# AmeriCares Free Clinics, Inc.

IRS Form 990

Fiscal Year 2011

# **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 black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A F	or th	ne 2010 calendar year, or tax year beginning	07/01, <b>2010</b> ,	and ending		/30, <b>20</b> 11
В		C Name of organization			D Employer identific	
<b>В</b> с	heck if ap	AMERICARES FREE CLINICS, INC.			06-142274	1
	Addre					
	1000000	Number and street (or P.O. box if mail is not delivered to s	treet address) F	Room/suite	E Telephone number	
	Initial	return 88 HAMILTON AVENUE			(203) 658-9	500
$\vdash$	Termi	City or town, state or country, and ZID + 4				
	Amen				G Gross receipts \$	1,840,825.
$\vdash$	Applic	A SAN	R. WELLING,	PRES & CEO		The second
-	pendi	88 HAMILTON AVENUE STAMFORD,		rino a ono	affiliates?  H(b) Are all affiliates incl	
_	Taylou			527	If "No," attach a list.	
	CANAL STREET	rempt status: X   501(c)(3)   501(c) ( ) ◀ (insertite: ► WWW.AMERICARESFREECLINICS.ORG	t no.) 4947(a)(1) or	527		
_	TO IT INC.		low b	1	H(c) Group exemption nutrion: 1995 M State	
_	_	of organization: X   Corporation   Trust   Association	Other ►	L Year of forma	tion: 1990 M State	of legal domicile: C1
Pa	rtI	Summary				
	1	Briefly describe the organization's mission or most significa	nt activities:			
Ф		TO PROVIDE FREE PRIMARY CARE TO UN				
anc		NORWALK, DANBURY, AND BRIDGEPORT,				
ern		WHERE ALL INDIVIDUALS ARE TREATED	WITH DIGNITY A	AND RESPEC	r.	
Governance	2	Check this box ▶ if the organization discontinued its	operations or disposed	of more than 25%	of its net assets.	
8	3	Number of voting members of the governing body (Part VI, I	line 1a)		3	7.
es	4	Number of independent voting members of the governing b	oody (Part VI, line 1b)	vo o nominava o ex	4	6.
Activities &		Total number of individuals employed in calendar year 2010				23.
Act	6	The state of the s				236.
	7 a	Total gross unrelated business revenue from Part VIII, colum	nn (C), line 12		7a	0.
		Net unrelated business taxable income from Form 990-T, lin				0.
_					Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)			2,270,847.	1,840,825.
	9	Program service revenue (Part VIII, line 2g)			0.	0.
ve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0.	0.
å					13.	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c			2,270,860.	1,840,825.
_		Total revenue - add lines 8 through 11 (must equal Part VIII			688,489.	676,096.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1	<sup>(-3)</sup>		0.00	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			1,054,870.	1,138,873.
68	15	Salaries, other compensation, employee benefits (Part IX, co	olumn (A), lines 5-10)			
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)			0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	·	222 674	241 710	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			339,674.	341,719.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column	n (A), line 25)		2,083,033.	2,156,688.
		Revenue less expenses. Subtract line 18 from line 12			187,827.	-315,863.
Net Assets or Fund Balances				Begin	nning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			1,736,609.	1,434,950.
As	21	Total liabilities (Part X, line 26)	acceptance as assumed as the		338,873.	353,077.
SE C	22	Net assets or fund balances. Subtract line 21 from line 20.			1,397,736.	1,081,873.
Pa	rt II	Signature Block				
Und	der per	nalties of perjury, I declare that I have examined this return, including	accompanying schedules a	nd statements, and t	o the best of my knowle	dge and belief, it is true,
COL	rect, ar	nd complete. Declaration of preparer (other then officer) is based on a	all information of which pre	parer has any knowl	eage.	
S	ign	Williams . Vost			3/21	12012
	ere	Signature of officer			Date	
		William S Post VP Tro	001.00-			
		Type or print name and title	420161			
_		Print/Type preparer's name Protester's significant	ature	Date	Check if	PTIN
Paid	i	SCOTT THOMPSETT	- CH X IX	3/21/2012	self- employed	P00741490
Pre	parer	CDANT THORNTON IID		5/21/2012	The state of the s	6055558
Use	Only	CCC MILLION AMENIE NEW YOR	RK, NY 10017-4	011	Think the state of	-599-0100
NA -	the !	Firm's address   666 THIRD AVENUE NEW YOR		**************************************		
		RS discuss this return with the preparer shown above? (see i	maductions)			X Yes No
FOR	Pana	rwork Reduction Act Notice, see the separate instructions.				Form 990 (2010)

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Pa	rt III	Statement o Check if Sch	f Program Servedule O contain	ice Accomplishments s a response to any question in this F	Part III	
1	Briefly o	describe the o	rganization's m	ssion:		
		organization r Form 990 o		significant program services during	g the year which were not listed on	Yes X No
	If "Yes,"	describe thes	se new services	on Schedule O.		
	services	?		ng, or make significant changes in	how it conducts, any program	Yes X No
4	Describ Section	e the exempt 501(c)(3) and	d 501(c)(4) orga	ements for each of the organization's	s three largest program services by expens sts are required to report the amount of gram service reported.	
4a	_			1,978,549. including grants of \$	676,096. ) (Revenue \$	0)
	ATT	ACHMENT	2			
4b	(Code: _	)	(Expenses \$ _	including grants of \$	) (Revenue \$	)
4 c	(Code:_	)	(Expenses \$	including grants of \$	) (Revenue \$	)
4 d	Other p	rogram servic	ces. (Describe in	Schedule O.)		
	(Expens	ses\$	includir	g grants of \$ ) (R	levenue \$ )	
46	Total n	rogram servi	ce expenses	1,978,549.		

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Part	Checklist of Required Schedules		V	N1 -
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			37
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	_		37
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	_		v
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			Х
4.0	complete Schedule D, Part V	9		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	4.0		Х
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete</i>			
а	Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	114		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes."			
	complete Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			v
4.0	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		Х
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Λ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		Х
20.	If "Yes," complete Schedule G, Part III	19 20a		X
	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	_ Lua		-11
D	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20h		
	ous more that operate one or more neophale must attach addited initialitial statements (see instructions)	<u>,                                    </u>		

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Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	X	

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Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response to any question in this Part V			-
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1 c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		37
	required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	_		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8		
	organization, have excess business holdings at any time during the year?	•		
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
		30		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note</b> . See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
4		Form	990	(2010
1.00	08779Y 700J V 10-8.3 0178001-00003	Form		Ά

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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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI	
Check it Scheoule O contains a response to any question in this Part VI	l X
one of the contraction of the position to any question in the fact vi	

	Check if Schedule O contains a response to any question in this Part VI		• •	<u> </u>
Sect	ion A. Governing Body and Management		V	
	1.		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
_	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	406		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11a	Х	
b	form?	1 1 a		
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>			
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
Saat	the organization's exempt status with respect to such arrangements? ion C. Disclosure	16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed \( \bigcup_CT_{\frac{1}{2}}\)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3): available for public inspection. Indicate how you make these available. Check all that apply.	s orlly)		
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
20	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:   KATHERINE A SEARS, SR VP, CFO 88 HAMILTON AVENUE STAMFORD, CT 06 203-658-9500	902	-133	3

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

Check if Schedule O contains a response to any question 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee P or director	nstitutional trustee	chec Officer	k Key employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) ROBERT MACAULEY								_	_	_
DIRECTOR	1.00	Х						0.	0.	0.
(2) ALMA JANE MACAULEY										
DIRECTOR	1.00	Х						0.	0.	0.
(3)CAROL BAUER DIRECTOR	1.00	Х						0.	0.	. 0.
(4) JERRY LEAMON										
DIRECTOR	1.00	Х						0.	0.	0.
(5)C. DEAN MAGLARIS										
DIRECTOR	1.00	Х						0.	0.	0.
(6) STEPHEN WINTER										
DIRECTOR	1.00	Х						0.	0.	0.
(7)CURTIS WELLING PRESIDENT, CEO AND DIRECTOR	1.00	Х		Х				0.	266,021.	28,935.
(8) CAROL SHATTUCK										
SENIOR VICE PRESIDENT	1.00			Х				0.	165,070	14,640.
(9) GARY LEEDS  VICE PRESIDENT AND CONTROLLER	1.00			х				0.	132,896.	4,524.
(10)KAREN GOTTLIEB EXECUTIVE DIRECTOR	40.00			х				140,206.	0.	13,318.
(11)WILLIAM POST VICE PRESIDENT AND TREASURER	1.00			х				0.	72,790.	13,380.
(12)JOSEPH RUCCI SECRETARY	1.00			х				0.	0.	. 0.
(13)CATHERINE SHEEHAN DIRECTOR, BRIDGEPORT CLINIC	40.00					х		101,390.	0.	549.
(15)										
(16)										

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B) (C)							(D)	(E)			(F)	
Name and title	Average hours per week (describe hours for related organizations in Schedule O)	P or director	io trustee	Officer	key employee	a Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportal compensa from rela organizati (W-2/1099-	tion ted ons	am com fro orga and	timated to the rother pensation the anization trelated inization inization	f on on d
(17)	_					Ď							
(18)													
(19)	_												
(20)	_												
(21)													
(22)													
(23)													
(24)													
(25)													
(26)													
(27)													
(28)													
1b Sub-total							<b>•</b>	241,596.	636,	777.		75,3	346.
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A						<b>&gt;</b>	241,596.		<b>,</b> 777.		75 <b>,</b> 3	346.
Total number of individuals (including but no reportable compensation from the organization)		hose 2	liste 2	d al	ove	e) who	o re	ceived more than	\$100,000 in				
3 Did the organization list any former off												Yes	No X
<ul> <li>employee on line 1a? If "Yes," complete Schee</li> <li>For any individual listed on line 1a, is the organization and related organizations</li> </ul>	e sum of	repor	tabl	e c	om	pensa	ition	and other com	pensation f	rom	3		A
individual											4	Х	
<ul> <li>5 Did any person listed on line 1a receive of for services rendered to the organization? If "</li> <li>Section B. Independent Contractors</li> </ul>											5		Х
Complete this table for your five highest compensation from the organization.	compensa	ted ir	ndep	enc	dent	cont	rac	tors that received	d more tha	n \$100	0,000	of	
(A) Name and business ad	dress							(B) Description of ser	rvices	Co	(C) ompens	ation	
2 Total number of independent contractors (	including b	ut no	t lin	nite:	d to	thos	ا ج	sted above) who	received				

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more than \$100,000 in compensation from the organization ▶

0

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Par	t VIII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns				
ont od o	g	Noncash contributions included in lines 1a-1f: \$ 489,068.				
	h	Total. Add lines 1a-1f	1,840,825.			
nue		Business Code				
Program Service Revenue	2a b c d	All other program popular revenue				
jo	f g	All other program service revenue	0.			
	3	Investment income (including dividends, interest, and other similar amounts)	0.			
	5	Royalties · · · · · · · · · · · · · · · · · · ·				
	6a b c	Gross Rents				
	d	Net rental income or (loss)	0.			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)				
	d	Net gain or (loss)	0.			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	_			
Ę	b C	Less: direct expenses	0.			
0		Gross income from gaming activities. See Part IV, line 19				
	b	Less: direct expenses b				
	С	Net income or (loss) from gaming activities	0.			
	10a	Gross sales of inventory, less returns and allowances				
		Less: cost of goods sold	-			
	С	Net income or (loss) from sales of inventory.  Miscellaneous Revenue  Business Code				
	4.					
	11a					
	b					
	d	All other revenue				
	a e	Total. Add lines 11a-11d	0.			
	12	Total revenue. See instructions			0.	

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#### 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) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 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 governments and	_	. ,	3	- F
	organizations in the U.S. See Part IV, line 21	0.			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	676 <b>,</b> 096.	676,096.		
3	Grants and other assistance to governments,		-		
•	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	165 <b>,</b> 171.	55 <b>,</b> 002.	55 <b>,</b> 167.	55,002.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	744,713.	744,713.		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	21,002.	21,002.		
9	Other employee benefits	129,040.	120,905.	3,985.	4,150.
10	Payroll taxes	78 <b>,</b> 947.	73,125.	2,911.	2,911.
11	Fees for services (non-employees):				
	Management	0.			
	Legal	0.			
	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	0.			
	Investment management fees	0.			
g	Other	3,050.	2,475.		575.
12	Advertising and promotion	9,716.	9,716.		
13	Office expenses	34,293.	27 <b>,</b> 870.	1,442.	4,981.
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	106,251.	75 <b>,</b> 671.	15,290.	15,290.
17	Travel	9,904.	9,904.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	400.	400.		
20	Interest	17 <b>,</b> 937.	17 <b>,</b> 937.		
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	111,718.	106,540.	2,589.	2 <b>,</b> 589.
23	Insurance	43,866.	32,609.	9,768.	1,489.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)		_		
а	MISC. PERSONNEL EXPENSES	4,584.	4,584.		
b					
С					
d					
е					
f	All other expenses	0.1-0.00	1 050 515	0.1 1 = 2	
	Total functional expenses. Add lines 1 through 24f	2,156,688.	1,978,549.	91,152.	86,987.
26	Joint Costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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#### **Balance Sheet** Part X (A) Beginning of year End of year 145,361. Cash - non-interest-bearing 381,825. 1 1 Savings and temporary cash investments 2 Pledges and grants receivable, net 69,227 3 269,687. 3 0. 409. Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net \_\_\_\_\_\_\_ 7 439,478.Inventories for sale or use 599,848. 8 Prepaid expenses and deferred charges 31,994. 30,251. 9 10a Land, buildings, and equipment: cost or 987,960. other basis. Complete Part VI of Schedule D | 10a 438,196. 653,715.10c 549,764. b Less: accumulated depreciation 10b 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 0. 15 15 1,736,609. 1,434,950. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 59,666. 61,934. 17 17 18 18 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons. 22 279,207. 23 291,143. 23 Secured mortgages and notes payable to unrelated third parties . . . . . . 24 24 25 25 <del>353</del>,077. Total liabilities. Add lines 17 through 25. \_\_\_\_\_\_ 338,873. 26 26 Organizations that follow SFAS 117, check here | X | and complete Balances lines 27 through 29, and lines 33 and 34. 27 1,025,689. 786,202. 27 372,047. 295,671. 28 28 Fund 29 29 Organizations that do not follow SFAS 117, check here ▶ ŏ complete lines 30 through 34. Assets 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Net 1,397,736. 1,081,873. 33 33 1,736,609. 1,434,950. Total liabilities and net assets/fund balances 34

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Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1,8	40,8	825.
2	Total expenses (must equal Part IX, column (A), line 25)	2,1	56,	688.
3	Revenue less expenses. Subtract line 2 from line 1	-3	15,8	863.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1,3	97,	736.
5	Other changes in net assets or fund balances (explain in Schedule O)			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))	1,0	81,8	873.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	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?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a separate basis, consolidated basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
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?	3 a		Х
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 in Schedule O and describe any steps taken to undergo such audits.	3b		

#### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

Name of the organization Employer identification number										
AMERI	CARES FREE CLI	NICS, INC.							06	-1422741
Part I	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
The orga	anization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)		
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> .									
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the									
_	hospital's name, city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
c	section 170(b)(1)(A)(iv). (Complete Part II.)									
6 V	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 X	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
	1			nloto [	Oort II \					
8			on 170(b)(1)(A)(vi). (Comes: (1) more than 331/3%				contrib	vutions	momb	archin food and grace
<b>9</b>	_	-	exempt functions - subj							•
	•		ome and unrelated busi							
	· · ·		ne 30, 1975. See <b>section</b>						311	tax) from businesses
10	1		ted exclusively to test for	-		-			١.	
11	-	-	rated exclusively for the		-					or to carry out the
	_	-	pported organizations de			-				
		•	es the type of supporting					-		
	a Type I	<b>b</b> Type				ally inte				Type III - Other
е	,		the organization is not			•	•	irectly I		
		=	gers and other than one			-		-	-	•
	509(a)(1) or section	n 509(a)(2).								
f	If the organization	received a writte	n determination from the	e IRS	that it	is a T	уре І, Т	ype II,	or Type	e III supporting
	organization, check	this box								
g	Since August 17, 2	006, has the organ	nization accepted any gift	or co	ntributi	ion from	n any of	the		
	following persons?									
			ectly controls, either alor			er with	person	s desc	ribed in	(ii) Yes No
			dy of the supported organ	ization	?					11g(i)
			scribed in (i) above?							11g(ii)
_			on described in (i) or (ii) a							11g(iii)
<u>h</u>		_	ut the supported organiza	T		T		1		
(i) N	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	organi	Is the zation in		ou notify anization		Is the zation in	(vii) Amount of support
	- · g		above or IRC section		listed in overning	in col	l. (i) of	col. (i) o	rganized	2366211
			(see instructions))	Yes	No	Yes	upport?	Yes	U.S.?	
				162	NO	162	NO	162	NO	
(A)										
<b>(D)</b>										
(B)										
(C)										
(D)										
(E)										
Total										
										L

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

Schedule A (Form 990 or 990-EZ) 2010

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,391,653.	2,437,993.	1,959,320.	2,270,847.	1,840,825.	9,900,638.
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	1,391,653.	2,437,993.	1,959,320.	2,270,847.	1,840,825.	9,900,638.
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)						2,088,080.
6	Public support. Subtract line 5 from line 4.						7,812,558.
	tion B. Total Support						7,012,000.
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	1,391,653.	2,437,993.	1,959,320.	2,270,847.	1,840,825.	9,900,638.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,100.	2,936.	115.	0.	0.	6,151.
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 IV.) . ATCH 1	0.	65.	134.	13.	0.	212.
11	Total support. Add lines 7 through 10						9,907,001.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	<b>First five years.</b> If the Form 990 is f organization, check this box and <b>stop here</b>						
Sec	tion C. Computation of Public Sup	•	•				
14	Public support percentage for 2010 (li		-			14	78.86%
15	Public support percentage from 2009	-				15	76.13%
16a	331/3% support test - 2010. If the o	-					
	this box and <b>stop here</b> . The organizati						▶ X
b	331/3% support test - 2009. If the c						
47-	check this box and <b>stop here</b> . The org	•					
1 / a	10%-facts-and-circumstances test - 2 or more, and if the organization me						
	Part IV how the organization meets t						
	_			=			upported
h	organization  10%-facts-and-circumstances test - 2						and line
b	15 is 10% or more, and if the organization	•	•		-		
	Explain in Part IV how the organization						
	supported organization				_	•	► Dablicly
18	Private foundation. If the organization						and see
. 5	instructions						
		<del></del>				<del></del>	<u>· · · · · · </u>

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in) ▶	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(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						
7 a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(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						
С	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 IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 501	(c)(3)
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2010 (line 8	, column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2009 Sche			<u> </u>		16	%
Sec	tion D. Computation of Investmer					1	
17	Investment income percentage for 2010 (lin					17	%
18	Investment income percentage from 2009					18	%
19a	331/3% support tests - 2010. If the org	ganization did ne	ot check the box	x on line 14, and	d line 15 is mor	e than 331/3%,	and line
	17 is not more than 331/3%, check th	is box and <b>sto</b>	<b>here</b> . The org	anization qualifies	s as a publicly	supported organ	ization 🕨 🔃
b	331/3% support tests - 2009. If the orga	inization did not	check a box on	line 14 or line 19	a, and line 16 is	more than 331/	3 %, and
	line 18 is not more than 331/3 %, check	this box and st	top here. The or	ganization qualifi	es as a publicly	supported organ	ization 🕨 🔣
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this bo	x and see insti	ructions >

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Schedule A (Form 990 or 990-EZ) 2010

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See

SCHEDULE A, PART II -	- OTHER INCOME			<u> </u>	ATTACHMENT 1	
			2022	0000	0010	
DESCRIPTION	2006 20	007	2008	2009	2010	TOTAL
MISCELLANEOUS	0.	65.	134.	13.	0.	212.
TOTALS	0.	65.	134.	13.	0.	212.

#### Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury

#### Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Internal Revenue Service Name of the organization **Employer identification number** AMERICARES FREE CLINICS, INC. 06-1422741 Organization type (check one): Filers of: Section: Х 501(c)(3Form 990 or 990-EZ ) (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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year  $\blacktriangleright$  \$ \_ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization AMERICARES FREE CLINICS, INC.

Employer identification number 06-1422741

Part I Co	ntributors	(see	instructions)
-----------	------------	------	---------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$471,551.	Person X Payroll X Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2 _		\$200,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3 _		\$200,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
			· ·
(a) No.	(b) Name. address. and ZIP + 4	(c) Aggregate contributions	(d)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions  \$200,000.	
No4	Name, address, and ZIP + 4	\$200,000.	(d) Type of contribution  Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 4 	Name, address, and ZIP + 4	\$200,000.	(d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
No. 4	Name, address, and ZIP + 4	\$200,000.  (c) Aggregate contributions	(d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization AMERICARES FREE CLINICS, INC.

Employer identification number 06-1422741

Part I Contributors	(see instructions)
---------------------	--------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
<del>7</del> -		\$50,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
		I .		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		Aggregate contributions	Person Payroll Noncash (Complete Part II if there is	
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
No.	Name, address, and ZIP + 4	\$(c) Aggregate contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is	

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization AMERICARES FREE CLINICS, INC.

Employer identification number 06-1422741

Part II Noncash Property (see instructions)

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	MEDICINES AND MEDICAL SUPPLIES	_	
		\$\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

JSA 0E1254 1.000

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

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#### **SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Nam	e of the organization		Employer identification number
AMI	ERICARES FREE CLINICS, INC.		06-1422741
Pa	organizations Maintaining Donor Advised Funds or O organization answered "Yes" to Form 990, Part IV, line		or Accounts. Complete if the
	(a) Dono	r advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	that the assets held in	donor advised
6	funds are the organization's property, subject to the organization's education by Did the organization inform all grantees, donors, and donor advisors	exclusive legal control?	Yes No
-	used only for charitable purposes and not for the benefit of the dono		
	purpose conferring impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the organization	answered "Yes" to I	Form 990. Part IV. line 7.
1	Purpose(s) of conservation easements held by the organization (che		
-	Preservation of land for public use (e.g., recreation or education		of an historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space	i reservation	of a certified flistoric structure
2	Complete lines 2a through 2d if the organization held a qualified cor	servation contribution	in the form of a conservation
_	easement on the last day of the tax year.	iservation contribution	in the form of a conservation
	addition the last day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		2a
a	Total acreage restricted by conservation easements		
b	Number of conservation easements on a certified historic structure		
C	Number of conservation easements on a certified historic structure of Number of conservation easements included in (c) acquired after 8/		. 20
d			_
2	historic structure listed in the National Register		
3		, extinguished, or termi	mated by the organization during the
4	tax year   Number of states where preparty subject to concernation assembly	is located <b>&gt;</b>	
4	Number of states where property subject to conservation easement		
5	Does the organization have a written policy regarding the periodic multiplications, and enforcement of the conservation easements it holds?		-
6			
6	Staff and volunteer hours devoted to monitoring, inspecting, and ent	ording conservation ea	isements during the year
-	Answer of average in average in average in a section in a section and automatic		anta dunina tha wasa
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	g conservation easem	ents during the year
	>\$	.6 . the a mean sine mean and a .6 .	
8	Does each conservation easement reported on line 2(d) above satis	•	
_	(i) and 170(h)(4)(B)(ii)?		Yes LNo
9	In Part XIV, describe how the organization reports conservation eas		
	balance sheet, and include, if applicable, the text of the footnote to organization's accounting for conservation easements.	ne organization's illian	ciai statements that describes the
Dа	rt III Organizations Maintaining Collections of Art, Historic	al Treasures or Oth	or Similar Assots
ıa	Complete if the organization answered "Yes" to Form 9	90, Part IV, line 8.	er ommar Assets.
1a	If the organization elected, as permitted under SEAS 116 (ASC 95	8), not to report in its	revenue statement and balance sheet
	If the organization elected, as permitted under SFAS 116 (ASC 95 works of art, historical treasures, or other similar assets held fo public service, provide, in Part XIV, the text of the footnote to its final	ncial statements that de	escribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC		
	works of art, historical treasures, or other similar assets held fo public service, provide the following amounts relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		<u> </u>
	following amounts required to be reported under SFAS 116 (ASC 95		
а	Revenues included in Form 990, Part VIII, line 1		
_b	Assets included in Form 990, Part X		· · · · · · · <b>&gt;</b> \$

Schedule D (Form 990) 2010 06-1422741 Page **2** 

Par	t III Organizations Maintaining	g Collections o	of Art, Histo	rical Tre	easures, d	or Other Similar	Assets (	continued)
3	Using the organization's acquisition, collection items (check all that apply):		I other recor	ds, chec	k any of t	he following that	are a sigi	nificant use of its
а	Public exhibition		d	Loa	an or excha	ange programs		
b	Scholarly research		е	Oth	ner			
С	Preservation for future gene	erations						
4	Provide a description of the organiz		ns and expla	ain how	they furthe	er the organization	n's exemp	t purpose in Part
	XIV.				•	· ·	·	
5	During the year, did the organization						_	□vaa □Na
Bar	assets to be sold to raise funds rather							Yes No
Par	Escrow and Custodial Arra line 9, or reported an amo				nization a	nswered "Yes" to	5 Form 98	90, Paπ IV, 
1a	Is the organization an agent, trustee,	custodian or oth	ner intermedia	arv for co	ontribution	s or other assets	not	
	included on Form 990, Part X?			-			_	Yes No
h	If "Yes," explain the arrangement in P							
~	ii roo, explain ine arrangement iirr	are year and com		ownig tal	J.0.		Amount	
С	Beginning balance				1		7 till Odlit	
	Additions during the year							
u 0	Distributions during the year							
f	Ending balance							
	Did the organization include an amou							Yes No
	If "Yes," explain the arrangement in P		, rait X, iiie	21:			[	165110
Par			ation answe	red "Ve	s" to Forn	000 Part IV lie	20.10	
rai		(a) Current year	(b) Prior ye		c) Two years	<u> </u>		(e) Four years back
1a	Beginning of year balance	(a) Current year	(B) I Hol ye	, ui	c) Two years	back (a) Three	ycars back	(c) i our years back
b	Contributions							
	Net investment earnings, gains,							
·	and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
C	and programs							
f	Administrative expenses							
	End of year balance							
g		41	     -					
2	Provide the estimated percentage of			•				
a h	Board designated or quasi-endowmen	nt <b>&gt;</b>	%					
0	Permanent endowment	70						
	Term endowment ► %		the eraceiza	tion that	ara bald a	and administered f	ar tha	
Ja	Are there endowment funds not in the	e possession or	the organiza	illon that	are neid a	ina aaministerea i	or the	Vaa Na
	organization by:  (i) unrelated organizations							Yes No
	.,							<del></del>
h	(ii) related organizations							3a(ii) 3b
_	If "Yes" to 3a(ii), are the related organ		•					30
4	Describe in Part XIV the intended use							
Par	t VI Land, Buildings, and Equip			· ·		T		
	Description of investment	(inv	or other basis estment)		or other basis other)	(c) Accumulated depreciation	((	d) Book value
1 a	Land							
b	Buildings							
С	Leasehold improvements				818,782			533,164.
d	Equipment				169 <b>,</b> 178	152,57	8.	16,600.
е	Other							
Tota	I. Add lines 1a through 1e. (Column (c	d) must equal Fo	rm 990, Part	X, columi	n (B), line 1	10(c).)	<u> </u>	549,764.

06-1422741 Schedule D (Form 990) 2010

Part VII	Investments - Other Securities. See Fo	orm 990, Part X, Iir	ne 12.	.0.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1) Financ	ial derivatives			
	y-held equity interests			
(3) Other_				
(B)				
(C)				
<u>(D)</u>				
(E)				
<del>(F)</del>				
<del>(G)</del>				
<u>(I)</u>				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII		orm 990, Part X, lii	ne 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, lin	ne 15.		
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. See Form 990, Part X	, line 25.		
1.	(a) Description of liability	(b) Amoun	t	
	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
(10)				
(11)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>		

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

JSA 0E1270 1.000 08779Y 700J V 10-8.3 0178001-00003 PAGE 24 Schedule D (Form 990) 2010 Page

	le D (Form 990) 2010			Page 4
Part			<u> </u>	1 040 005
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	<u> </u>	1,840,825.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	<u> </u>	2,156,688.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<u> </u>	-315,863.
4	Net unrealized gains (losses) on investments	4	<u> </u>	
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9		
10		10		-315 <b>,</b> 863.
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn		
1	Total revenue, gains, and other support per audited financial statements	. L	1	5,635,878.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments 2a			
b	Donated services and use of facilities 2b 3,795,05	3.		
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d	. L	2e	3,795,053.
3	Subtract line 2e from line 1	. L	3	1,840,825.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)			
С	Add lines 4a and 4b	╗.	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,840,825.
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	eturi	n	
1	Total expenses and losses per audited financial statements		1	5,951,741.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a 3,795,05	3.		
b	Prior year adjustments 2b			
С	Other losses 2c			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d	_ :	2e	3,795,053.
3	Subtract line 2e from line 1	:	3	2,156,688.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b  4a			
b	Other (Describe in Part XIV.)  4b			
	Add lines 4a and 4b	Π.	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. –	5	2,156,688.
Part			<u> </u>	
Part V any ac	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par , line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compleditional information.  PAGE 5	ete t	his pa	art to provide

FIN 48

FORM 990, SCHEDULE D, PART X, LINE 2

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES REQUIRES THAT A TAX POSITION

BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT"

THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A

TAX RETURN. DURING FISCAL 2011 AND 2010, AMERICARES EVALUATED ITS TAX

POSITIONS AND CONCLUDED THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS

THAT MEET THE CRITERIA UNDER THIS STANDARD.

FORM 990, SCHEDULE D, PART XI

THE OPERATIONS OF THE AMERICARES FREE CLINIC, INC. ARE CONSOLIDATED INTO THE AUDITED FINANCIAL STATEMENTS OF ITS PARENT, AMERICARES FOUNDATION, INC. THE RECONCILIATION IN PART XI OF SCHEDULE D RECONCILES BACK TO THE FREE CLINICS FINANCIAL INFORMATION AS PRESENTED IN THE AUDITED FINANCIAL STATEMENTS AND NOT TO THE CONSOLIDATED NUMBERS. AMERICARES FREE CLINIC CHANGE IN NET ASSETS FOR THE YEAR IS (\$315,863).

Schedule D (Form 990) 2010

Page 5

### **SCHEDULE I** (Form 990)

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

OMB No. 1545-0047

2010 **Open to Public** 

Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization AMERICARES FREE CLINICS, INC. 06-1422741 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?  $X \gamma_{es}$ 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash grant (e) Amount of non-cash (h) Purpose of grant (book, FMV, appraisal, or government if applicable non-cash assistance or assistance assistance 2 Enter total number of section 501(c)(3) and government organizations 

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

Schedule I (Form 990) (2010)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FREE PRESCRIPTION MEDICINE	2,954.		676,094.	FMV	PRESCRIP MED
_ 2					
3					
_4					
5					
6					
_ 7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I

PART I, LINE 2

MEDICATION DISPENSED BY AMERICARES FREE CLINICS IS LABELED, RECORDED AND

HANDED DIRECTLY TO THE PATIENT FOR WHOM IT IS PRESCRIBED. QUARTERLY

DISPENSED DOSAGES AND LOT NUMBERS ARE RECORDED IN EACH PATIENT'S CHART.

COMPLIANCE IS MONITORED AT EACH PATIENT VISIT.

#### **SCHEDULE J** (Form 990)

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICARES FREE CLINICS, INC.

Employer identification number 06-1422741

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

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

#### 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 in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	(i) _	0.	0.	0.	0.	0.	0.	0.
1 CURTIS WELLING	(ii)	266,021.	0.	0.	8,044.	20,891.	294,956.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
2 CAROL SHATTUCK	(ii)	165,070.	0.	0.	0.	14,640.		0.
	(i)	140,206.	0.	0.	0.	13,318.	153,524.	0.
3 KAREN GOTTLIEB	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
4	(ii)							
	(i) _							
5	(ii)							
	(i) _							
6	(ii)							
	(i) _							
7	(ii)							
	(i)							
8	(ii)							
	(i) _							
9	(ii)							
	(i)							
10	(ii)							
	(i) _							
11	(ii)							
	(i)							
12	(ii)							
	(i) _							
13	(ii)							
	(i) _							
14	(ii)							
	(i) _							
15	(ii)							
	(i) _							
16	(ii)							
	1371						Soh	edule J (Form 990) 2010

## Part III Supplemental Information

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

# SCHEDULE M (Form 990)

# **Noncash Contributions**

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

► Attach to Form 990

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICARES FREE CLINICS, INC.

►Attach to Form 990.

Employer identification number

Par	Types of Property				Г			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
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	2.	17,517.	MARKET PI	RICE		
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			454 554	~~~ /			
20	Drugs and medical supplies	Х	1.	471,551.	COST/WHOI	JESA.	LE P	RICE
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received				20			
	which the organization completed F	orm 8283,	Part IV, Donee Acknowledg	jement	29		Yes	
3 N a	During the year, did the organiza	tion receive	by contribution any prope	erty reported in Part I lin	e 1-28 that		162	No
JUU	it must hold for at least three year							
	used for exempt purposes for the e					30a		Х
b	If "Yes," describe the arrangement i	n Part II.	, ponou.			Jua		
31	Does the organization have a		ance policy that require	s the review of any n	on-standard			
	contributions?			=		31	х	
32 a	Does the organization hire or use	third narti	es or related organization	s to solicit, process, or s	ell noncash	· ·		
	contributions?	•	•	•		32a	х	
b	If "Yes," describe in Part II.					J_4		
33	If the organization did not report ar	amount in	column (c) for a type of pro	perty for which column (a)	is checked.			
	describe in Part II.		(-) (	,	,			

OMB No. 1545-0047

06-1422741

Schedule M (Form 990) (2010) 06-1422741 Page 2

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

FORM 990, SCHEDULE M, LINE 32B

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

Schedule M (Form 990) (2010)

0E1508 1.000

08779Y 700J V 10-8.3 0178001-00003 PAGE 33

#### SCHEDULE O

(Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization

AMERICARES FREE CLINICS, INC.

Employer identification number 06-1422741

FORM 990, PART VI, LINE 2

DIRECTORS ROBERT MACAULEY AND ALMA JANE MACAULEY ARE MARRIED.

FORM 990, PART VI, LINE 11

THE FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE FORM 990 IS REVIEWED BY MANAGEMENT AND DISTRIBUTED TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW AND COMMENT. COMMENTS ARE ADDRESSED AND THE FORM IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS BEFORE IT IS SENT TO THE IRS.

FORM 990, PART VI, LINE 12

IF A DIRECTOR OR EXECUTIVE OFFICER BELIEVES THAT HE OR SHE MAY HAVE A CONFLICT OF INTEREST WITH RESPECT TO ANY PARTICULAR TRANSACTION, HE OR SHE SHALL PROMPTLY AND FULLY DISCLOSE THE POTENTIAL CONFLICT TO THE CHIEF EXECUTIVE OFFICER ("CEO") AND THE CHAIR OF THE GOVERNANCE COMMITTEE AND THE LATTER SHALL THEN PROMPTLY NOTIFY ALL MEMBERS OF THE GOVERNANCE COMMITTEE.

A. IF THE GOVERNANCE COMMITTEE DETERMINES THAT THERE IS IN FACT A

CONFLICT WITH RESPECT OF A DIRECTOR, THE CONFLICT SHALL BE REPORTED TO

THE FULL BOARD, AND THE AFFECTED DIRECTOR SHALL AGREE TO ANSWER ANY

QUESTIONS ABOUT THE MATTER THAT OTHER BOARD MEMBERS MAY HAVE. IF THE

PARTICULAR TRANSACTION REQUIRES A VOTE OF THE BOARD, OR OF ONE OF ITS

Name of the organization

AMERICARES FREE CLINICS, INC.

 $\begin{array}{c} \textbf{Employer identification number} \\ 0.6-1.422741 \end{array}$ 

COMMITTEES, THE AFFECTED DIRECTOR SHALL NOT BE COUNTED FOR PURPOSES OF A QUORUM NOR SHALL HE OR SHE VOTE ON THE MATTER. THE MINUTES SHALL REPORT THE QUORUM DETERMINATION AND THE VOTING.

- B. IF THE GOVERNANCE COMMITTEE DETERMINES THAT THERE IS IN FACT A

  CONFLICT CONCERNING A PARTICULAR TRANSACTION WITH RESPECT TO AN EXECUTIVE

  OFFICER, THEY SHALL EXERCISE THEIR BEST JUDGMENT ABOUT THE APPROPRIATE

  COURSE TO FOLLOW, WHICH MAY INCLUDE:
- 1. APPROVAL OF THE TRANSACTION DESPITE THE CONFLICT IF THEY ARE
  REASONABLY CERTAIN THAT THE BEST INTERESTS OF AMERICARES WILL BE SERVED
  THEREBY, OR
- 2. REFERRAL OF THE ISSUE TO LEGAL COUNSEL FOR ADVICE, OR
- 3. REFERRAL OF THE ISSUE TO THE APPROPRIATE COMMITTEE OF THE BOARD OF DIRECTORS, OR TO THE FULL BOARD, FOR DECISION. EXCEPT THAT IN ALL CASES WHEREIN THE GOVERNANCE COMMITTEE DETERMINES THAT THERE IS IN FACT A CONFLICT OF INTEREST CONCERNING A PARTICULAR TRANSACTION INVOLVING AN OFFICER OF AMERICARES, THE FULL BOARD SHALL BE NOTIFIED OF THE RESOLUTION OF THE ISSUE AND THE AFFECTED OFFICER SHALL AGREE TO ANSWER ANY QUESTIONS ABOUT THE MATTER THAT BOARD MEMBERS MAY HAVE.
- C. IF THE GOVERNANCE COMMITTEE DETERMINES THAT THERE IS NO CONFLICT OF

  INTEREST WITH RESPECT TO A PARTICULAR TRANSACTION INVOLVING A DIRECTOR OR

OFFICER, THEY NEED NOT NOTIFY THE BOARD OF DIRECTORS, BUT THE SECRETARY

OF THE BOARD SHALL KEEP A RECORD OF THE DECISION WHICH SHALL BE AVAILABLE

TO BOARD MEMBERS UPON REQUEST.

D. IN ANY CASE IN WHICH THE POTENTIAL CONFLICT WITH RESPECT TO A

PARTICULAR TRANSACTION INVOLVES EITHER THE CEO OR THE CHAIRMAN OF THE

BOARD OF DIRECTORS, THE AFFECTED PARTY SHALL NOTIFY THE CHAIR OF THE

GOVERNANCE COMMITTEE, AND THE CONFLICT SHALL THEN BE REPORTED TO THE FULL

BOARD, AND THE CEO OR CHAIRMAN OF THE BOARD SHALL AGREE TO ANSWER ANY

QUESTIONS ABOUT THE MATTER THAT OTHER BOARD MEMBERS MAY HAVE. IF THE

PARTICULAR TRANSACTION REQUIRES A VOTE OF THE BOARD, OR ONE OF ITS

COMMITTEES, THE CEO OR CHAIRMAN SHALL NOT BE COUNTED FOR PURPOSES OF A

QUORUM NOR SHALL HE OR SHE VOTE ON THE MATTER. THE MINUTES SHALL REPORT

THE QUORUM DETERMINATION AND THE VOTING.

FORM 990, PART VI, LINE 15

THE BOARD OF DIRECTORS DETERMINES COMPENSATION OF THE CEO, WHO RECEIVES
THE SAME COMPENSATION AS WHEN HE STARTED WITH AMERICARES IN 2002. HE HAS
NOT ACCEPTED ANY ANNUAL INCREASES OR ADJUSTMENTS TO HIS COMPENSATION,
ALTHOUGH IN NOVEMBER 2008, AND AGAIN IN APRIL 2009, HE DID ACCEPT A
REDUCTION IN COMPENSATION AS PART OF AN ORGANIZATION-WIDE ACTION. THE
ORGANIZATION'S CHIEF EXECUTIVE DETERMINES THE COMPENSATION OF OTHER
SENIOR STAFF AND MAY UTILIZE AVAILABLE MARKET DATA, SALARY SURVEY RESULTS
AND OTHER AVAILABLE TOOLS TO SUBSTANTIATE DECISIONS.

FORM 990, PART VI, LINE 19

THE TAXPAYER MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A

COPY AT ITS PLACE OF BUSINESS AND BY POSTING IT ON THE AMERICARES

FOUNDATION WEBSITE, WWW. AMERICARES.ORG. THE FORM 990 IS LIKEWISE

PUBLISHED ON THE INTERNET AT WWW.GUIDESTAR.ORG. THE ORGANIZATION'S

FINANCIAL STATEMENTS ARE SUMMARIZED IN ITS ANNUAL REPORT AND AVAILABLE

UPON THE AMERICARES WEBSITE. 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.

#### ATTACHMENT 1

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

THE MISSION OF AMERICARES FREE CLINICS IS TO PROVIDE FREE PRIMARY

CARE TO UNINSURED RESIDENTS OF THE GREATER NORWALK, DANBURY, AND

BRIDGEPORT, CONNECTICUT AREAS IN A SETTING WHERE ALL INDIVIDUALS ARE

TREATED WITH DIGNITY AND RESPECT. AMERICARES FREE CLINICS HELPS

THOSE WHO ARE MAKING A SINCERE EFFORT TO HELP THEMSELVES AND THEIR

FAMILIES, BUT DO NOT HAVE THE FINANCIAL RESOURCES FOR MEDICAL CARE.

ATTACHMENT 2

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

AMERICARES FREE CLINICS ACCEPTS NO FEDERAL GOVERNMENT FUNDING,
RATHER IT OPERATES WITH PRIVATE AND LOCAL DONATIONS AND VOLUNTEER
SERVICES. HEALTH SERVICES VALUED AT MORE THAN \$37 MILLION HAVE
BEEN DELIVERED TO OVER 20,000 PATIENTS THROUGH THE FREE CLINIC
NETWORK SINCE THE FIRST OPENED IN 1994. CURRENTLY AMERICARES
OPERATES CLINICS IN DANBURY, NORWALK AND BRIDGEPORT, CONNECTICUT.
IN OFFERING FREE PRIMARY CARE TO THE UNINSURED, AMERICARES FREE

Name of the organization

AMERICARES FREE CLINICS, INC.

Employer identification number

06-1422741

ATTACHMENT 2 (CONT'D)

CLINICS DIAGNOSE AND TREAT PATIENTS BEFORE THEIR ILLNESSES REACH
THE CRISIS STAGE, THEREBY REDUCING AVOIDABLE HOSPITAL STAYS AND
EMERGENCY ROOM VISITS AND, MOST IMPORTANTLY, PRESERVING AND
IMPROVING THE HEALTH OF INDIVIDUALS AND COMMUNITIES AS A WHOLE. IN
ADDITION TO THE AMOUNTS LISTED ABOVE, AMERICARES FREE CLINICS,
INC. USED \$3,795,053 IN CONTRIBUTED SERVICES.

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990.

Open to Public Inspection

Employer identification number

AMERICARES FREE CLINICS, INC.

See separate instructions.

06-1422741 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Part I (c) Legal domicile (state (e) End-of-year assets Total income Direct controlling Name, address, and EIN of disregarded entity Primary activity or foreign country) Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Part II one or more related tax-exempt organizations during the tax year.) (c) (d) (e) (g) Section 512(b)(13) Name, address, and EIN of related organization Public charity status Primary activity Legal domicile (state Exempt Code section Direct controlling controlled or foreign country) (if section 501(c)(3)) entity entity? Yes No AMERICARES FOUNDATION INC 06-1008595 STAMFORD, CT 06902 INTL RELIEF CT 501 (C) (3) N/A Х

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

Schedule	e R (Form 990) 2010					06-	1422741							Page
Part III	Identification of Relate because it had one or r	ed Organizations	Taxable anizations	as a Partnershi treated as a pa	i <b>p</b> (Complete if the complete if the complete if the complete if the complete in the complete	ne organization the tax year.)	answered "Yes	" on I	Form	990, P	art IV,	line (	34	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-ye assets	ar Dispro	(h) oportionate cations?	(i Code \ amount i o Schedu	V-UBI in box 20 of ule K-1	Gene mana parti	ral or aging	(k) Percentage ownership
(4)			country)					Yes	No	(1 01111		Yes	No	
<u>(1)</u>		-												
(2)														
(3)														
(4)														
(5)														
<u>(6)</u>														
<u>(7)</u>														
Part IV	Identification of Relation 34 because it had	ed Organizations one or more rela	Taxable ited orga	as a Corporation	on or Trust (Com	plete if the orga or trust during	□□ anization answe the tax year.)	red "	Yes"	on Fori	m 990,	Par	t IV,	
	(a) Name, address, and EIN of		J	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e)	Share (	<b>(f)</b> of total	income		<b>g)</b> are of ear ass	ets	(h) Percentage ownership
<u>(1)</u>														
(2)														

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
<u>(1)</u>							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Schedule R (Form 990) 2010 Page **3** 

# Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

No	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to other organization(s)			Х
С	Gift, grant, or capital contribution from other organization(s)		X	
d	Loans or loan guarantees to or for other organization(s)			Х
e	Loans or loan guarantees by other organization(s)			Х
·	25an 5 on four guarantes by strict organization (6)			
f	Sale of assets to other organization(s)	1f		Х
q	Purchase of assets from other organization(s)			Х
y h	Exchange of assets		1	Х
:	Lease of facilities, equipment, or other assets to other organization(s)	<b>—</b>		Х
•	Lease of facilities, equipment, of other assets to other organization(s)			
	Lagge of facilities, acquirement, or other assets from other arganization(a)	1j		х
J	Lease of facilities, equipment, or other assets from other organization(s)			x
K	Performance of services or membership or fundraising solicitations for other organization(s)			X
1	Performance of services or membership or fundraising solicitations by other organization(s)			X
m	3 · · · · · · · · · · · · · · · · · · ·		_	Y
n	Sharing of paid employees	1n		
		4 -	X	
0	Reimbursement paid to other organization for expenses		+	Х
р	Reimbursement paid by other organization for expenses	1 p		_^
				X
q	Other transfer of cash or property to other organization(s)			
r	Other transfer of cash or property from other organization(s)			
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 three		S.	
	(a)   (b)   (c)     Name of other organization   Transaction   Amount involved   Method	(d) lofde	ermini	na
	Aniount involved	unt in		9

	if the answer to any of the above is Tes, see the instructions for information on who must complete the	riis iirie, iricidaling cove	red relationships and transc	ction thesholds.
	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	AMERICARES FOUNDATION, INC	С	471,551.	FMV
(2)	AMERICARES FOUNDATION, INC	R	100,000.	CASH
(3)	AMERICARES FOUNDATION, INC	0	62,222.	FMV
(4)				
(5)				
(6)				

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Schedule R (Form 990) 2010 96-1422741 Page **4** 

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

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

(a)  Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	Are all sec	d) partners ction (c)(3) zations?	(e) Share of end-of-year assets	Dispro	(f) portionate ations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen mar	(h) neral or anaging artner?
			Yes	No		Yes	No	(1 01111 1003)	Yes	s No
_(1)										
(2)										
<u>(3)</u>										
<u>(4)</u>										
<u>(5)</u>										
<u>(6)</u>										
<u>(7)</u>										
<u>(8)</u>										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)									+	+

Schedule R (Form 990) 2010 Page 5

# Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).