	0.	162,339.	FMV	MEDICAL SUPPLIES	ON-GOING
THE HOPI TRIBE 1 MISSION SCHOOL ROAD KYKOTSMOVI, AZ 86039	86-0134082	INDIAN TRIBE	0.	116,157.	FMV	MEDICAL SUPPLIES	EMERGENCY
THE INSTITUTE FOR FAMILY HEALTH 2006 MADISON AVENUE NEW YORK, NY 10035	13-3273402	501(C)(3)	0.	20,980.	FMV	MEDICAL SUPPLIES	EMERGENCY
THE NEIGHBORHOOD CHRISTIAN CLINIC 1929 W. FILLMORE PHOENIX, AZ 85009	86-0839580	501(C)(3)	0.	106,956.	FMV	MEDICAL SUPPLIES	ON-GOING
THE NEVER ALONE PROJECT 1100 WEST 42ND STREET INDIANAPOLIS, IN 46208	91-1435394	CORP	0.	885,762.	FMV	MEDICAL SUPPLIES	ON-GOING
THE RISE PROJECT OF THE CAROLINAS 9414 ALBEMARLE RD. CHARLOTTE, NC 28227	26-3010548	501(C)(3)	0.	48,446.	FMV	MEDICAL SUPPLIES	ON-GOING
THE SALVATION ARMY - TEXAS DIVISION - 10333 PAPALOTE STREET - HOUSTON, TX 77041	22-2406433	501(C)(3)	0.	158,719.	FMV	MEDICAL SUPPLIES	EMERGENCY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SOURCE-AUSTIN 8401 N INTERSTATE 35 AUSTIN, TX 78753	74-2333473	501(C)(3)	0.	12,805.	FMV	MEDICAL SUPPLIES	ON-GOING
THE TEXAS INTL. INSTITUTE OF HEALTH PROFESSIONS - 8121 BROADWAY STREET - HOUSTON, TX 77061	46-1267820	501(C)(3)	0.	2,792,314.	FMV	MEDICAL SUPPLIES	ON-GOING
THE WAY FREE MEDICAL CLINIC, INC. 479 HOUSTON ST. GREEN COVE SPRINGS, FL 32043	76-0828154	501(C)(3)	0.	81,857.	FMV	MEDICAL SUPPLIES	ON-GOING
TOMAGWA 455 SCHOOL STREET #30 TOMBALL, TX 77375	76-0280324	501(C)(3)	0.	24,861.	FMV	MEDICAL SUPPLIES	ON-GOING
TOTAL FAMILY MEDICAL, LLC 22601 HWY 190 ROBERT, LA 70455	46-1385117	CORP	0.	105,311.	FMV	MEDICAL SUPPLIES	ON-GOING
TREASURE COAST COMMUNITY HEALTH, INC - 4675 28TH COURT - VERO BEACH, FL 32967	59-3219191	501(C)(3)	0.	5,942.	FMV	MEDICAL SUPPLIES	EMERGENCY
TREASURE COAST COMMUNITY HEALTH, INC - 4675 28TH COURT - VERO BEACH, FL 32967	59-3219191	501(C)(3)	0.	247,099.	FMV	MEDICAL SUPPLIES	ON-GOING
TRI CITY HEALTH PARTNERSHIP 318 WALNUT STREET SAINT CHARLES, IL 60174	36-4475369	501(C)(3)	0.	66,738.	FMV	MEDICAL SUPPLIES	ON-GOING
TRIANGLE AREA NETWORK - BEAUMONT 1495 N. 7TH STREET BEAUMONT, TX 77702	76-0226835	501(C)(3)	0.	890,287.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRIANGLE AREA NETWORK - ORANGE 3737 N 16TH STREET ORANGE, TX 77632	76-0226835	501(C)(3)	0.	942,106.	FMV	MEDICAL SUPPLIES	ON-GOING
TRI-COUNTY HUMAN SERVICES-DETOX STABILIZATION UN - 2725 HWY 60 E - BARTOW, FL 33830	59-1708182	501(C)(3)	0.	49,732.	FMV	MEDICAL SUPPLIES	ON-GOING
TRS HEALTH INC 12805 CAPRICORN STREET STAFFORD, TX 77477	84-2546001	501(C)(3)	0.	260,776.	FMV	MEDICAL SUPPLIES	ON-GOING
UBI CARITAS 4450 HIGHLAND AVE. BEAUMONT, TX 77705	76-0558225	501(C)(3)	0.	186,566.	FMV	MEDICAL SUPPLIES	EMERGENCY
UBI CARITAS 4450 HIGHLAND AVE. BEAUMONT, TX 77705	76-0558225	501(C)(3)	0.	416,053.	FMV	MEDICAL SUPPLIES	ON-GOING
UBUNTU BLACK FAMILY WELLNESS COLLECTIVE - 2611 GOVERNOR PRINTZ BLVD - WILMINGTON, DE 19802	84-4324815	501(C)(3)	0.	16,512.	FMV	MEDICAL SUPPLIES	ON-GOING
UC SAN DIEGO DIABETES CLINICAL RESEARCH CENTER - 9452 MEDICAL CENTER DRIVE - LA JOLLA, CA 92037	95-6006144	501(C)(3)	0.	183,263.	FMV	MEDICAL SUPPLIES	EMERGENCY
UCSD ASYLUM SEEKERS SHELTER MEDICAL PROGRAM - 4902 PACIFIC HIGHWAY - SAN DIEGO, CA 92110	95-6006144	501(C)(3)	0.	16,304.	FMV	MEDICAL SUPPLIES	ON-GOING
UFL COLLEGE OF MED. PEDIATRIC DIABETES CLINICS - 1699 SW 16TH AVENUE - GAINESVILLE, FL 32608	59-6002052	501(C)(3)	0.	281,359.	FMV	MEDICAL SUPPLIES	EMERGENCY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNDERGROUND FREE CLINIC 2154 UNIVERSITY SQUARE MALL TAMPA, FL 33612	20-4722214	501(C)(3)	0.	584,353.	FMV	MEDICAL SUPPLIES	ON-GOING
UNI. OF IOWA HOSPITALS AND CLINICS 200 HAWKINS DRIVE IOWA CITY, IA 52242	42-6004813	115	0.	44,322.	FMV	MEDICAL SUPPLIES	EMERGENCY
UNICARE COMMUNITY HEALTH CENTER, INC. - 437 N. EUCLID AVE. - ONTARIO, CA 91762	95-4746420	501(C)(3)	0.	212,462.	FMV	MEDICAL SUPPLIES	EMERGENCY
UNICARE COMMUNITY HEALTH CENTER, INC. - 437 N. EUCLID AVE. - ONTARIO, CA 91762	95-4746420	501(C)(3)	0.	34,868.	FMV	MEDICAL SUPPLIES	ON-GOING
UNION COMMUNITY HEALTH CENTER 260 EAST 188TH STREET BRONX, NY 10458	13-4074478	501(C)(3)	0.	26,225.	FMV	MEDICAL SUPPLIES	EMERGENCY
UNION COUNTY HEALTH DEPARTMENT 940 LONDON AVE STE 1100 MARYSVILLE, OH 43040	31-6400087	115	0.	21,702.	FMV	MEDICAL SUPPLIES	ON-GOING
UNION GOSPEL MISSION 3211 IRVING BLVD DALLAS, TX 75247	75-6003612	501(C)(3)	0.	653,015.	FMV	MEDICAL SUPPLIES	ON-GOING
UNION GOSPEL MISSION CLINIC 1300 N 1ST STREET YAKIMA, WA 98901	23-7050061	501(C)(3)	0.	5,518.	FMV	MEDICAL SUPPLIES	EMERGENCY
UNION GOSPEL MISSION CLINIC 1300 N 1ST STREET YAKIMA, WA 98901	23-7050061	501(C)(3)	0.	930,597.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNISON BEHAVIORAL HEALTH 1007 MARY STREET WAYCROSS, GA 31503	58-2107877	115	0.	10,183.	FMV	MEDICAL SUPPLIES	ON-GOING
UNITED HEALTH PARTNERS (UHP) 6846 ANTOINE DRIVE HOUSTON, TX 77091	61-1757254	501(C)(3)	0.	6,803.	FMV	MEDICAL SUPPLIES	EMERGENCY
UNITED HEALTH PARTNERS (UHP) 6846 ANTOINE DRIVE HOUSTON, TX 77091	61-1757254	501(C)(3)	0.	800,587.	FMV	MEDICAL SUPPLIES	ON-GOING
UNIVERSAL MEDICAL INSTITUTE 99 NW 183RD ST MIAMI, FL 33169	85-0504960	501(C)(3)	0.	86,990.	FMV	MEDICAL SUPPLIES	ON-GOING
UNIVERSITY OF ARIZONA MOBILE HEALTH PROGRAM - 655 N. ALVERNON WAY - TUCSON, AZ 85711	74-2652689	115	0.	173,778.	FMV	MEDICAL SUPPLIES	ON-GOING
UNIVERSITY OF MIAMI 1601 NW 12 AVE. #4067 MIAMI, FL 33136	59-0624458	501(C)(3)	0.	20,583.	FMV	MEDICAL SUPPLIES	ON-GOING
UNIVERSITY OF SOUTH FLORIDA 13330 LAUREL DR. TAMPA, FL 33612	59-2959590	501(C)(3)	0.	104,500.	FMV	MEDICAL SUPPLIES	EMERGENCY
UNIVERSITY OF UTAH- UTAH NALOXONE 525 E 100 S SALT LAKE CITY, UT 84102	87-6000525	501(C)(3)	0.	1,340,803.	FMV	MEDICAL SUPPLIES	ON-GOING
UNIVERSITY WASHINGTON MEDICINE DIABETES INSTITUTE - 750 REPUBLICAN STREET - SEATTLE, WA 98109	91-6001537	115	0.	651,560.	FMV	MEDICAL SUPPLIES	EMERGENCY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPHAM'S CORNER HEALTH CENTER 415 COLUMBIA ROAD DORCHESTER, MA 02125	23-7211732	501(C)(3)	0.	45,427.	FMV	MEDICAL SUPPLIES	ON-GOING
URBAN HEALTH PLAN INC. 345 SOUNDVIEW AVE BRONX, NY 10473	23-7360305	501(C)(3)	0.	8,065.	FMV	MEDICAL SUPPLIES	EMERGENCY
URBAN MINISTRIES OF WAKE COUNTY, INC. - 1390 CAPITAL BLVD. - RALEIGH, NC 27603	58-1422700	501(C)(3)	0.	49,820.	FMV	MEDICAL SUPPLIES	ON-GOING
URGENT & PRIMARY CARE OF CLARKSDALE - 125 HIGHWAY 322 - CLARKSDALE, MS 38614	82-1075385	115	0.	396,846.	FMV	MEDICAL SUPPLIES	ON-GOING
UT HEALTH SCIENCE CENTER AT SAN ANTONIO - FOCUS - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78229	74-1586031	115	0.	232,865.	FMV	MEDICAL SUPPLIES	ON-GOING
VALLEY COMMUNITY HEALTHCARE 9119 HASKELL AVE NORTH HILLS, CA 91343	23-7050082	501(C)(3)	0.	9,369.	FMV	MEDICAL SUPPLIES	ON-GOING
VANDERBILT UNIVERSITY MEDICAL CENTER - 726 MELROSE AVE - NASHVILLE, TN 37211	35-2528741	501(C)(3)	0.	282,048.	FMV	MEDICAL SUPPLIES	ON-GOING
VARIETY CARE 201 W 1ST ST GRANDFIELD, OK 73546	73-1088577	501(C)(3)	0.	2,209,447.	FMV	MEDICAL SUPPLIES	ON-GOING
VIA CARE COMMUNITY HEALTH CENTER 501 S. ATLANTIC BLVD LOS ANGELES, CA 90022	80-0699156	501(C)(3)	0.	42,784.	FMV	MEDICAL SUPPLIES	EMERGENCY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIMCARE CLINIC 2400 EAST 17TH STREET COLUMBUS, IN 47201	35-1129669	501(C)(3)	0.	57,296.	FMV	MEDICAL SUPPLIES	ON-GOING
VIP COMMUNITY SERVICES 770 E 176TH ST. BRONX, NY 10460	13-3224700	501(C)(3)	0.	8,065.	FMV	MEDICAL SUPPLIES	EMERGENCY
VIRGINIA B. ANDES VOLUNTEER COMMUNITY CLINIC - 21297 OLEAN BLVD - PORT CHARLOTTE, FL 33952	65-0958642	501(C)(3)	0.	160,168.	FMV	MEDICAL SUPPLIES	ON-GOING
VOLUNTEER HEALTHCARE CLINIC 4215 MEDICAL PARKWAY AUSTIN, TX 78756	74-6082464	501(C)(3)	0.	24,441.	FMV	MEDICAL SUPPLIES	ON-GOING
VOLUNTEERS IN MEDICINE 15 NORTHRIDGE DRIVE HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	0.	68,150.	FMV	MEDICAL SUPPLIES	ON-GOING
VOLUNTEERS IN MEDICINE - CLINIC OF THE CASCADES - 2300 NE NEFF RD. - BEND, OR 97701	93-1327847	501(C)(3)	0.	17,751.	FMV	MEDICAL SUPPLIES	ON-GOING
VOLUNTEERS IN MEDICINE - SAN DIEGO 1457 E MADISON AVENUE EL CAJON, CA 92019	26-0057391	501(C)(3)	0.	59,573.	FMV	MEDICAL SUPPLIES	ON-GOING
VOLUNTEERS IN MEDICINE CLINIC 417 SE BALBOA AVENUE STUART, FL 34994	65-1115793	501(C)(3)	0.	515,896.	FMV	MEDICAL SUPPLIES	ON-GOING
VOLUNTEERS IN MEDICINE CLINIC 2260 MARCOLA ROAD SPRINGFIELD, OR 97477	93-1276816	501(C)(3)	0.	20,091.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEERS IN MEDICINE OF SOUTHERN NEVADA - 1240 N. MARTIN LUTHER KING - LAS VEGAS, NV 89106	39-2072453	501(C)(3)	0.	42,538.	FMV	MEDICAL SUPPLIES	ON-GOING
VOLUNTEERS IN MEDICINE OF THE OLYMPICS - 819 GEORGIANA STREET - PORT ANGELES, WA 98362	01-0590704	501(C)(3)	0.	148,252.	FMV	MEDICAL SUPPLIES	ON-GOING
VOLUNTEERS IN MEDICINE WILKES BARRE - 190 N. PENNSYLVANIA AVE - WILKES BARRE, PA 18701	20-3531527	501(C)(3)	0.	45,676.	FMV	MEDICAL SUPPLIES	ON-GOING
VOLUNTEERS IN MEDICINE, INC. 1039 S. DUCHESNE SAINT CHARLES, MO 63301	43-1791543	501(C)(3)	0.	5,650.	FMV	MEDICAL SUPPLIES	ON-GOING
WAHID MEDICAL CORP 1108 WARD AVENUE PATTERSON, CA 95363	45-3797437	CORP	0.	81,513.	FMV	MEDICAL SUPPLIES	EMERGENCY
WAHID MEDICAL CORP 1108 WARD AVENUE PATTERSON, CA 95363	45-3797437	CORP	0.	232,764.	FMV	MEDICAL SUPPLIES	ON-GOING
WASATCH COUNTY HEALTH DEPARTMENT 55 SOUTH 500 EAST HEBER CITY, UT 84032	87-6000299	115	0.	5,909.	FMV	MEDICAL SUPPLIES	ON-GOING
WATER CITY CARE MISSION, INC. 449 HIGH AVE OSHKOSH, WI 54901	84-3899508	501(C)(3)	0.	998,459.	FMV	MEDICAL SUPPLIES	ON-GOING
WATERMARK HEALTH 7616 LBJ FREEWAY SUITE 405 DALLAS, TX 75251	26-3381206	501(C)(3)	0.	6,987.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELLNESS POINTE 1107 E MARSHALL AVE LONGVIEW, TX 75601	75-2723993	501(C)(3)	0.	13,600.	FMV	MEDICAL SUPPLIES	EMERGENCY
WELLNESS TREE COMMUNITY CLINIC 173 MARTIN STREET TWIN FALLS, ID 83301	26-1249939	501(C)(3)	0.	7,882.	FMV	MEDICAL SUPPLIES	EMERGENCY
WELLNESS TREE COMMUNITY CLINIC 173 MARTIN STREET TWIN FALLS, ID 83301	26-1249939	501(C)(3)	0.	272,893.	FMV	MEDICAL SUPPLIES	ON-GOING
WESLEY CHURCH HEALTH CENTER, INC. 410 SOUTH PITTSBURGH STREET CONNELLSVILLE, PA 15425	25-1844565	501(C)(3)	0.	101,010.	FMV	MEDICAL SUPPLIES	ON-GOING
WESLEY HEALTH CENTER 1300 S. 10TH ST PHOENIX, AZ 85034	86-0133770	501(C)(3)	0.	63,550.	FMV	MEDICAL SUPPLIES	ON-GOING
WEST CALDWELL HEALTH COUNCIL, INC 4330 COLLETTSVILLE RD COLLETTSVILLE, NC 28611	59-1756933	501(C)(3)	0.	113,436.	FMV	MEDICAL SUPPLIES	ON-GOING
WEST HAWAII COMMUNITY HEALTH CENTER - 75-5751 KUAKINI HWY - KAILUA KONA, HI 96740	20-0495394	501(C)(3)	0.	208,251.	FMV	MEDICAL SUPPLIES	ON-GOING
WEST VIRGINIA UNIVERSITY FOUNDATION - 64 MEDICAL CENTER DRIVE, HSCN, G111A - MORGANTOWN, WV 26505	55-6017181	501(C)(3)	0.	9,586.	FMV	MEDICAL SUPPLIES	ON-GOING
WESTCARE GEORGIA 2385 OAK GROVE CHURCH ROAD CARROLLTON, GA 30117	25-1903653	501(C)(3)	0.	32,322.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTCARE GUIDANCE CENTER 700 VETERANS PARKWAY BARNESVILLE, GA 30204	25-1903653	501(C)(3)	0.	33,594.	FMV	MEDICAL SUPPLIES	ON-GOING
WESTCARE NEVADA INC. 323 N. MARYLAND PARKWAY LAS VEGAS, NV 89101	94-2778981	501(C)(3)	0.	49,780.	FMV	MEDICAL SUPPLIES	ON-GOING
WESTCARE TENNESSEE 2415 N GATEWAY HARRIMAN, TN 37748	27-3702109	501(C)(3)	0.	317,306.	FMV	MEDICAL SUPPLIES	ON-GOING
WESTMINSTER FREE CLINIC 3271 GRANDE VISTA DR NEWBURY PARK, CA 91320	77-0563241	501(C)(3)	0.	283,060.	FMV	MEDICAL SUPPLIES	ON-GOING
WHATCOM COUNTY HEALTH DEPARTMENT 1500 N STATE STREET STE 100 BELLINGHAM, WA 98225	91-6001383	115	0.	5,587.	FMV	MEDICAL SUPPLIES	ON-GOING
WHEELING HEALTH RIGHT INC 61-29TH ST WHEELING, WV 26003	31-1149085	501(C)(3)	0.	143,025.	FMV	MEDICAL SUPPLIES	ON-GOING
WHOLE FAMILY HEALTH CENTER 981 37TH PLACE VERO BEACH, FL 32960	65-0715258	501(C)(3)	0.	42,232.	FMV	MEDICAL SUPPLIES	ON-GOING
WILL-GRUNDY MEDICAL CLINIC 213 EAST CASS STREET JOLIET, IL 60432	36-3492306	501(C)(3)	0.	9,113.	FMV	MEDICAL SUPPLIES	ON-GOING
WILLING HELPERS MEDICAL, INC 4186 MILL STREET COVINGTON, GA 30014	56-2602392	501(C)(3)	0.	574,695.	FMV	MEDICAL SUPPLIES	ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINN COMMUNITY HEALTH CENTER 431 W LAFAYETTE STREET WINNFIELD, LA 71483	20-5823527	501(C)(3)	0.	268,116.	FMV	MEDICAL SUPPLIES	EMERGENCY
WOFCC HOPE CLINIC 609 WEST AVENUE E ELK CITY, OK 73644	26-1284785	501(C)(3)	0.	150,463.	FMV	MEDICAL SUPPLIES	ON-GOING
WOLVERINE STREET MEDICINE 1500 E MEDICAL CENTER DR ANN ARBOR, MI 48109	38-6006309	501(C)(3)	0.	108,674.	FMV	MEDICAL SUPPLIES	ON-GOING
WOVEN HEALTH ONE MEDICAL PARKWAY FARMERS BRANCH, TX 75234	75-2616002	501(C)(3)	0.	182,779.	FMV	MEDICAL SUPPLIES	ON-GOING
YALE UNIVERSITY 1 LONG WHARF DRIVE NEW HAVEN, CT 06511	06-0646973	501(C)(3)	0.	291,594.	FMV	MEDICAL SUPPLIES	EMERGENCY
ILLINOIS ASSOCIATION OF FREE AND CHARITABLE CLINICS - 42 STEPHEN STREET, #416 - LEMONT, IL 60439	20-1942444	501(C)(3)	12,500.	0.			ON-GOING
ALABAMA ASSOCIATION OF FREE AND CHARITABLE CLINICS - 5741 CARMICHAEL PARKWAY - MONTGOMERY, AL 36117	83-3196587	501(C)(3)	12,500.	0.			ON-GOING
BERKELEY COMMUNITY HEALTH PROJECT 2339 DURANT AVE BERKELEY, CA 94704	94-1697002	501(C)(3)	10,000.	0.			ON-GOING
BROTHER BILL'S HELPING HAND 3906 N WESTMORELAND DRIVE DALLAS, TX 75212	75-6027740	501(C)(3)	30,000.	0.			ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF ACADIANA 405 ST. JOHN STREET LAFAYETTE, LA 70503	72-0977497	501(C)(3)	25,000.	0.			EMERGENCY
CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA - 987 AIRWAY COURT - SANTA ROSA, CA 95402	94-2479393	501(C)(3)	27,500.	0.			EMERGENCY
CLACKAMAS VOLUNTEERS IN MEDICINE 700 MOLALLA AVENUE, PO BOX 2592 OREGON CITY, OR 97045	37-1621141	501(C)(3)	10,000.	0.			EMERGENCY
COMMUNITY ADVANCED PRACTICE NURSES, INC. - 173 BOULEVARD NE - ATLANTA, GA 30312	58-2435328	501(C)(3)	10,000.	0.			ON-GOING
COMMUNITY CLINIC OF SWMO 701 SOUTH JOPLIN AVE AVEJOPLIN, MO 64801	43-1643962	501(C)(3)	50,000.	0.			ON-GOING
COMMUNITY HEALTH CLINIC 1113 WOODLAND DR. ELIZABETHTOWN, KY 42701	30-0042070	501(C)(3)	50,000.	0.			ON-GOING
COMMUNITY HEALTH CENTER OF WEST PALM BEACH INC - 2100 WEST 45TH STREET SUITE A8/9 - WEST PALM BEACH, FL 33407	26-3611337	501(C)(3)	60,000.	0.			ON-GOING
COMMUNITY HEALTH SERVICES OF UNION COUNTY, INC. - 415-B EAST WINDSOR STREET - MONROE, NC 28112	46-0495947	501(C)(3)	10,000.	0.			ON-GOING
COMMUNITY MEDICAL CLINIC OF KERSHAW COUNTY - 110 E. DEKALB. ST. SUITE 1B - CAMDENTON, SC 29020	57-1074191	501(C)(3)	50,000.	0.			ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY VOLUNTEERS IN MEDICINE FREE DENTAL COMMIT - 300 B LAWRENCE DRIVE - WEST CHESTER, PA 19380	23-2944553	501(C)(3)	58,300.	0.			ON-GOING
COMMUNITYHEALTH 2611 W CHICAGO AVE CHICAGO, IL 60622	36-3831793	501(C)(3)	10,000.	0.			ON-GOING
DIOCESAN COUNCIL FOR THE SOCIETY OF ST VINCENT DE PAUL DIOCESE PHOENIX - 320 W WATKINS RD - PHOENIX, AR 85003	86-0096789	501(C)(3)	50,000.	0.			ON-GOING
EASTER SEALS LOUISIANA INC. 935 GRAVIER STREET @SUITE 720 NEW ORLEANS, LA 70112	72-0694376	501(C)(3)	9,700.	0.			EMERGENCY
EASTER SEALS OREGON 7300 SW HUNZIKER STREET, SUITE 103 PORTLAND, OR 97201	93-0386885	501(C)(3)	10,000.	0.			EMERGENCY
THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER - 707 EAST CEDAR STREET SUITE 100 - SOUTH BEND, IN 46617	35-1654543	501(C)(3)	10,000.	0.			ON-GOING
FRIENDS OF THE FREE CLINIC 904 S. 10TH, SUITE A SAINT JOSEPH, MO 64503	80-0308973	501(C)(3)	30,000.	0.			ON-GOING
FUNDACIN MANOS JUNTAS 1145 W INTERSTATE 240 SERVICE ROAD, BLDG D, STE D - OKLAHOMA CITY, OK 73139	73-1523135	501(C)(3)	50,000.	0.			ON-GOING
GOOD HEALTH CLINIC 91555 OVERSEAS HWY. SUITE 2 TAVERNIER, FL 33070	04-3745805	501(C)(3)	10,000.	0.			ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD NEWS MINISTRIES / GOOD NEWS HEALTH CLINIC - 2716 EAST WASHINGTON STREET - INDIANAPOLIS, IN 46201	35-0999233	501(C)(3)	25,000.	0.			ON-GOING
GREATER HICKORY COOPERATIVE CHRISTIAN MINISTRY - 31 1ST AVE SE - HICKORY, NC 28602	56-0934855	501(C)(3)	30,000.	0.			ON-GOING
HEAL THE CITY CLINIC 609 S. CAROLINA AMARILLO, TX 79106	46-5694050	501(C)(3)	40,000.	0.			ON-GOING
HEALTH AND HOPE CLINIC 1718 E OLIVE ROAD PENSACOLA, FL 32514	26-4336638	501(C)(3)	10,000.	0.			EMERGENCY
HEALTH ACCESS, INC. 489 WASHINGTON AVENUE CLARKSBURG, WV 26301	55-0715066	501(C)(3)	10,000.	0.			ON-GOING
HEALTH PARTNERS FREE CLINIC 1300 N. COUNTY ROAD 25A TROY, OH 45373	31-1596731	501(C)(3)	30,000.	0.			ON-GOING
HOPE MEDICAL CLINIC, INC 150 BEACH DRIVE DESTIN, FL 32541	26-3811078	501(C)(3)	30,890.	0.			ON-GOING
IBN SINA FOUNDATION 11226 SOUTH WILCREST HOUSTON, TX 77099	76-0698464	501(C)(3)	80,000.	0.			ON-GOING
LA CLINICA DEL VALLE FAMILY HEALTH CENTER INC (DBA LA CLINICA) - 931 CHEVY WAY - MEDFORD, OR 97504	94-3096772	501(C)(3)	10,000.	0.			EMERGENCY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKE COUNTY FREE CLINIC INC 54 S. STATE STREET #302 PAINESVILLE, OH 44077	34-1081191	501(C)(3)	35,000.	0.			ON-GOING
LOUISIANA ASSISTIVE TECHNOLOGY ACCESS NETWORK (LATAN) - 3042 OLD FORGE DRIVE, SUITE D - BATON ROUGE, LA 70808	72-1281065	501(C)(3)	10,000.	0.			EMERGENCY
LESTONNAC FREE CLINIC 1215 E. CHAPMAN AVE. ORANGE, CA 92688	95-3499011	501(C)(3)	60,000.	0.			ON-GOING
MANSFIELD MISSION CENTER 901 W. BROAD STREET MANSFIELD, TX 76063	36-4753862	501(C)(3)	29,825.	0.			ON-GOING
MARTIN LUTHER KING HEALTH CENTER DBA MLK HEALTH CENTER & PHARMACY - 865 OLIVE STREET - SHREVEPORT, LA 71104	72-1079721	501(C)(3)	49,296.	0.			ON-GOING
MEDICAL OUTREACH MINISTRIES 5741 CARMICHAEL PARKWAY MONTGOMERY, AL 36117	63-1204645	501(C)(3)	45,560.	0.			ON-GOING
MIAMI RESCUE MISSION CLINIC 2015 NW 1ST AVENUE MIAMI, FL 33127	45-1481860	501(C)(3)	10,000.	0.			ON-GOING
MIGRANT HEALTH CENTER, WESTERN REGION, INC. - 491 RAMON E. BETANCES STREET - MAYAGUEZ, PR 00680	66-0427801	501(C)(3)	24,607.	0.			ON-GOING
MIGRANT HEALTH CENTER, WESTERN REGION, INC. - 491 RAMON E. BETANCES STREET - MAYAGUEZ, PR 00680	66-0427801	501(C)(3)	7,660.	0.			EMERGENCY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOAB FREE HEALTH CLINIC 380 N 500 W MOAB, UT 84532	26-2082745	501(C)(3)	78,306.	0.			ON-GOING
NEIGHBORHOOD CLINIC 1323 S YAKIMA AVE TACOMA, WA 98405	91-1318144	501(C)(3)	10,000.	0.			ON-GOING
NORTHERN NECK - MIDDLESEX FREE HEALTH CLINIC INC. - 51 WILLIAM B. GRAHAM COURT - KILMARNOCK, VA 22482	54-1679279	501(C)(3)	10,000.	0.			ON-GOING
OPEN ARMS FREE CLINIC, INC. 205 E. COMMERCE CT, UNIT 1 ELKHORN, WI 53121	45-4475625	501(C)(3)	10,000.	0.			ON-GOING
OPEN ARMS HEALTH CLINIC 3311 LITTLE ROAD ARLINGTON, TX 76016	45-0621201	501(C)(3)	10,000.	0.			ON-GOING
OREGON-IDAHO CONFERENCE OF THE UNITED METHODIST CHURCH - 1505 SW 18TH AVENUE - PORTLAND, OR 97201	93-0386878	501(C)(3)	10,000.	0.			EMERGENCY
PACIFIC NORTHWEST CONFERENCE OF THE UNITED METHODIST CHURCH - 816 S 216TH ST. - DES MOINES, WA 98198	91-0581034	501(C)(3)	10,000.	0.			EMERGENCY
PEOPLE'S HEALTH & WELLNESS CLINIC 553 N MAIN STREET BARRE, VT 05641	03-0343290	501(C)(3)	25,607.	0.			ON-GOING
PEOPLES HEALTH CLINIC 650 ROUND VALLEY DRIVE PARK CITY, UT 84060	87-0638042	501(C)(3)	10,000.	0.			ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRIMARY HEALTH SERVICES CENTER 2913 BETIN AVENUE MONROE, LA 71201	72-1347028	501(C)(3)	40,000.	0.			EMERGENCY
REGENTS OF THE UNIVERSITY OF MINNESOTA - PHILLIPS NEIGHBORHOOD CLINIC - 2742 15TH AVENUE SOUTH - MINNEAPOLIS, MN 55407	41-6007513	501(C)(3)	10,000.	0.			ON-GOING
RICHLAND PARISH HOSPITAL SERVICE 256 HWY 3048 RAYVILLE, LA 71269	72-1179028	115	10,000.	0.			EMERGENCY
SALUD INTEGRAL DE LA MONTANA, INC RD 164 KM 0.2 SECTOR EL DESVIO BO A NARANJITO, PR 00719	66-0329532	501(C)(3)	10,000.	0.			ON-GOING
SAN JOSE CLINIC 2615 FANNIN ST HOUSTON, TX 77002	76-0373703	501(C)(3)	50,000.	0.			ON-GOING
SHELTER HEALTH SERVICES, INC. 534 SPRATT STREET CHARLOTTE, NC 28206	20-3041985	501(C)(3)	10,000.	0.			ON-GOING
SHEPHERD'S CARE MEDICAL CLINIC 304 PONY ROAD ZEBULON, NC 27597	26-2757593	501(C)(3)	50,000.	0.			ON-GOING
SHEPHERDS CLINIC INC 2800 KIRK AVENUE BALTIMORE, MD 21218	52-1739001	501(C)(3)	87,000.	0.			ON-GOING
SMITH MEDICAL CLINIC, INC. 116 BASKERVILL DRIVE PAWLEYS ISLAND, SC 29585	57-0786699	501(C)(3)	13,000.	0.			ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH ALABAMA REGIONAL PLANNING COMMISSION - 110 BEAUREGARD STREET, SUITE 207 - MOBILE, AL 36602	63-0501382	501(C)(3)	10,000.	0.			EMERGENCY
SPINDLETOP CENTER 655 S. 8TH STREET BEAUMONT, TX 77701	74-1684198	115	19,699.	0.			EMERGENCY
ST. LUKE'S FREE MEDICAL CLINIC SPARTANBURG, INC. - 162 N. DEAN ST. - SPARTANBURG, SC 29302	57-0943232	501(C)(3)	50,000.	0.			ON-GOING
ST. JOSEPHS HOSPITAL HEALTH CENTER FOUNDATION - 973 JAMES STREET, SUITE 250 - SYRACUSE, NY 13203	22-2149775	501(C)(3)	10,000.	0.			ON-GOING
ST. MARY'S HEALTH WAGON 5626 PATRIOT DRIVE, PO BOX 7070 WISE, VA 24293	04-3739083	501(C)(3)	39,520.	0.			ON-GOING
ST. VINCENT DE PAUL COMMUNITY PHARMACY OF CINCINNATI - 1125 BANK ST. - CINCINNATI, OH 45214	30-0272954	501(C)(3)	10,000.	0.			ON-GOING
SURREY MEDICAL MINISTRIES FOUNDATION, INC. - 813 ROCKFORD STREET, PO BOX 349 - MOUNT AIRY, NC 27030	56-1829347	501(C)(3)	10,000.	0.			ON-GOING
SOUTHWEST LOUISIANA CENTER FOR HEALTH SERVICES - 2000 OPELOUSAS STREET - LAKE CHARLES, LA 70616	72-1015384	501(C)(3)	50,740.	0.			EMERGENCY
THE TEXAS INTERNATIONAL INSTITUTE OF HEALTH PROFESSIONS - 8121 BROADWAY STREET # 103 - HOUSTON, TX 77061	46-1267820	501(C)(3)	10,000.	0.			ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NEIGHBORHOOD CHRISTIAN CLINIC 1929 W FILLMORE BLDG C PHOENIX, AZ 85009	86-0839580	501(C)(3)	10,000.	0.			ON-GOING
THE WAY FREE MEDICAL CLINIC, INC. 479 HOUSTON STREET GREEN COVE SPRINGS, FL 32043	76-0828154	501(C)(3)	50,000.	0.			ON-GOING
TOMAGWA HEALTHCARE MINISTRIES 455 SCHOOL STREET, SUITE 30 TOMBALL, TX 77375	76-0280324	501(C)(3)	10,000.	0.			ON-GOING
UNITED WAY OF SOUTHEAST LA 2515 CANAL STREET NEW ORLEANS, LA 70124	72-0471369	501(C)(3)	10,000.	0.			EMERGENCY
UNITED WAY OF THE MIDLANDS 1818 BLANDING STREET COLOMBIA, SC 29201	57-0314396	501(C)(3)	10,000.	0.			ON-GOING
URBAN HEALTH AND WELLNESS, INC. 859 METROPOLITAN PARKWAY, SW ATLANTA, GA 30310	81-3845426	501(C)(3)	10,000.	0.			ON-GOING
VOLUNTEERS IN MEDICINE CLINIC OF THE CASCADES - 2300 NE NEFF RD - BEND, OR 97701	93-1327847	501(C)(3)	10,000.	0.			ON-GOING
VOLUNTEERS IN MEDICINE OF THE OLYMPICS - 819 GEORGIANA STREET - PORT ANGELES, WA 98362	01-0590704	501(C)(3)	10,000.	0.			ON-GOING
WE CARE OF CENTRAL FLORIDA, INC. 205 FARNOL STREET SW WINTER HAVEN, FL 33880	59-3529279	501(C)(3)	10,000.	0.			ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTMINSTER FREE CLINIC 2673 SAN MIGUEL CIRCLE THOUSAND OAKS, CA 91360	77-0563241	501(C)(3)	10,000.	0.			ON-GOING
WILLING HELPERS MEDICAL, INC 4186 MILL STREET COVINGTON, GA 30014	56-2602392	501(C)(3)	10,000.	0.			ON-GOING
WINN COMMUNITY HEALTH CENTER, INC 431 W. LAFAYETTE STREET WINNFIELD, LA 71483	20-5823527	501(C)(3)	10,000.	0.			EMERGENCY
CALIFORNIA ASSOCIATION OF FREE AND CHARITABLE CLINICS - 2752 ABEJORRO ST. CARLSBAD, CA 92009	20-2198446	501(C)(3)	12,500.	0.			ON-GOING
CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC. - 99 CALLE GUILLERMO RIEFKOH - PATILLAS, PR 00723	66-0430826	501(C)(3)	8,700.	0.			ON-GOING
CHARITABLE HEALTHCARE NETWORK 88 NORTH BROAD STREET, SUITE 1475 COLUMBUS, OH 43215	22-3769296	501(C)(3)	12,500.	0.			ON-GOING
CHRISTIAN CONNECTIONS FOR INTERNATIONAL HEALTH (CCIH) - 5810 KINGSTOWNE CENTER DRIVE, SUITE 120-764 - ALEXANDRIA, VA 22315	54-1932761	501(C)(3)	323,769.	0.			ON-GOING
COMMUNITYHEALTH, NFP 2611 W CHICAGO AVE CHICAGO, IL 60622	36-3831793	501(C)(3)	15,000.	0.			ON-GOING
COSSMA, INC. AVE. EL JIBARO CARR. 172 KM 13.3 CIDRA, PR 00739	66-0434923	501(C)(3)	63,436.	0.			ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEEDING AMERICA 161 N. CLARK ST SUITE 700 CHICAGO, IL 60601	36-3673599	501(C)(3)	31,224.	0.			ON-GOING
FLORIDA ASSOCIATION OF FREE AND CHARITABLE CLINICS - 2103 CORAL WAY, 2ND FLOOR - MIAMI, FL 33145	46-3502696	501(C)(3)	12,500.	0.			ON-GOING
FLORIDA ASSOCIATION OF COMMUNITY HEALTH CENTERS, INC. - 433 NORTH MAGNOLIA DRIVE - TALLAHASSEE, FL 32308	59-2559163	501(C)(3)	10,000.	0.			ON-GOING
FREE CLINIC ASSOCIATION OF PENNSYLVANIA - 2520 GREEN TECH DRIVE, SUITE D - STATE COLLEGE, PA 16803	26-0099669	501(C)(3)	12,500.	0.			ON-GOING
FREE CLINICS OF IOWA PO BOX 12099 DES MOINES, IA 50312	42-1428706	501(C)(3)	12,500.	0.			ON-GOING
GARDNER FAMILY HEALTH NETWORK 160 EAST VIRGINIA STREET SAN JOSE, CA 95112	94-1743078	501(C)(3)	50,000.	0.			ON-GOING
GEORGETOWN UNIVERSITY 37TH AND O STREETS, NW WASHINGTON, DC 20057	53-0196603	501(C)(3)	126,749.	0.			ON-GOING
GEORGIA CHARITABLE CARE NETWORK INC. - 3032 BRIARCLIFF ROAD NE - ATLANTA, GA 30329	80-0100336	501(C)(3)	112,500.	0.			ON-GOING
LONE STAR ASSOCIATION OF CHARITABLE CLINICS (D.B.A. TEXAS ASSOCIATION OF CHARITA - 3710 CEDAR STREET, ROOM 213 - AUSTIN,	33-1115138	501(C)(3)	12,500.	0.			ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURI ASSOCIATION OF FREE AND CHARITABLE CLINICS - 904 S. 10TH, SUITE A - ST, JOSEPH, MO 64503	26-3575248	501(C)(3)	12,500.	0.			ON-GOING
THE NATIONAL ASSOCIATION OF FREE & CHARITABLE CLINICS - 1800 DIAGONAL ROAD, SUITE 600 - ALEXANDRIA, VA 22314	56-2273242	501(C)(3)	50,000.	0.			ON-GOING
NORTH CAROLINA ASSOCIATION OF FREE AND CHARITABLE - 1399 ASHLEYBROOK LN, SUITE 110 - WINSTON-SALEM, NC 27103	56-2062170	501(C)(3)	15,000.	0.			ON-GOING
OKLAHOMA CHARITABLE CLINIC ASSOCIATION - 3000 UNITED FOUNDERS BLVD., SUITE 244 - OKLAHOMA CITY, OK 73112	45-0716546	501(C)(3)	12,500.	0.			ON-GOING
CATHOLIC CHARITIES OF THE RIO GRANDE VALLEY - 111 S. 15TH STREET - MCALLEN, TX 78501	68-0599307	501(C)(3)	10,000.	0.			ON-GOING
COMMUNITY FREE CLINIC 249 MILL STREET HAGERSTOWN, MD 21740	52-1772594	501(C)(3)	10,000.	0.			ON-GOING
GOOD SAMARITAN HEALTH CLINIC OF PASCO, INC. - 5334 ASPEN STREET - NEW PORT RICHEY, FL 34652	59-3072334	501(C)(3)	10,000.	0.			ON-GOING
GREENVILLE FREE MEDICAL CLINIC 600 ARLINGTON AVENUE GREENVILLE, SC 29601	57-0855205	501(C)(3)	10,000.	0.			ON-GOING
INTERFAITH HEALTH CLINIC 315 GILL AVE. KNOXVILLE, TN 37917	58-1947641	501(C)(3)	10,000.	0.			ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSTARD SEED COMMUNITY HEALTH 238 S. ENGLISH STREET GREENSBORO, NC 27401	46-4980081	501(C)(3)	10,000.	0.			ON-GOING
SERVOLUTION HEALTH SERVICES, INC. 181 POWELL VALLEY SCHOOL LANE SPEEDWELL, TN 37870	45-4486454	501(C)(3)	10,000.	0.			ON-GOING
SHERIDAN HEALTH CENTER 31 E WHITNEY SHERIDAN, WY 82801	20-1389307	501(C)(3)	10,000.	0.			ON-GOING
ST. CLAIR COMMUNITY HEALTH CLINIC 205 EDWIN HOLLADAY PLACE PELL CITY, AL 35125	85-0632695	501(C)(3)	10,000.	0.			ON-GOING
VOLUNTEERS IN MEDICINE WILKES-BARRE - 190 PENNSYLVANIA AVE - WILKE BARRE, PA 18702	20-3531527	501(C)(3)	10,000.	0.			ON-GOING
WELCOMEHEALTH 1100 N WOOLSEY AVE. FAYETTEVILLE, AR 72703	58-1691790	501(C)(3)	10,000.	0.			ON-GOING
NOVA SCRIPTSCENTRAL 6400 ARLINGTON BOULEVARD, SUITE 120 FALLS CHURCH, VA 22042	65-1275162	501(C)(3)	10,000.	0.			ON-GOING
UBUNTU BLACK FAMILY WELLNESS COLLECTIVE - 2611 GOVERNOR PRINTZ BLVD - WILMINGTON, DE 19802	84-4234815	501(C)(3)	10,000.	0.			ON-GOING
TENNESSEE CHARITABLE CARE NETWORK (TCCN) - 1515 B HAYDEN - NASHVILLE, TN 37206	46-4916133	501(C)(3)	12,500.	0.			ON-GOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MISSION OF YAHWEH INC 10247 ALGIERS HOUSTON, TX 77041	23-7250068	501(C)(3)	6,430.	0.			EMERGENCY
VIRGINIA ASSOCIATION OF FREE AND CHARITABLE CLINICS - 1801 LIBBIE AVE, SUITE 104 - RICHMOND, VA 23226	54-1802019	501(C)(3)	12,500.	0.			ON-GOING
WISCONSIN ASSOCIATION OF FREE AND CHARITABLE CLINICS - 1256 CAPITOL DRIVE, SUITE 700, #210 - PEWAUKEE, WI 53072	47-2298281	501(C)(3)	110,736.	0.			ON-GOING

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FREE MEDICINE TO PATIENTS	144017	0.	665,180,810.	FMV	PRESCRIPTION
MEDICAL OUTREACH IN THE U.S	35	0.	1,001,695.	FMV	MEDICAL SUPPLIES

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

FORM 990, SCHEDULE I, PART I

GRANTS AND ASSISTANCE

LINE 2 - AMERICARES MONITORS ACTIVITIES TO ENSURE THAT DONATED GOODS

AND FUNDS ARE USED TO FULFILL OUR MISSION. AMERICARES TRACKS EVERY

DONATION AS IT ENTERS AND LEAVES OUR WAREHOUSES AND REQUIRES REPORTING

OF EACH RECEIVING PARTNER ORGANIZATION, WHICH INCLUDE DETAILED

CONFIRMATION OF RECEIPT AND QUARTERLY UPDATES ON DISTRIBUTION.

INDIVIDUAL LICENSED HEALTH CARE PROVIDERS RECEIVING DONATIONS THROUGH

OUR MEDICAL OUTREACH PROGRAM MUST PROVIDE A REPORT DETAILING HOW THE

Part IV Supplemental Information

DONATION WAS USED, NUMBER OF PATIENTS TREATED AND OTHER INFORMATION.

HEALTH PARTNERS THAT RECEIVE FUNDING FROM AMERICARES ARE REQUIRED TO

COMPLETE A GRANT APPLICATION AND A GRANT REPORT, WHICH INCLUDES DATA ON

HOW FUNDS WERE USED AND, IF APPLICABLE, THE HEALTH OUTCOME OF THE

FUNDED PROJECT ORACTIVITY. AMERICARES STAFF ALSO PERFORM SITE VISITS TO

MONITOR PARTNERS' USE OF PRODUCT DONATIONS AND FUNDING. TARGETED HEALTH

INITIATIVES SUCH AS THOSE DESCRIBED IN THE "ONGOING" SECTION ABOVE, MAY

INCLUDE BASELINE AND FINAL PROJECT ASSESSMENTS.

Multiple horizontal lines for supplemental information input.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICARES FOUNDATION, INC.

Employer identification number
06-1008595

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHRISTINE SQUIRES PRESIDENT/CEO	(i)	410,560.	19,000.	0.	36,100.	41,225.	506,885.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RICHARD K. TROWBRIDGE, JR. CFO, TREASURER, SVP, GIK OPERATIONS	(i)	273,593.	0.	0.	16,719.	42,814.	333,126.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JED SELKOWITZ CMO & SVP, COMMUNICATIONS	(i)	272,943.	0.	0.	16,297.	1,049.	290,289.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KEVIN GILRAIN (THRU 12/2020) SENIOR VP, HUMAN RESOURCES	(i)	228,261.	0.	0.	13,844.	29,890.	271,995.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JENNY GOLDSTEIN SVP & CHIEF DEVELOPMENT OFFICER	(i)	209,131.	0.	0.	13,251.	48,464.	270,846.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MEGIN WOLFMAN SVP, STRATEGY & COS	(i)	177,200.	0.	0.	10,788.	39,354.	227,342.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DIANA MAGUIRE V.P., INSTITUTIONAL RELATIONS	(i)	158,189.	0.	0.	9,866.	44,012.	212,067.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) RACHEL GRANGER VP INT'L PSHIP & PROG (THRU 09/2021)	(i)	183,073.	0.	0.	11,015.	12,427.	206,515.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) GEOFF KNEISEL V.P., CORPORATE RELATIONS	(i)	138,931.	0.	0.	8,694.	42,821.	190,446.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SUSAN WILLET SR. DIRECTOR, CONTROLLER	(i)	172,774.	0.	0.	10,344.	4,410.	187,528.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JULIE VARUGHESE VP TECH UNIT AND CMO	(i)	166,780.	0.	0.	10,365.	6,744.	183,889.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) VISH JAIN VP INFORMATION TECHNOLOGY	(i)	172,906.	0.	0.	10,365.	600.	183,871.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MELISSA WOOLFORD V.P., LEADERSHIP GIFTS	(i)	163,355.	0.	0.	9,589.	1,255.	174,199.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) GABRIELA SALVATORE MD, MPH SVP, GL OPERATIONS (AS OF 01/2021)	(i)	132,277.	0.	0.	27,609.	0.	159,886.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MARTHA KENNARD VP, GLOBAL PROG OPS	(i)	149,931.	0.	0.	8,956.	715.	159,602.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) E. ANNE PETERSON, MD, MPH SVP, GL PROGRAMS (THRU 06/30/2020)	(i)	142,549.	0.	0.	13,350.	0.	155,899.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 4A

KEVIN GILRAIN, SENIOR VP HUMAN RESOURCES, RECEIVED A SEVERANCE PAYMENT

IN JANUARY, 2021. SINCE THE PAYMENT WAS MADE IN CALENDAR YEAR 2021, THE

AMOUNT OF SEVERANCE IS NOT REPORTED IN SCHEDULE J, BUT WILL BE REPORTED

IN NEXT YEAR'S 990.

SCHEDULE J, PART I, LINE 7

PRESIDENT & CEO, CHRISTINE SQUIRES, RECEIVED A DISCRETIONARY BONUS IN

CALENDAR YEAR 2020 FOR EXCEEDING CERTAIN PERFORMANCE-BASED OBJECTIVES

ESTABLISHED BY THE COMPENSATION COMMITTEE. THE DETERMINATION TO ISSUE A

BONUS IS BASED ON A RECOMMENDATION BY THE COMPENSATION COMMITTEE TO THE

FULL BOARD, FOR BOARD APPROVAL. PRESIDENT CHRISTINE SQUIRES DID NOT

PARTICIPATE IN THE DECISION-MAKING PROCESS TO AWARD THE BONUS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	177	5,140,048.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	1211871	514,737.	COST/WHOLESALE PRICE
20 Drugs and medical supplies	X	7022939	1,139,614,967.	COST/WHOLESALE PRICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (NON-MEDICAL S)	X	3739740	7,184,219.	COST/WHOLESALE PRICE
26 Other				
27 Other				
28 Other				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 23

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** X
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2020

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

SCHEDULE M, LINE 32B:

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

ORGANIZATION MISSION CONTINUATION

WE RESPOND TO PEOPLE AFFECTED BY POVERTY OR DISASTER WITH LIFE-CHANGING

HEALTH PROGRAMS, MEDICINE & SUPPLIES.

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

AS THE WORLD'S LEADING NONPROFIT PROVIDER OF DONATED MEDICINES AND

SUPPLIES, AMERICARES REACHED 65 COUNTRIES IN FY21 WITH MEDICINE,

MEDICAL SUPPLIES, SUPPORT AND TECHNICAL ASSISTANCE VALUED AT MORE THAN

\$1.18 BILLION THROUGH OUR ACCESS TO MEDICINE, EMERGENCY PROGRAMS AND

CLINICS TO COMMUNITIES HEALTH PROGRAMS.

AMERICARES MISSION IS TO SAVES LIVES AND IMPROVES HEALTH FOR PEOPLE

AFFECTED BY POVERTY OR DISASTER SO THEY CAN REACH THEIR FULL POTENTIAL.

TO ACCOMPLISH THIS, AMERICARES INVESTS IN LOCAL HEALTH CENTERS: WHEN

LOCAL HEALTH CENTERS THRIVE, SO DO PEOPLE IN THEIR COMMUNITIESWITH

BETTER HEALTH, MORE OPPORTUNITIES AND INCREASINGLY PRODUCTIVE LIVES.

AMERICARES REACHES AN UNRIVALED NETWORK OF 4,000 LOCAL, NATIONAL AND

INTERNATIONAL HEALTH CARE INSTITUTIONS AND FACILITIES THAT INCLUDE

HOSPITALS, CLINICS, LOCAL HEALTH CENTERS, MINISTRIES OF HEALTH AND

NONPROFIT HEALTH CARE NETWORKS AND PROVIDERS. WORKING THROUGH THIS

NETWORK, AMERICARES HAS THREE CORE PROGRAMS:

-INCREASING ACCESS TO CRITICAL MEDICINE AND MEDICAL SUPPLIES;

-HELPING COMMUNITIES PREPARE FOR, RESPOND TO AND RECOVER FROM

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

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

DISASTERS; AND

-IMPROVING AND EXPANDING CLINICAL SERVICES AND PROMOTING GOOD HEALTH

AND DISEASE PREVENTION IN VULNERABLE COMMUNITIES.

IN EACH PROGRAM AREA, WE WORK TO ADDRESS FIVE KEY HEALTH THEMES:

WOMEN'S AND CHILDREN'S HEALTH, INFECTIOUS DISEASE, NON-COMMUNICABLE

DISEASE (SUCH AS DIABETES AND HYPERTENSION), MENTAL HEALTH AND HEALTH

SYSTEM STRENGTHENING.

THROUGH COLLABORATION WITH OUR EXTENSIVE WORLDWIDE PARTNER NETWORK, WE

COMMITTED NEARLY \$27 MILLION OF SUPPORT TO 233 HEALTH PROJECTS AND

ACTIVITIES IN 31 COUNTRIES THAT DIRECTLY OR INDIRECTLY BENEFITED AN

ESTIMATED 1.5 MILLION INDIVIDUALS. IN ADDITION, WE LEVERAGED MORE THAN

\$1 BILLION WORTH OF DONATED AND PROCURED COMMODITIES TO SUPPORT

PROJECTS AND ACTIVITIES AND TO RELIEVE SHORTAGES OF MEDICINES AND

SUPPLIES THROUGH OUR HEALTH PARTNERS, INCLUDING ENOUGH MEDICINE TO FILL

MORE THAN 19.5 MILLION PRESCRIPTIONS AND MORE THAN 21 MILLION UNITS OF

SUPPLIES. THROUGH MEDICINE ALONE, WE ESTIMATE THAT WE IMPROVED THE

HEALTH OF 3.3 MILLION PEOPLE.

FORM 990 PART III, LINE 4A

ACCESS TO MEDICINE

AMERICARES IMPROVES HEALTH OUTCOMES FOR PATIENTS IN UNDER-RESOURCED

COMMUNITIES BY INCREASING ACCESS TO QUALITY MEDICINES AND SUPPLIES FOR

LOCAL HEALTH PROVIDERS AND THE PEOPLE AND COMMUNITIES THEY SERVE. A

STRONG AND EXPANDING NETWORK OF OVER 200 PHARMACEUTICAL AND MEDICAL

SUPPLY CORPORATIONS DONATE THESE MEDICINES, MEDICAL SUPPLIES, PERSONAL

CARE PRODUCTS, MEDICAL EQUIPMENT AND TECHNOLOGY. WE DISTRIBUTE THESE

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

DONATIONS TO OUR GLOBAL PARTNER NETWORK THROUGH TWO INITIATIVES:

THE GLOBAL ACCESS TO MEDICINE PROGRAM, WHICH DISTRIBUTES HIGH-QUALITY MEDICINES DIRECTLY TO A NETWORK OF PARTNERS IN 33 COUNTRIES. PARTNERS ARE SELECTED FOR THEIR CAPACITY TO SECURELY AND EFFECTIVELY PROCESS AND UTILIZE AMERICARES MEDICAL AND SUPPLY DONATIONS. AMERICARES ALSO SUPPORTS VOLUNTEER MEDICAL TEAMS AS THEY PROVIDE PRIMARY CARE, PERFORM SURGERIES, RESPOND TO HEALTH EMERGENCIES AND STRENGTHEN LOCAL HEALTH CARE CAPACITY IN COMMUNITIES WHERE BASIC MEDICAL CARE IS OFTEN NON-EXISTENT OR INACCESSIBLE. LAST YEAR AMERICARES PROVIDED THESE TEAMS WITH \$17.5 MILLION IN DONATED MEDICINES AND SUPPLIES AS WELL AS MEDICAL TRAINING TOOLS AND RESOURCES WHICH THEY USED TO PROVIDE CARE IN 30 COUNTRIES.

THE U.S. PROGRAM, WHICH LAST YEAR SERVED A NETWORK OF 955 SAFETY NET HEALTH CARE PROVIDERS THROUGHOUT THE CONTINENTAL U.S. AND PUERTO RICO. AGAIN, PARTNERS ARE SELECTED FOR THEIR CAPACITY TO SECURELY AND EFFECTIVELY PROCESS AND UTILIZE AMERICARES MEDICAL AND SUPPLY DONATIONS. AMERICARES IS THE LEADING NONPROFIT PROVIDER OF MEDICAL AID TO THE U.S. HEALTH CARE SAFETY NET.

IN ALL, AMERICARES PROVIDED AID VALUED AT \$1,108,346.96 THROUGH OUR ACCESS TO MEDICINE PROGRAM, INCLUDING ENOUGH MEDICINE TO FILL 19.5 MILLION PRESCRIPTIONS AND 21.6 MILLION MEDICAL SUPPLIES. WE ESTIMATE THAT 3.3 MILLION PEOPLE BENEFITED FROM THE MEDICINE ALONE.

FORM 990 PART III, LINE 4B

EMERGENCY PROGRAMS

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

FROM JULY 2020 TO JUNE 2021, AMERICARES RESPONDED TO 40 NATURAL
DISASTERS AND HUMANITARIAN CRISES IN 35 COUNTRIES, INCLUDING THE UNITED
STATES, WITH TECHNICAL ASSISTANCE, SHIPMENTS OF MEDICINES AND EMERGENCY
SUPPLIES AS WELL AS PREPAREDNESS, RESPONSE AND RECOVERY PROJECTS.

ACROSS ALL EMERGENCIES IN FY21, AMERICARES EMERGENCY PROGRAMS DELIVERED
MORE THAN \$47 MILLION IN EMERGENCY AND DISASTER AID, INCLUDING
SHIPMENTS OF MEDICINES AND RELIEF SUPPLIES AS WELL AS GRANTS AND DIRECT
PROGRAMMING ESTIMATED TO REACH MORE THAN 550,000 PEOPLE. THIS INCLUDED
EMERGENCY PREPAREDNESS PROGRAMMING AT MORE THAN 300 SITES.

AMERICARES COMPREHENSIVE PROGRAM TO PROVIDE PRIMARY CARE SERVICES TO
VENEZUELAN MIGRANTS AND COLOMBIAN RETURNEES IN COLOMBIA CONTINUED IN
FY21. AMERICARES OPERATED NINE CLINICS AND, FROM JULY 2020 TO JUNE
2021, CONDUCTED 207,440 PATIENT CONSULTATIONS, INCLUDING 25,945
PRENATAL CONSULTATIONS AND 42,779 MENTAL HEALTH CONSULTATIONS BETWEEN
FIXED FACILITIES AND MOBILE CLINICS.

FY21 RESPONSES

1. ARMENIA: NAGORNO-KARABAKH CONFLICT
2. BANGLADESH: ROHINGYA REFUGEE CRISIS, COVID-19
3. CENTRAL AFRICAN REPUBLIC: CAPITAL SIEGE, COVID-19
4. COLOMBIA: HURRICANE IOTA, VENEZUELA REGIONAL CRISIS, COVID-19,
5. COTE D'IVOIRE: COVID-19
6. DOMINICA: HURRICANE MARIA RECOVERY
7. DOMINICAN REPUBLIC: COVID-19
8. EL SALVADOR: HURRICANE IOTA, COVID-19

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

- 9. FIJI: CYCLONE YASA
 - 10. GUATEMALA: HURRICANE ETA, HURRICANE IOTA
 - 11. HAITI: COVID-19
 - 12. HONDURAS: HURRICANE ETA, HURRICANE IOTA
 - 13. INDIA: CYCLONE AMPHAN, CYCLONE TAUKTAE, ASSAM FLOODS, COVID-19
 - 14. INDONESIA: SULAWESI EARTHQUAKE
 - 15. JORDAN: SYRIA POLITICAL CONFLICT
 - 16. LEBANON: SYRIA POLITICAL CONFLICT, PORT EXPLOSION, COVID-19
 - 17. LIBERIA: EBOLA, COVID-19
 - 18. MALAWI: COVID-19
 - 19. NEPAL: COVID-19
 - 20. NICARAGUA: HURRICANE ETA, HURRICANE IOTA
 - 21. NIGERIA: NIGERIA COMPLEX CRISIS
 - 22. PAKISTAN: COVID-19
 - 23. PALESTINE: CONFLICT ESCALATION IN GAZA AND WEST BANK
 - 24. PERU: COVID-19
 - 25. PHILIPPINES: TYPHOON GONI, TYPHOON VAMCO, COVID-19
 - 26. SRI LANKA: COVID-19
 - 27. SAINT VINCENT AND THE GRENADINES: COVID-19
 - 28. SOMALIA: DROUGHT AND NUTRITION CRISIS
 - 29. SYRIA: SYRIA POLITICAL CONFLICT, COVID-19
 - 30. TANZANIA: COVID-19
 - 31. UNITED STATES AND TERRITORIES:
- HURRICANE IRMA;
- TROPICAL STORM ETA;
- TROPICAL STORM ISAIAS;
- APPLE WILDFIRE;

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

CENTRAL AMERICA ASYLUM SEEKERS;

TEXAS EXTREME COLD;

TROPICAL STORM AND HURRICANES DELTA,

HANNA, LAURA,

SALLY, ZETA;

PACIFIC NORTHWEST HEAT;

SOUTHEASTERN STORMS;

WEST COAST WILDFIRES.

- 32. UZBEKISTAN: COVID-19
- 33: VIETNAM: FLOODING; COVID-19
- 34: YEMEN: YEMEN COMPLEX EMERGENCY, COVID-19
- 35: ZAMBIA: COVID-19

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

FORM 990 PART III, LINE 4C

CLINICS TO COMMUNITIES

AMERICARES SUPPORTS THE CAPACITY OF LOCAL HEALTH DELIVERY PARTNERS AND PROMOTES HEALTH AND DISEASE PREVENTION IN LOW-INCOME COMMUNITIES ACROSS THE U.S. AND WORLDWIDE. THIS WORK IS PARAMOUNT TO PROTECTING HEALTH DURING THE GLOBAL COVID-29 PANDEMIC. THROUGH WORK IN OUR OWN CLINICS AND THAT OF OUR PARTNERS, AMERICARES PROVIDED MORE THAN \$19 MILLION IN OUR CLINICS TO COMMUNITIES WORK.

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

IN 2020 - 2021, AMERICARES CLINIC IN EL SALVADOR, CLINICA INTEGRAL DE

ATENCION FAMILIAR, PROVIDED 38,918 PEOPLE WITH 56,997 CLINICAL

CONSULTATIONS. IN ADDITION, OUR PARTNERS AMERICARES INDIA AND

AMERICARES FREE CLINICS (IN CONNECTICUT) PROVIDED AN ADDITIONAL 83,423

CLINICAL CONSULTATIONS, MANY OVER VIDEO OR PHONE, AS COVID-19

RESTRICTIONS LIMITED IN-PERSON CARE.

IN FY21, AMERICARES SUPPORTED NEARLY 4,500 SURGERIES PERFORMED BY

U.S.-BASED MEDICAL VOLUNTEERS ON 180 SHORT-TERM MEDICAL OUTREACH TRIPS

TO 30 COUNTRIES. TWELVE SURGICAL TEAMS ALSO LEFT 45 PULSE OXIMETERS AT

THEIR PARTNER FACILITIES IN MEXICO, SOMALIA, TANZANIA, NIGERIA, TOGO,

HONDURAS, GHANA, AND HAITI. AND AFTER, TEAMS TRAINED APPROXIMATELY 95

IN-COUNTRY MEDICAL COLLEAGUES ON THE USE OF PULSE OXIMETER UNITS. AFTER

THE DONATION OF THE PULSE OXIMETERS, 100 PERCENT OF IN-COUNTRY STAFF

STATE THAT THEY ALWAYS/MOST OF THE TIME USE PULSE OXIMETERS DURING

SURGERY. PRIOR TO THE DONATION, 71 PERCENT USED OXIMETERS REGULARLY

DURING SURGERY. IN ADDITION, 59 SURGICAL-SAFETY CHECKLISTS WERE

DISTRIBUTED BY 17 TEAMS.

AMERICARES ALSO PROVIDES RESOURCES AND TRAINING SO HEALTH WORKERS CAN

BETTER SERVE THEIR COMMUNITIES AND IMPROVE THE HEALTH OF LOW-INCOME

PATIENTS. IN FY21, AMERICARES INCREASED THE CAPACITY OF 34,546 HEALTH

WORKERS TO MEET THE HEALTH NEEDS OF THEIR COMMUNITIES AS WELL AS

PROTECT THEIR OWN HEALTH AND WELLBEING.

IN OUR COMMUNITY HEALTH WORK, WE ADDRESS THE ROOT CAUSES OF ILLNESS AND

DISEASE, EMPLOYING AN INTEGRATED APPROACH THAT LINKS TREATMENT SERVICES

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

TO DISEASE PREVENTION EFFORTS AND HEALTH EDUCATION. ALL PROGRAMS PROMOTE EVIDENCE-BASED BEST PRACTICES AND ARE DESIGNED TO THE HIGHEST STANDARDS OF PROJECT PLANNING, IMPLEMENTATION AND MONITORING AND EVALUATION.

IN FY21, AMERICARES COMMUNITY HEALTH PROGRAMS SPANNED A RANGE OF HEALTH THEMES INCLUDING WOMEN'S AND CHILDREN'S HEALTH, INFECTIOUS DISEASE, NON-COMMUNICABLE DISEASE (SUCH AS DIABETES AND HYPERTENSION), MENTAL HEALTH AND HEALTH SYSTEM STRENGTHENING.

EXAMPLES INCLUDE:

- IN THE UNITED STATES, THE CENTERS FOR DISEASE CONTROL AND PREVENTION AWARDED AMERICARES WITH A PROJECT TO INCREASE VACCINE ACCEPTANCE AMONG HEALTH WORKERS AND INFLUENCE THEIR PATIENTS. IN JUST ITS FIRST MONTH, AMERICARES REACHED MORE THAN 242,000 HEALTH WORKERS IN 50 STATES, PUERTO RICO AND THE U.S VIRGIN ISLANDS WITH RELEVANT AND TIMELY INFORMATION ABOUT COVID-19 VACCINES.

- TO HELP LOCAL HEALTH CENTERS PREVENT, TREAT AND PROTECT AGAINST INFECTIOUS DISEASES, 29 HEALTH PROJECTS IN 12 COUNTRIES INCLUDED SUPPORT FOR INFECTION PREVENTION AND CONTROL. IN MALAWI, FOR EXAMPLE, AMERICARES PROVIDED WEBINARS, EDUCATION SESSIONS AND TRAINING-OF-TRAINER SESSIONS COVERING INFECTION PREVENTION AND CONTROL PRACTICES, COVID-19 AND TRANSMISSION OF DISEASE FROM ANIMALS TO HUMANS.

- IN EL SALVADOR, AMERICARES HYPERTENSION, DIABETES AND MALNUTRITION PROGRAMS REACHED MORE THAN 1,800 PATIENTS WHO RECEIVED MEDICINE FOR

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

THEIR CHRONIC DISEASE ALONG WITH NUTRITION COACHING.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

EL SALVADOR, HAITI, LIBERIA, NEPAL,

PHILIPPINES, TANZANIA, COLOMBIA, MALAWI

FORM 990, PART VI, SECTION B, LINE 11B:

990 REVIEW PROCESS

THE FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN

CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE FORM 990 IS

SUBJECT TO A DETAILED REVIEW BY THE CHIEF FINANCIAL OFFICER AND AMERICARES'

LEGAL COUNSEL PRIOR TO ITS SUBMISSION TO THE AUDIT COMMITTEE. THE FORM 990

IS PRESENTED TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS BY MANAGEMENT

AND ITS EXTERNAL ACCOUNTING FIRM; ONCE REVIEWED AND ACCEPTED BY THE AUDIT

COMMITTEE, THE 990 IS DISTRIBUTED TO THE FULL BOARD OF DIRECTORS FOR THEIR

REVIEW AND COMMENT.

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

CONFLICT OF INTEREST POLICY

SECTION 1. POLICY.

A DIRECTOR OR OFFICER SHALL DISCLOSE TO THE BOARD OF DIRECTORS ANY

POTENTIAL CONFLICTS OF INTEREST IN CONNECTION WITH PROPOSED ACTIONS OF THE

CORPORATION. WHEN ANY SUCH CONFLICT OF INTEREST IS RELEVANT TO A MATTER

REQUIRING ACTION BY THE BOARD OF DIRECTORS, OR A COMMITTEE THEREOF, SUCH

INTERESTED DIRECTOR OR OFFICER SHALL NOT VOTE ON THE MATTER. MOREOVER, THE

INTERESTED DIRECTOR OR OFFICER SHALL RETIRE FROM THE ROOM IN WHICH THE

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

BOARD OF DIRECTORS (OR THE COMMITTEE) IS MEETING AND SHALL NOT PARTICIPATE
 IN THE FINAL DELIBERATION OR DECISION REGARDING THE MATTER UNDER
 CONSIDERATION. HOWEVER, THE INTERESTED DIRECTOR OR OFFICER SHALL PROVIDE
 THE BOARD OF DIRECTORS OR COMMITTEE WITH ANY AND ALL MATERIAL INFORMATION.

SECTION 2. DISCLOSURE.

THE MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS OR COMMITTEE SHALL
 REFLECT THAT A CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED
 DIRECTOR OR OFFICER WAS NOT PRESENT DURING THE FINAL DISCUSSION OR VOTE AND
 DID NOT VOTE. WHEN THERE IS A DOUBT AS TO WHETHER A CONFLICT OF INTEREST
 EXISTS, THE MATTER SHALL BE RESOLVED BY A VOTE OF THE BOARD OF DIRECTORS,
 OR THE COMMITTEE, EXCLUDING THE INTERESTED DIRECTOR OR OFFICER CONCERNING
 WHOSE SITUATION THE DOUBT HAS ARISEN.

SECTION 3. REVIEW OF POLICY.

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

FORM 990, PART VI, SECTION B, LINE 15:

PROCESS FOR DETERMINING COMPENSATION
 AMERICARES PURSUES A RIGOROUS PROCESS TO ENSURE THAT THE COMPENSATION IT
 PAYS IS COMMENSURATE WITH THE NOT-FOR-PROFIT INDUSTRY IN WHICH IT OPERATES.
 AMERICARES HAS A COMPENSATION COMMITTEE IN PLACE THAT DETERMINES THE
 PRESIDENT & CEO'S COMPENSATION BASED ON COMPENSATION SURVEY RESULTS

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

CONDUCTED BY AN INDEPENDENT THIRD PARTY CONSULTANT.

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

FOR ALL OTHER INDIVIDUALS REPORTED ON THE 990 (AS WELL AS ALL AMERICARES STAFF), THE PRESIDENT & CHIEF EXECUTIVE OFFICER, IN CONSULTATION WITH THE CHIEF PEOPLE OFFICER, DETERMINES COMPENSATION UTILIZING AVAILABLE MARKET DATA, SALARY SURVEY RESULTS AND OTHER AVAILABLE TOOLS TO SUBSTANTIATE DECISIONS. AMERICARES, LIKEWISE, COMMISSIONED A SEPARATE COMPENSATION STUDY IN OCTOBER OF 2020 TO COVER ALL STAFF.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, DC, FL, GA, HI, IL, IN, KS, KY, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, OR, PA
RI, SC, TN, UT, VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

PUBLIC DISCLOSURE OF DOCUMENTS

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

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

FORM 990, PART XI, LINE 3:

THE FOUNDATION'S YEAR END "REVENUE LESS EXPENSES" REFLECTING A LOSS OF APPROXIMATELY \$50M IS A FUNCTION OF A FLUCTUATION IN THE FOUNDATION'S GIFTS-IN-KIND (DONATED MEDICINE) INVENTORY. IN FISCAL 2021, THE FOUNDATION DISTRIBUTED SIGNIFICANTLY MORE MEDICAL SUPPLIES, MEDICINES AND PROTECTIVE EQUIPMENT THAN IT RECEIVED IN DONATION TO HELP COMBAT THE PROLIFERATING WORLDWIDE COVID-19 PANDEMIC. THE FOUNDATION'S FINANCIAL PORTRAIT WILL INVARIABLY FLUCTUATE SIGNIFICANTLY YEAR TO YEAR DEPENDING ENTIRELY ON THE INFLOWS AND OUTFLOWS OF DONATED MEDICINES.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGES IN SPLIT-INTEREST AGREEMENTS	515,976.
--------------------------------------	----------

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

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

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

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

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

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

Schedule R (Form 990) 2020

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICARES FREE CLINICS, INC.	B	1,568,976.	FMV (GOODS)
(2) AMERICARES FREE CLINICS, INC.	Q	171,273.	COST
(3) AMERICARES FREE CLINICS, INC.	D	300,000.	LOAN GUARANTEE
(4) AMERICARES FREE CLINICS, INC.	B	382,000.	COVID FUNDS - FMV (CASH)
(5) AMERICARES TANZANIA	B	732,584.	COST
(6) AMERICARES MALAWI	B	404,164.	COST

Part VII Supplemental Information

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

SCHEDULE R, PART V, LINE 2

AMERICARES TANZANIA COUNTRY OFFICE, LOCATED IN MWANZA, STAFFED WITH PROFESSIONAL RELIEF AND DEVELOPMENT WORKERS, COORDINATES OUR EXISTING AND FUTURE PROGRAMMING IN THE MWANZA, MARA, SHINYANGA, AND KIGOMA REGIONS. AMERICARES OPERATES NUMEROUS HEALTH PROJECTS AND PROGRAMS IN TANZANIA WHICH TOUCH ON EACH OF THE AMERICARES GLOBAL PROGRAM AREAS.

AMERICARES TANZANIA INCURRED \$732,584 OF EXPENDITURES IN THE YEAR ENDING JUNE 30, 2021; THOSE EXPENSES ARE FUNDED BY THE AMERICARES FOUNDATION.

AMERICARES MALAWI IS ESTABLISHING A NETWORK OF THRIVING HEALTH CENTERS THAT IMPROVE HEALTH OUTCOMES AND BUILD COMMUNITY RESILIENCE. AMERICARES MALAWI INCURRED \$404,164 OF EXPENDITURES IN THE YEAR ENDING JUNE 30, 2021; THOSE EXPENSES ARE FUNDED BY THE AMERICARES FOUNDATION.