AmeriCares Foundation, Inc.

IRS Form 990

Fiscal Year 2015

Electronic Filing Page 1 of 1

Cumulative e-File History 2014							
Federal							
Locator: 7714IN							
Taxpayer Name: AmeriCares Foundation, Inc.							
Return Type: 990, 990							
Submitted Date:	11/10/2015 12:09:45						
Acknowledgement Date:	11/10/2015 12:27:21						
Status:	Accepted						
Submission ID:	13037220153145000083						

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization For calendar year 2014, or fiscal year beginning 07/01____, 2014, and ending 06/30____, 20 15_____ Do not send to the IRS. Keep for your records.

OMB No.	1545-1878
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Department of the Treasury

Information about Form 8879-EO and its instructions is at www.iis.goviii	Employer identification number
Name of exempt organization AMEDICARE ENGINDATION INC	06-1008595
AMERICARES FOUNDATION, INC. Name and title of officer	100-1009333
RICHARD K. TROWBRIDGE, SVP OPERATIONS AND CFO	
Part Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return be	e amount, if any, from the return. If you also filed with this form was blank then
leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you e	ntered -0- on the return, then enter -0-
on the applicable line below. Do not complete more than 1 line in Part I.	
1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), lin	ne 12) 1b 741996574.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Par	
5a Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8	c)
Part II Declaration and Signature Authorization of Officer	
the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds with financial institution account indicated in the tax preparation software for payment of the organizar eturn, and the financial institution to debit the entry to this account. To revoke a payment, I mus Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I involved in the processing of the electronic payment of taxes to receive confidential information resolve issues related to the payment. I have selected a personal identification number (PIN) as relectronic return and, if applicable, the organization's consent to electronic funds withdrawal.	ndrawal (direct debit) entry to the tion's federal taxes owed on this t contact the U.S. Treasury Financial also authorize the financial institutions necessary to answer inquiries and
Officer's PIN: check one box only	
X I authorize GRANT THORNTON LLP to enter my PIN ERO firm name	Enter five numbers, but do not enter all zeros
on the organization's tax year 2014 electronically filed return. If I have indicated within the being filed with a state agency(ies) regulating charities as part of the IRS Fed/State progent to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization If I have indicated within this return that a copy of the return is being filed with a state agon the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	gram, I also authorize the aforementioned 's tax year 2014 electronically filed return tency(ies) regulating charities as part of
Officer's signature > Technical Combined for Date	► 11/0/2013
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically indicated above. I confirm that I am submitting this return in accordance with the requirements of Information for Authorized IRS e-file Providers for Business Returns.	filed return for the organization
ERC's signature Date	
ERO Must Retain This Form - See Instructions	'- D- C-
Do Not Submit This Form To the IRS Unless Requested T	
For Paperwork Reduction Act Notice, see back of form.	Form 8879-EO (2014)

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Inspection

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or th	ne 201	4 calendar year, or tax year begir	nning 07/	01 ,2014	, and endi	ing		06	/30 ,20 ₁₅	
р.			C Name of organization					D Employer ide	entific	ation number	
D C	heck if ap	pplicable:	AMERICARES FOUNDATION	, INC.							
	Addre		Doing Business As					06-1008	595		
	Name	e change	Number and street (or P.O. box if mail is	not delivered to street address))	Room/suite		E Telephone nu	ımber		
	Initia	l return	88 HAMILTON AVENUE					(203) 65	8 – 9	500	
	Term	inated	City or town, state or province, country, a	and ZIP or foreign postal code							
	Amer		STAMFORD, CT 06902-31	11				G Gross receipt	s \$	747,897	,023.
		cation	F Name and address of principal officer:	MICHAEL J. NY	ENHUIS			H(a) Is this a grou	p retur	n for Yes	X No
		9	88 HAMILTON AVENUE ST	AMFORD, CT 06902	}			H(b) Are all subordi		cluded? Yes	No
ī	Tax-ex	cempt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1)	or 5	27	If "No," attac	h a list.	(see instructions)	
J	Websi	ite: 🕨	WWW.AMERICARES.ORG					H(c) Group exemp	otion nu	ımber 🕨	
K	Form	of organ	nization: X Corporation Trust	Association Other		L Year	of format	tion: 1979 M	State	of legal domicile:	CT
	art I		mmary	1 1		'				-	
		Briefly	describe the organization's mission o	r most significant activities:	AMERIC	CARES I	S A N	ONPROFIT (GLOI	BAL HEALTI	——— Н &
ø			ASTER RELIEF ORGANIZATION								
anc			UMANITARIAN AID TO PEOPI								
ern	2		this box if the organization d						 3.		
Governance	3		per of voting members of the governing	•	•			1	3		19.
⋖ŏ	4	Numb	per of independent voting members of t	he governing body (Part V	L line 1b)				4		18.
Activities	5		number of individuals employed in cale						5		140.
Ξ	6		number of volunteers (estimate if neces						6		31.
Aci	_		unrelated business revenue from Part V	**					7a		
			nrelated business taxable income from						7b		
_		1101 01	Trelated business taxable income from	1 0111 000 1, 1110 04				Prior Year		Current Ye	ear
	8	Contri	ibutions and grants (Part VIII, line 1h)	,			,	558,924,45	5	740,300	
Jue	9	Drogr	am service revenue (Part VIII, line 2a)		COP	Y FOR		727,25	_		9,806
Revenue	10	Invoct	am service revenue (Part VIII, line 2g)	as 3 1 and 7d)	PUBLIC IN	ISPECTION	վ ├──	659,67	_		3,347
Re	11	IIIVESI	revenue (Part VIII, column (A), lines 5,	55 5, 4, and 7u)			J	-65,29	_		L,972
	12							560,246,10	$\overline{}$	741,996	<u> </u>
	13		revenue - add lines 8 through 11 (must					521,176,47	_	577,705	
			s and similar amounts paid (Part IX, colu				• —	021,170,47	0.	377,703	,005
	14 15		its paid to or for members (Part IX, colu es, other compensation, employee bene					13,920,99		12,440	1 2 9
Expenses	160							700,48	_	1,012	
en	Ioa	Profes	ssional fundraising fees (Part IX, column	n (A), line i ie)	71 640		-	700,40	<u> </u>	1,012	.,029.
EX	47		fundraising expenses (Part IX, column (28,997,21	2	49,373	222
	17		expenses (Part IX, column (A), lines 11					<u>28,997,21</u> 564,795,17	_	640,530	
	18		expenses. Add lines 13-17 (must equal				• 🕌	-4,549,07	_		
- S	19	Rever	nue less expenses. Subtract line 18 fron	n line 12			Pogin		_	101,466	
ts o			(D) (V II) (O)					ning of Current Y	_	End of Yea	
Sse	20		assets (Part X, line 16)				•	10,372,14	_	220,882	
nd A	20 21 22		liabilities (Part X, line 26)				• —	10,372,14	_	8,928	
			ssets or fund balances. Subtract line 21	from line 20			<u> </u>	11,375,52	4.	211,954	.,397
	rt II		gnature Block	to anti-me to all officer and account							-11-6 16 1-
true	e, corre	ect, and	of perjury, I declare that I have examined th complete. Declaration of preparer (other than	n officer) is based on all inform	ation of which	ch preparer h	ements, a nas any ki	nowledge.	ту к	nowledge and be	mei, it is
		Ι,									
Sig	ın		Signature of officer					Date			
He			Oignature of oilider					Date			
			Type or print name and title								
			Type or print name and title Type preparer's name	Preparer's signature		Date			-	TIN	
Paic	ł				_	Date		Check	"		
	parer	SCO'	· CD III THOUTHOU I	SCOTT THOMPSET	T.			self-employe		P00741490	
	Only	Firm's	s name F GRANT THORNTON L	тЪ						6055558	
	-		s address > 757 THIRD AVE., 2ND FLO					Phone no.	212	-599-0100	
_			cuss this return with the preparer show	,				<u> </u>		. X Yes	<u>No</u>
For	Pape	rwork	Reduction Act Notice, see the separat	e instructions.						Form 990	J (2014)

Page 2 Form 990 (2014)

	ribe the organization's mi	ns a response or note to any line in this F ssion:		<u> </u>
ATTACH				
prior Form 9		significant program services during the		Yes X
Did the or services?	ganization cease condu	cting, or make significant changes i		
Describe the expenses.	ne organization's program Section 501(c)(3) and 50	m service accomplishments for each 01(c)(4) organizations are required to ny, for each program service reported.		
(Code:ATTACH		37,291,537. including grants of \$	30,410,465.) (Revenue \$	0_)
o (Code:) (Expenses \$	590,222,172. including grants of \$	_{547,294,620.}) (Revenue \$	749,806)
b (Code:		590,222,172. including grants of \$	_{547,294,620.}) (Revenue \$	749,806)
		590,222,172. including grants of \$	_{547,294,620.}) (Revenue \$	749,806.
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ATTACH Code: C	MENT 3	including grants of \$		749,806)
c (Code:	mENT 3	including grants of \$ Schedule O.) ng grants of \$) (Reve		749,806)
ATTACH C (Code: C (Code: C (Expenses \$	MENT 3	including grants of \$		749,806)

Form 990 (2014) Page **3**

Part	V Checklist of Required Schedules			
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
_	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			37
7	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	- '-		Λ.
J	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	Х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes,"</i>	11f		
ıza	complete Schedule D, Parts XI and XII.	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	124		71
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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
	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, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? 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 other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	, _		
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
20.0	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		^
U	199 to mio 20a, aia tiio organization attaon a oopy oi ito auditoa iirlanolal statemento to tiilo ietulli			1

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Part I	V Checklist of Required Schedules (continued)			
,			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		Х
	through 24d and complete Schedule K. If "No," go to line 25a	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		37
-	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	.		3.5
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
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		X
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		X
31	$ \hbox{ Did the organization liquidate, terminate, or dissolve and cease operations? } \textit{If "Yes," complete Schedule N, } \\$			
	Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note . All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2014)

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Par	·			
	Check if Schedule O contains a response or note to any line in this Part V			-
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 88 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 140			
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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	Х	
b	If "Yes," enter the name of the foreign country: ► <u>ATTACHMENT 4</u>			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).	F		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
υu	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	-		37
	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 7g		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 y 7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources			
122	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	u		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 19	9		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	3		
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	4.0.		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40.	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	401	Х	
	rise to conflicts?	12b	Λ	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	425	Х	
	describe in Schedule O how this was done	12c	X	-
13	Did the organization have a written whistleblower policy?	13 14	X	
14	Did the organization have a written document retention and destruction policy?	14	21	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	X	
a	The organization's CEO, Executive Director, or top management official	15b	X	
b	Other officers or key employees of the organization	130		
160				
iva	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		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 5			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	onlv)
-	available for public inspection. Indicate how you made these available. Check all that apply.	(,,,,,)
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ls:▶		
	RICHARD K. TROWBRIDGE, 88 HAMILTON AVENUE STAMFORD, CT 06902 203-658-9500			

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

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) Name and Title	(B) Average hours per	,		Pos neck		e than c		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any					tor/trust		from	related	other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1)ELIZABETH P. ALLEN	1.00									
DIRECTOR	0	Х						О	0	0
_(2)CAROL B. BAUER 	1.00	X						C	0	0
(3)ELIZABETH F. FRANK	1.00									
DIRECTOR	0	X						O	0	0
(4)C. ROBERT HENRIKSON	1.00									
DIRECTOR	0	X						C	0	0
(5)PAUL J. KUEHNER	1.00									
DIRECTOR	0	X						0	0	0
_(6)JERRY P. LEAMAN	1.00									
DIRECTOR	0	X						О	0	0
_(7)ROBERT G. LEARY	1.00									
DIRECTOR	0	Х						C	0	0
_(8)ALMA JANE MACAULEY	1.00									
VICE CHAIRMAN	0	Х		X				О	0	0
_(9)C. DEAN MAGLARIS	1.00									
CHAIRMAN	0	X		X				0	0	0
(10)ROBERT BAYLIS	1.00	3.7								
DIRECTOR	1 00	X						C	0	0
(11) BEVERLY L. SCHUCH	1.00	37						0	0	0
DIRECTOR (THRU 06/2015) (12)FRED WEISMAN	1.00	Х							0	0
DIRECTOR (THRU 03/2015)	0	Х							0	0
(13)JOSEPH J. RUCCI, JR.	1.00	21								<u> </u>
DIRECTOR AND SECRETARY	0	Х		Х					0	0
(14)MICHAEL J. NYENHUIS	40.00									
PRESIDENT & CEO	0	Х		Х				324,840.	0	37,534.
-								, , , , , , , , , , , , , , , , , , , ,		Form 990 (2014)

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Part VI Section A. Officers, Directors, T	rustees, Ke	y En	nplo	yee	es,	and I	lig	hest Compensat	ed Employees (<u> pontinue</u>	?d)	
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(do.	not of		ition	e than o	no	Reportable	Reportable	_	stimated nount of	
	hours per week (list any	,				is both		compensation from	compensation from related		other	
	hours for					or/trust		the	organizations	1	pensatio	on
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme	organization	(W-2/1099-MISC)		om the anizatior	n
	organizations below dotted	vidu	ituti	cer	emp	nest	ner	(W-2/1099-MISC)			d related	
	line)	tor tr	onal		oloy	e com					anization	
		Jste	trus		ě	per						
		Ф	tee			sate						
	1	—	\perp			g.						
15) SAMHITA JAYANTI	1.00	-							_			_
DIRECTOR	0	X						0	C	<u> </u>		0
16) KEITH MCALLISTER	1.00	-										
DIRECTOR	0	X						0	С	<u> </u>		0
17) ALAN RWAMBUYA	1.00	-										
DIRECTOR	0	X						0	О	<u> </u>		0
18) STEPHEN SADOVE	1.00											
DIRECTOR	0	X						0	0	1		0
19) STEPHEN GALLUCCI	1.00											
DIRECTOR	0	X						0	0			0
20) BRYAN C. HANSON	1.00											
DIRECTOR	0	X						0	0			0
21) JEFFREY T. BECKER	1.00											
DIRECTOR	0	X						0	C			0
22) KEVIN ALLAN	40.00											
SENIOR V.P., DEVELOPMENT	0			Х				194,831.	C	4	29,0	12.
23) KEVIN GILRAIN	40.00											
SENIOR V.P., HUMAN RESOURCES	0			Х				181,639.	O	4	31,3	22.
24) RACHEL GRANGER	40.00											
V.P POST EMERGENCY RESPONS	E 0			Х				149,550.	0	1	16,7	26.
25) ELLA GUDWIN	40.00											
SR. V.P STRATEGY & PRGM DEV	. 0	1		Х				158,603.	0	,	34,5	45.
1b Sub-total								324,840.	C	,	37,5	34.
c Total from continuation sheets to Part VII,	Section A				• •		•	2,734,538.	C	4	17,2	34.
d Total (add lines 1b and 1c)	-						>	3,059,378.	C	4	54,7	68.
2 Total number of individuals (including but no							o re	ceived more than	\$100,000 of			
reportable compensation from the organizat	ion 🕨	22	2			,						
											Yes	No
3 Did the organization list any former of	ficer directo	or or	· trı	ıste	e	kev e	emn	lovee or highes	t compensated			
employee on line 1a? If "Yes," complete Sche										3		Х
4 For any individual listed on line 1a, is the organization and related organizations	sulli OI (e)	JUITAD 41F	ภย (รถ ก	UU O:	per	เรสไไปใ "Voc	ıı al	nu omer compens	sauon nom the			
individual										4	Х	
5 Did any person listed on line 1a receive of												
for services rendered to the organization? If										5		Х

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 8

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Part VII Section A. Officers, Directors, Tru	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	s per I a di	tion more	e than on a is both a or/truste Highest compensated	ın	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensati from the organization and related organization	f ion on d
26) GARRETT INGOGLIA	40.00										
V.P EMERGENCY RESPONSE	0			Х				136,333.	0	17,3	345.
27) GEOFF KNEISEL	40.00										
V.P CORP RELATIONS	0			Х				111,639.	0	32,1	L87.
28) GARY LEEDS	40.00										
VICE PRESIDENT/CFO	0			Х				155,576.	0	30,0)00.
29) DIANA MAGUIRE	40.00										
V.P INSTITUTIONAL RELATIONS	0			Х				111,595.	0	34,0)02.
30) WILLIAM POST	30.00										
VICE PRESIDENT - TREASURER	0			Х				84,763.	0	7,6	508.
31) KATHERINE SEARS	40.00										
SENIOR V.P. GLOBAL PROGRAM OP.	0			Х				187,820.	0	18,9	943.
32) CAROL SHATTUCK	40.00										
SENIOR V.P COMMUNICATIONS	0			Х				182,410.	0	30,8	344.
33) LEE WEINER	40.00										
V.P DIRECT RESPONSE	0			Х				134,554.	0	24,3	302.
34) ANDREA VAKOS (THRU 01/14)	40.00										
V.P., INDIVIDUAL PHILANTHROPY	0			Х				97,825.	0	29,5	<u>559.</u>
35) MELISSA WOOLFORD	40.00										
V.P., LEADERSHIP GIFTS	0			Х				121,588.	0	7,7	707.
36) MARTHA KENNARD	40.00										
V.P., OPERATIONS	0			X				125,638.	0	8,0	040.
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)											
Total number of individuals (including but not reportable compensation from the organization)					OVE	e) who	re	ceived more than	\$100,000 of	Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3	Х
4 For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	0,00	00?	If	"Yes,	" (complete Schedu	le J for such	4 X	
5 Did any person listed on line 1a receive or											

Section B. Independent Contractors

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

for services rendered to the organization? If "Yes," complete Schedule J for such person

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

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

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Part VII Section A. Officers, Directors, Tr		<u> </u>				<u> </u>	9				
(A)	(B)			(C	-			(D)	(E)		F)
Name and title	Average hours per	(do r	not ch	Posi		e than o	ne	Reportable compensation	Reportable compensation from		mated unt of
	week (list any	,				is both		from	related		her
	hours for					or/truste		the	organizations		ensation
	related organizations	ndiv or di	nsti	Officer	(ey	l gigh	Former	organization	(W-2/1099-MISC)		n the nization
	below dotted	rect	tutio	ë	emp	est o	ler	(W-2/1099-MISC)		-	related
	line)	Individual trustee or director	Institutional trustee		Key employee	e om				organ	izations
		stee	trust		Ф	pens					
			ee			Highest compensated employee					
37) ANNE PETERSON, MD MPH	40.00										
SENIOR V.P., PROGRAMS	0			Х				0	0		
38) RICHARD K. TROWBRIDGE, JR.	40.00										
CFO & SENIOR V.P., OPERATIONS	0			Х				0	0		
39) MEGIN WOLFMAN	40.00										
DIRECTOR, EXECUTIVE OFFICE	0			Х				15,900.	0		954
40) FRANK BIA	40.00										
MEDICAL DIRECTOR (THRU 06/14)	0					X		140,983.	0	1	7,978
41) LESLIE GIANELLI (THRU 06/14)	40.00										
DIRECTOR COMMUNICATIONS	0					Х		103,868.	0		8,420
42) STEVE BARDOS	40.00										
IT SPECIALIST	0					X		121,454.	0		
43) PETER TOKARCZYK	40.00										
DIRECTOR, LOGISTICS	0					X		108,246.	0		7,899
44) LESLIE MCGUIRE	40.00										
VP, US PROGRAMS (THRU 02/15)	0					X		109,723.	0	2	9,841
	ļ										
	<u> </u>										
											
4h Cub total							_				
1b Sub-total											
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	·				• •						
2 Total number of individuals (including but not						a) who	re	ceived more than	\$100,000 of		
reportable compensation from the organizatio		22		u ai	JOVE	S) WIIC	, 10	scerved more man	φ100,000 01		
.,	<u> </u>		-							Τ,	Yes No
3 Did the organization list any former office	er directo	r or	tru	ister	Δ .	kev e	mn	lovee or highest	t compensated		
employee on line 1a? If "Yes," complete Sched										3	Х
4 For any individual listed on line 1a, is the											
organization and related organizations gr											
individual								•		4	Х
5 Did any person listed on line 1a receive or	accrue co	mpen	satio	on f	ron	n any	un	related organization	on or individual		
for services rendered to the organization? If "Y										5	Х
Section B. Independent Contractors											
1 Complete this table for your five highest com											
compensation from the organization. Report of	omnoncoti	~~ f~~	tha	പ	1000	10r 1/0/	~ - ~	والقلادين وبالما الملقلين ومستراها ومرا			

(B) Description of services	(C) Compensation
	Description of services

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

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Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to an	y line in this Part VI	11		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a	156,518.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ts, (С	Fundraising events 1c	1,900,754.				
ia gi	d	Related organizations 1d					
ns, Sim	е	Government grants (contributions). 1e	1,289,943.				
utio	f	All other contributions, gifts, grants,					
를		and similar amounts not included above . 1f	736,953,178.				
ng p	g	Noncash contributions included in lines 1a-1f: \$	702,790,705.				
	h	Total. Add lines 1a-1f		740,300,393.			
ň			Business Code				
eve	2a	PATIENT SERVICE REVENUE	621400	749,806.	749,806.		
Program Service Revenue	b						
Ξ̈́	С						
Se	d						
ran	е						
rog	f	All other program service revenue		_			
	g	Total. Add lines 2a-2f		749,806.			
	3	Investment income (including divider		004 555			004 555
	١.	and other similar amounts).		894,555.			894,555.
	5	Income from investment of tax-exempt bond Royalties		0			
		(i) Real	(ii) Personal	U			
			() : 5:55:14.				
	6a	Gross rents					
	b						
	d	Rental income or (loss) 7,452. Net rental income or (loss)	<u></u> ▶	7,452.			7,452.
	7a	Gross amount from sales of (i) Securities	(ii) Other	7,432.			7,432.
		assets other than inventory 4,617,497.					
	b	Less: cost or other basis					
	5	and sales expenses 4,563,705.					
	c	Gain or (loss)					
	d	Net gain or (loss)		53,792.			53,792.
Ф	8a	Gross income from fundraising					
n n	••	events (not including \$1,900,754.					
Š		of contributions reported on line 1c).					
ጁ		See Part IV, line 18 a	123,250.				
Other Revenue	b	Less: direct expenses b					
₹	С	Net income or (loss) from fundraising events	<u>,</u>	-390,868.			-390,868.
_	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities	· · · · · · · · · · · · · · · · · · ·	0			
	10a	Gross sales of inventory, less					
		returns and allowances a	913,379.				
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory.	1	262,062.			262,062.
		Miscellaneous Revenue	Business Code				
	11a	EL SALVADOR CAFETERIA INCOME	900099	67,919.			67,919.
	b	MISCELLANEOUS INCOME	900099	46,670.			46,670.
	C	EL SALVADOR MISCELLANEOUS INCOME	900099	4,793.			4,793.
	d	All other revenue		110 300			
	12	Total. Add lines 11a-11d		119,382. 741,996,574.	749,806.		946,375.
	<u> </u>			1 11 , 220 , 3 / 4 .	177,000.		240,3/5.

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06-1008595

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising			
ου,	90, and 100 of Fart vill.		expenses	general expenses	expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	118,908,831.	118,908,831.					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	128,661,621.	128,661,621.					
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign	220 124 622	220 124 622					
	individuals. See Part IV, lines 15 and 16	330,134,633.	330,134,633.					
	Benefits paid to or for members	U						
5	Compensation of current officers, directors, trustees, and key employees	2,850,318.	1,082,020.	793,401.	974,897.			
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	4 400 051	0.45 0.10	1 (51 000			
	Other salaries and wages	7,097,489.	4,499,851.	945,810.	1,651,829.			
8	Pension plan accruals and contributions (include	345,834.	195,978.	50,092.	99,764.			
_	section 401(k) and 403(b) employer contributions)	1,441,219.	900,927.		307,230.			
9	Other employee benefits	705,329.	391,942.	233,270.	189,004.			
10	Payroll taxes	705,329.	391,942.	124,303.	109,004.			
11	Fees for services (non-employees):	977,231.	705,216.	132,673.	139,342.			
	Management	30,976.	26,688.	4,288.	137,342.			
	Legal	186,553.	19,053.	167,500.				
	Accounting	0	15,033.	10773001				
	Professional fundraising services. See Part IV, line 17	1,012,029.			1,012,029.			
	Investment management fees	39,634.		39,634.				
	Other. (If line 11g amount exceeds 10% of line 25, column	·						
J	(A) amount, list line 11g expenses on Schedule O.)	1,278,818.	423,489.	145,864.	709,465.			
12	Advertising and promotion	1,472,741.	55,852.	1,418.	1,415,471.			
13	Office expenses	120,560.	93,860.	10,588.	16,112.			
14	Information technology	752,383.	85,451.	125,611.	541,321.			
15	Royalties	0						
16	Occupancy	1,766,159.	1,372,349.	159,966.	233,844.			
17	Travel	1,250,202.	1,015,678.	54,530.	179,994.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0						
19	Conferences, conventions, and meetings	43,705.	43,357.	235.	113.			
20	Interest	2,771.		2,771.				
21	Payments to affiliates	0						
22	Depreciation, depletion, and amortization	528,493.	284,957.	111,408.	132,128.			
23	Insurance	308,723.	104,402.	144,908.	59,413.			
24	Other expenses. Itemize expenses not covered							
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)							
_	INVENTORY WRITE-OFF	34,006,719.	34,006,719.					
_	POSTAGE AND FREIGHT	5,252,078.	4,067,572.	10,069.	1,174,437.			
	MISCELLANEOUS	1,355,486.	433,264.	486,759.	435,463.			
		2,333,100.	155,201.	100,730.	155,105.			
	All other expenses							
	Total functional expenses. Add lines 1 through 24e	640,530,535.	627,513,709.	3,745,178.	9,271,648.			
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0	, , , , , , , ,		, ,,,			
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Part X **Balance Sheet**

	. C.A.	Charle if Cahadula O contains a reconomas ar	noto	to any line in this Do	mt V		
		Check if Schedule O contains a response or	поце	to any line in this Pa			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,126.	1	6,609.
	2	Savings and temporary cash investments			7,275,506.	2	10,325,697.
	3	Pledges and grants receivable, net			2,038,186.	3	1,834,129.
	4	Accounts receivable, net			74,190.	4	1,025,113.
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co	ompei	nsated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0	5	0
	6	Loans and other receivables from other disqualified pers	ons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu					
		organizations (see instructions). Complete Part II of Sche			0	6	0
ets	7	Notes and loans receivable, net			0	7	0
Assets	8	Inventories for sale or use			85,604,874.	8	181,573,457.
_	9	Prepaid expenses and deferred charges		[801,693.	9	680,529.
	10 a	Land, buildings, and equipment: cost or					
			10a				
	b	Less: accumulated depreciation	10b	3,350,258.	3,054,402.	_	2,997,087.
	11	Investments - publicly traded securities			18,947,667.		18,682,525.
	12	Investments - other securities. See Part IV, line 11			10,280.		7,046.
	13	Investments - program-related. See Part IV, line 11			0		0
	14	Intangible assets			0	17	0
	15	Other assets. See Part IV, line 11			3,939,748.		3,750,767.
	16	Total assets. Add lines 1 through 15 (must equal			121,747,672.	16	220,882,959.
	17	Accounts payable and accrued expenses			5,363,917.	_	4,614,568.
	18	Grants payable			2,339,539.		1,670,703.
	19	Deferred revenue			439,963.		377,983.
	20	Tax-exempt bond liabilities			O		0
Liabilities	21	Escrow or custodial account liability. Complete Pa				21	U
ij	22	Loans and other payables to current and for trustees, key employees, highest compen					
Lia		disqualified persons. Complete Part II of Schedule			0	22	0
	23	Secured mortgages and notes payable to unrelate				23	0
	24	Unsecured notes and loans payable to unrelated				_	0
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines					
		of Schedule D		· .	2,228,729.	25	2,265,308.
	26	Total liabilities. Add lines 17 through 25			10,372,148.	26	8,928,562.
	-	Organizations that follow SFAS 117 (ASC 958),	checl				
Assets or Fund Balances	27	complete lines 27 through 29, and lines 33 and Unrestricted net assets			67,525,632.	27	123,564,619.
ala	28	Unrestricted net assets Temporarily restricted net assets	• • •		39,224,758.	28	83,950,950.
В В	29	Permanently restricted net assets			4,625,134.	29	4,438,828.
Ë		Organizations that do not follow SFAS 117 (ASC 958)			1,023,131.		1,130,020.
o.		complete lines 30 through 34.	, 01.00				
şţs	30	Capital stock or trust principal, or current funds			30		
SSE	31	Paid-in or capital surplus, or land, building, or equ	nt fund		31		
t A	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
Net	33	Total net assets or fund balances			111,375,524.	33	211,954,397.
	34	Total liabilities and net assets/fund balances			121,747,672.	34	220,882,959.

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Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	-	741,9	96,5	74.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		540,5			
3	Revenue less expenses. Subtract line 2 from line 1	3		L01,4			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	L11,3			
5	Net unrealized gains (losses) on investments	5		-5	20,0	56.	
6	Donated services and use of facilities	6				0	
7	Investment expenses	7				0	
8	Prior period adjustments	8				0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-3	67,1	10.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10	2	211,9	54,3	97.	
Part							
	Check if Schedule O contains a response or note to any line in this Part XII						
	A " " " T OO O				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		<u> </u>				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
2.	Schedule O.						
Za	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com	nilod	0.	2a		X	
	reviewed on a separate basis, consolidated basis, or both:	pileu	Oi				
				2b	х		
b	Were the organization's financial statements audited by an independent accountant?			20			
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ea o	na				
	Separate basis						
_	·		- h-4				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		-	2c	х		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in						
	Schedule O.	(piaii					
3 2	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n in				
Ja	the Single Audit Act and OMB Circular A-133?	10111		3a		Х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	erao	the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit			3b			
	, , , , , , , , , , , , , , , , , , , ,				200		

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Name of the organization

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

2014

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

AMI	ERIC	CARES FOUNDATION, IN	NC.				06-	-1008595			
Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	complete	e this pa	art.) See instructions				
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 11, ch	eck only	one box.)				
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).				
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E.)							
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).				
4		A medical research organiz	zation operated in	conjunction with a hos	spital des	scribed i	n section 170(b)(1)(A)	(iii). Enter the			
		hospital's name, city, and st									
5		An organization operated to	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ental unit described in			
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		_	or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	Χ	_	anization that normally receives a substantial part of its support from a governmental unit or from the general public								
		described in section 170(b)									
8		A community trust describe			-						
9		An organization that norma						· -			
		receipts from activities rela	-			-					
		support from gross investi					,	tax) from businesses			
		acquired by the organizatio				-	•				
10		An organization organized	•		-						
11		An organization organized	•		-						
	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check										
	the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.										
а		Type I. A supporting orga		•	-						
		the supported organization			elect a m	ajority o	f the directors or trus	tees of the supporting			
		organization. You must c	=								
b		Type II. A supporting org						· · · · · -			
		control or management of	· · · · -	=	the sam	e persor	ns that control or man	age the supported			
_		organization(s). You must	=			4: _		U into amoto alith			
С		Type III functionally integrated arganization						lly integrated with,			
4		its supported organization		· ·				tod organization(a)			
d								= ::			
		that is not functionally into requirement (see instruct	-	-	-		· ·	an allenliveness			
е		Check this box if the orga		-				I Type III			
·		functionally integrated, or						i, type iii			
f	En	ter the number of supported			porting c	n gariizai	iiori.				
g		ovide the following information									
				(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of			
				(described on lines 1-9 above or IRC section		ur governing ment?	support (see instructions)	other support (see instructions)			
				(see instructions))	docui	ment?	instructions)	instructions)			
					Yes	No					
(A)											
(^) —											
(B)											
(C)											
(D)											
(E)											
Tot	al										

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

Schedule A (Form 990 or 990-EZ) 2014

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

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	662,889,899.	524,509,518.	620,146,474.	558,924,455.	738,792,543.	3,105,262,889.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0		
4	Total. Add lines 1 through 3	662,889,899.	524,509,518.	620,146,474.	558,924,455.	738,792,543.	3,105,262,889.		
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						1,134,805,189.		
6	shown on line 11, column (f). Public support. Subtract line 5 from line 4.								
	tion B. Total Support						1,970,457,700.		
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
7	Amounts from line 4	662,889,899.	524,509,518.	620,146,474.	558,924,455.	` '	3,105,262,889.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,089,351.	1,061,594.	985,301.	848,586.	1,073,316.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH 1	819,265.	1,015,201.	965,349.	1,070,273.	1,156,012.			
11	Total support. Add lines 7 through 10					4.0	3,115,347,137.		
12	Gross receipts from related activities, etc. (s	,				12	2,797,707.		
13	First five years. If the Form 990 is forganization, check this box and stop here								
	tion C. Computation of Public Sup		•				62 25 0		
14	Public support percentage for 2014 (li		•			14	63.25%		
15	Public support percentage from 2013	•				22 / 20 / 22 / 22			
16a	331/3% support test - 2014. If the o	-					.		
h	this box and stop here. The organization 331/3% support test - 2013. If the content is the support test - 2013 is the support t						• • •		
D	check this box and stop here. The organization								
172	10%-facts-and-circumstances test - 2	•							
114	10% or more, and if the organization	_							
	Part VI how the organization meets t					-	•		
	organization			•	•		▶ □		
b	10%-facts-and-circumstances test - 2						, and line		
	15 is 10% or more, and if the orga	•							
	Explain in Part VI how the organizati						-		
	supported organization				-	-	▶ □		
18	Private foundation. If the organization						e		
	instructions						<u> </u>		

Schedule A (Form 990 or 990-EZ) 2014

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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	,		,,		,	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
	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						
_	Add lines 7a and 7b						
	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10 a	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 VI.)						
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	as a section 501(c)(3)
	organization, check this box and stop here .	<u></u>	<u></u> .	<u> </u>	<u></u> .		▶ 🔲
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2014 (line 8,	column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2013 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investmen	t Income Per	centage				
17	Investment income percentage for 2014 (lin					17	%
18	Investment income percentage from 2013 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2014. If the org					e than 331/3%, a	and line
	17 is not more than 331/3%, check thi	s box and stor	here. The org	anization qualifies	s as a publicly	supported organi	zation 🕨 🗌
b	331/3% support tests - 2013. If the orga	nization did not	check a box on	line 14 or line 19	a, and line 16 is	s more than 331/3	3 %, and
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b	, check this bo	ox and see instr	uctions ►

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Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
) /			
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-	10b		

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
•		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
<u> </u>	on on type in eapperting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	4		
Socti	on D. All Type III Supporting Organizations	1		
36011	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously		163	NO
_	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below.	tructio	ons):	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions). [Vaa	Na
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
		_a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2014

Page 6 Schedule A (Form 990 or 990-EZ) 2014

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s		
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	Nov. 20, 1970. See in	structions. All	
other Type III non-functionally integrated supporting organizations must com	nplete S	ections A through E.		
Costion A. Adiusted Not Income				
Section A - Adjusted Net Income		(A) Prior Year (option		
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or				
collection of gross income or for management, conservation, or				
maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Ocation D. Minimum Accet Amount	'	(A) B: \	(B) Current Year	
Section B - Minimum Asset Amount		(A) Prior Year	(optional)	
1 Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year):				
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other				
factors (explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d	3			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
see instructions).	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by .035	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3	4			
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions)	6			
7 Check here if the current year is the organization's first as a non-functionally	y-integra	ated Type III supporting	organization (see	

Schedule A (Form 990 or 990-EZ) 2014

instructions).

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish ex				
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.	o.gaa	0.10.10		
9	Distributable amount for 2014 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
	Ellie o amount divided by Ellie o amount		/ii\	(iii)	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	Distributable Amount for 2014	
1	Distributable amount for 2014 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2014				
	(reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2014:				
а					
b					
С					
d					
е	From 2013				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2014 distributable amount				
i	Carryover from 2009 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2014 from Section				
	D, line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2014 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2014, if				
	any. Subtract lines 3g and 4a from line 2 (if amount				
	greater than zero, see instructions).				
6	Remaining underdistributions for 2014. Subtract lines 3h				
	and 4b from line 1 (if amount greater than zero, see				
	instructions).				
7	Excess distributions carryover to 2015. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
a					
b					
C					
	Excess from 2013				
	Excess from 2014				

Schedule A (Form 990 or 990-EZ) 2014

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Page 8 Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II - OTHER INCOME						
DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
SPECIAL EVENTS	485,013.	539,897.	91,080.	104,390.	123,250.	1,343,630.
SALES OF INVENTORY	331,713.	466,262.	789,468.	885,085.	913,379.	3,385,907.
MISCELLANEOUS	2,539.	9,042.	84,801.	80,798.	119,383.	296,563.
TOTALS _	819,265.	1,015,201.	965,349.	1,070,273.	1,156,012.	5,026,100.

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

Schedule of Contributors

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

2014

OMB No. 1545-0047

Department of the Treasury Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization		Employer identification number		
AMERICARES FOUNDATION, INC				
		06-1008595		
Organization type (check one):				
Filers of: Secti	ion:			
Form 990 or 990-EZ X	501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation		
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ion		
	501(c)(3) taxable private foundation			
Note. Only a section 501(c)(7), (8), or instructions. General Rule	(10) organization can check boxes for both the General Rule and a S	pecial Rule. See		
	rm 990, 990-EZ, or 990-PF that received, during the year, contributy) from any one contributor. Complete Parts I and II. See instructions.	_		
Special Rules				
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
Caution. An organization that 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 its Form 990-PF, Part I, line 2, 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) (2014)

Employer identification number 06-1008595

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _		\$102,759,144.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2-		\$175,956,082.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _		\$62,634,696.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$18,367,435.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5 _		\$25,377,453.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	4.	(c)	(d)
NO.	(b) Name, address, and ZIP + 4	Total contributions	Type of contribution

Employer identification number

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>18,216,711.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 72,409,709.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 06-1008595

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	MEDICINE, MEDICAL SUPPLIES & RELATED	\$102,759,144.	_VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	MEDICINE, MEDICAL SUPPLIES & RELATED	\$175,956,082.	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	MEDICINE, MEDICAL SUPPLIES & RELATED	\$62,634,696.	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	MEDICINE, MEDICAL SUPPLIES & RELATED	\$25,377,453.	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	MEDICINE, MEDICAL SUPPLIES & RELATED	\$23,717,568.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	MEDICINE, MEDICAL SUPPLIES & RELATED	\$18,367,435.	VAR

Employer identification number 06-1008595

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	MEDICINE, MEDICAL SUPPLIES & RELATED		
		\$\$8	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	MEDICINE, MEDICAL SUPPLIES & RELATED		
		\$\$	_VAR
(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
		 \$	

Name of organization AMERICARES FOUNDATION, INC. Employer identification number 06-1008595 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10)

		mpleting Part III, enter the t ar. (Enter this information o	r. Complete columns (a) through (e) and the otal of exclusively religious, charitable, etc., once. See instructions.) ▶\$				
(a) No. from		•					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, and ZII	P + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Faiti							
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relat		Polationship of transforor to transforo				
	Transieree's fiame, address, and Zin		Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(b) i dipose oi giit	(0) 030 01 giit	(a) bescription of now girt is field				
	(e) Transfer of gift						
	(-)						
	Transferee's name, address, and ZII	P + 4	Relationship of transferor to transferee				
(a) No.							
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
· uiti							
							
	(e) Transfer of gift						
	Transferee's name, address, and ZII	D ± 4	Relationship of transferor to transferee				
	rransieree's flame, address, and Zii	T T	iverationship of transferor to transferee				

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

IVaiii	ne of the organization	imployer identification number
AM:	MERICARES FOUNDATION, INC.	06-1008595
Pá	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Ac	counts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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 o	lonor advised
5	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
P:	art II Conservation Easements.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		historically important land area
		certified historic structure
	Preservation of open space	dertined filotorio di dotaro
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
а		
b		
c		
d		
-	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	
-	tax year ▶	a s, me signimum asing me
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	
	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easeme	
	>	g ,
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	during the year
	►\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sectio	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and ex	pense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial s	tatements that describes the
	organization's accounting for conservation easements.	
Pa	art III Organizations Maintaining Collections of Art, Historical Treasures, or Other Si	milar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reveworks of art, historical treasures, or other similar assets held for public exhibition, education	nue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education public service, provide, in Part XIII, the text of the footnote to its financial statements that describ	on, or research in furtherance of es these items.
b	K 1	
	works of art, historical treasures, or other similar assets held for public exhibition, education	
	public service, provide the following amounts relating to these items:	
	(i) Revenue 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 treasures, or other similar asset	ets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1	· · · · · · • \$
h	Assets included in Form 990 Part X	▶ ¢

Schedule D (Form 990) 2014

Page 2 Schedule D (Form 990) 2014

Par	rt III Organizations Maintainin	g Collections of	Art, I	Historical T	reasur	es, c	or Oth	ner Similaı	r Asse	ts (cor	ntinue	ed)
_												
3	Using the organization's acquisition		other re	ecords, checi	k any o	it the	follow	ing that are	e a sigr	nificant	use c	of its
	collection items (check all that apply	y):	_									
a	Public exhibition		d		or excha							
b	Scholarly research	ations	е	Other								
С 4	Preservation for future gener Provide a description of the organ		and a	volain haw t	boy fur	rthor	the or	anization's	ovomn	t nurno	oo in	Dort
•	XIII.	ization's collections	and e	Apiaiii iiow i	iley iui	uici	ine org	yanızanons	exemp	i puipo	SC 111	rait
5		Ouring the year, did the organization solicit or receive donations of art, historical treasures, or other similar										
	assets to be sold to raise funds rath									Yes		No
Par	rt IV Escrow and Custodial Ari											
	or reported an amount on									-,	,	,
	·	·										
1a	Is the organization an agent, truste	e, custodian or othe	er interr	nediary for c	ontribut	tions (or othe	r assets not				
	included on Form 990, Part X?								[Yes		No
b	If "Yes," explain the arrangement in	Part XIII and comp	lete the	e following tak	ole:							
		A P					Am	Amount				
С	Beginning balance					1c						
d	Additions during the year					1d						
е	Distributions during the year					1e						
f	Ending balance											
	Did the organization include an amo									Yes		No
	If "Yes," explain the arrangement in											
Par	rt V Endowment Funds. Comp									(a) Face		h a alı
1 2	Reginning of year balance	(a) Current year 1,701,949.		Prior year 463,525.	(c) Tw		534.	(d) Three year 1,340		(e) Fou		237.
	Beginning of year balance Contributions	1,701,949.		403,323.	± , .	493,	554.	1,340	, 1 / 0 .		1 //,	
	Net investment earnings, gains,											
Ŭ	and losses	49,815.		238,424.		169	991.	-46	,642.		162	, 939 .
d	Grants or scholarships	15,013.		230 / 1211		1001	,,,,,	10	, 0 12 .		102,	
	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance	1,751,764.	1,	701,949.	1,	463,	525.	1,293	,534.	1,	340,	176.
2	Provide the estimated percentage of	of the current year e	nd bala	ince (line 1g,	column	ı (a)) I	neld as:	:				
а	Board designated or quasi-endowm	ent >	%									
	Permanent endowment ▶ 70.0		_									
С	Temporarily restricted endowment											
	The percentages in lines 2a, 2b, an	•										
3a	Are there endowment funds not in t	he possession of th	ne orga	nization that	are hel	d and	l admin	nistered for th	ne	ſ		
	organization by:										Yes	No
	(i) unrelated organizations									3a(i)	X	
h	(ii) related organizations If "Yes" to 3a(ii), are the related organizations									3a(ii) 3b		X
4	Describe in Part XIII the intended u		•		-					30		
	rt VI Land, Buildings, and Equi		110113 0	naowinent iai	100.							
Гаі	Complete if the organizat	ion answered "Ye	s" to F	orm 990, Pa	art IV, I	ine 1	1a. Se	ee Form 99	0, Par	X, line	10.	
	Description of property	(a) Cost or (invest			or other ba ther)	asis		cumulated eciation	(0	l) Book va	lue	
1a	Land	,	uncut)		.78,15	56.	черп	Colation		1	78 <i>.</i> 1	L56.
b	Buildings				393,38	_	3	93,372.				008.
С	Leasehold improvements				214,68			83,122.				60.
d	Equipment			_	61,12	_		73,764.			87,3	
е	Other									-	-	
Tota	al. Add lines 1a through 1e. (Column		n 990, F	Part X, columi	n (B), lin	ne 10((c).)			2,9	97,0	087.

Schedule D (Form 990) 2014 Page 3

Part VII	Complete if the organization answer	ed "Yes" to Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
(2) Closely	-held equity interests		
(3) Other		_	
(A)			
(<u>B)</u>		-	
<u>(C)</u>			
(D)			
<u>(E)</u>		-	
(F) (G)			
(O)		_	
	nn (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII			
r are viii	Complete if the organization answer	ed "Yes" to Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
_(6)			
_(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX			, Part IV, line 11d. See Form 990, Part X, line 15.
	(a)	Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
	umn (b) must equal Form 990, Part X, col. (E	3) line 15.)	
Part X	Other Liabilities.), Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	ue
(1) Feder	ral income taxes		
(2) SPLI	T INTEREST AGREEMENTS	2,183,	156.
(3) CAPI	TALIZED LEASE	82,	152.
(4)			
(5)			
(6)			
(7)			
(8)		1	
(9)	nn (b) must equal Form 990, Part X, col. (B) line 2:	5.) ▶ 2,265,	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

JSA 4E1270 1.000 Χ

Schedule D (Form 990) 2014 Page **4**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements	1	744,045,513.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•					
a	Net unrealized gains (losses) on investments						
b	Donated services and use of facilities 2b 1,599,361.						
C	Recoveries of prior year grants 2c						
d	Other (Describe in Part XIII.) 2d -367,110.						
e	Add lines 2a through 2d	2e	712,195.				
3	Subtract line 2e from line 1	3	743,333,318.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		, 13, 333, 310.				
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a						
b	Other (Describe in Part XIII.) 4b -1,336,744.						
С	Add lines 4a and 4b	4c	-1,336,744.				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	741,996,574.				
Part		ırn.	· · · · · ·				
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements	1	643,466,640.				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities 2a 1,599,361.						
b	Prior year adjustments 2b						
С	Other losses 2c						
d	Other (Describe in Part XIII.) 2d 1,336,744.						
е	Add lines 2a through 2d	2e	2,936,105.				
3	Subtract line 2e from line 1	3	640,530,535.				
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						
b	Other (Describe in Part XIII.)						
С	Add lines 4a and 4b	4c					
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	640,530,535.				
Part							
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr						
SEE	PAGE 5						

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Page 5

ENDOWMENT FUNDS

FORM 990, SCHEDULE D, PART V, LINE 4

THE AMERICARES FOUNDATION ENDOWMENT IS INTENDED TO SUPPORT THE GENERAL CHARITABLE MISSION OF THE ORGANIZATION. THE FOUNDATION INTENDS THAT THE PRINCIPAL SHOULD REMAIN UNTOUCHED, WHILE THE EARNINGS ON THE ENDOWMENT'S INVESTMENTS SHALL BE USED TO SUPPORT VARIOUS CHARITABLE PROGRAMS.

INCOME TAXES

FORM 990, SCHEDULE D, PART X

AMERICARES RECOGNIZES A TAX POSITION BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. DURING FISCAL 2015 AND 2014, AMERICARES EVALUATED ITS TAX POSITIONS AND CONCLUDED THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT MEET THE CRITERIA UNDER THIS STANDARD. THE TAX YEARS ENDING 2012, 2013, 2014, AND 2015 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

REVENUE ON BOOKS NOT ON RETURN

FORM 990, SCHEDULE D, PART XI, LINE 2D

CHANGES IN SPLIT-INTEREST AGREEMENTS (\$367,110)

EXPENSES ON BOOKS NOT ON RETURN

FORM 990, SCHEDULE D, PART XI, LINE 4B

RENTAL PROPERTY EXPENSE (\$171,309)

DIRECT FUNDRAISING EXPENSE (\$514,118)

COST OF GOODS SOLD (\$651,317)

Schedule D (Form 990) 2014

7714IN 700J V 14-7.6F PAGE 34

Part XIII Supplemental Information (continued)

TOTAL

(\$1,336,744)

FORM 990, SCHEDULE D, PART XII, LINE 2D

RENTAL PROPERTY EXPENSE (\$171,309)

DIRECT FUNDRAISING EXPENSE (\$514,118)

COST OF GOODS SOLD (\$651,317)

TOTAL (\$1,336,744)

RECONCILIATION

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

V 14-7.6F

Statement of Activities Outside the United States

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

Department of the Treasury Internal Revenue Service Name of the organization

Part I

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Open to Public Inspection

OMB No. 1545-0047

AMERICARES FOUNDATION, INC.

Employer identification number 06-1008595

	Form 990, Part IV, line 14	lb.		·	_						
1	For grantmakers. Does the orga	nization mainta	in records to s	ubstantiate the amount of	f its grants and other						
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the										
	grants or assistance?				[X Yes No					
2	For grantmakers. Describe in	Part V the org	ganization's pr	ocedures for monitoring	the use of its grants a	and other					
	assistance outside the United Sta	ates.									
3	Activities per Region. (The follow	ving Part I, line	3 table can be	duplicated if additional sp	pace is needed.)						
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity listed in (d) is	(f) Total					
		offices in the region	employees, agents, and	region (by type) (e.g., fundraising, program services,	a program service, describe specific type of	expenditures for and investments					
			independent	investments,	service(s) in region	in region					
			contractors in region	grants to recipients located in the region)							
				0 ,							
(1)	CENTRAL AMERICA/CARIBBEAN	2.	92.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	1,291,998.					
(- /	CENTRAL AMERICA/ CARIBBEAN	2.	52.	PROGRAM DERVICED	DIGAGIER REBIEF/DVBFMI	1,201,000.					
(2)	EAST ASIA AND THE PACIFIC	2.	5.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	2,821,188.					
(2)	EAST ASIA AND THE PACIFIC	2.	5.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	2,821,188.					
(3)	EUROPE			DDOGDAM GEDYTGEG	DIGAGEED DELTES (DIVIS	34 000					
(3)	EUROPE			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	34,909.					
(4)						25 24 2					
(4)	MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	35,013.					
/E\											
(5)	NORTH AMERICA			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	2,133,898.					
(C)											
(6)	RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	62,245.					
(7)											
(7)	SOUTH AMERICA			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	58,984.					
(0)											
(8)	SOUTH ASIA	1.	3.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	201,488.					
(0)											
(9)	SUB-SAHARAN AFRICA	2.	8.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	3,399,527.					
(10)	CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		155,588,617.					
(11)	EAST ASIA AND THE PACIFIC			GRANTMAKING		39,499,801.					
(12)	EUROPE			GRANTMAKING		6,848,780.					
(13)	MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		10,648,653.					
(14)	NORTH AMERICA			GRANTMAKING		603,271.					
(15)	RUSSIA/INDEPENDENT STATES			GRANTMAKING		57,152,955.					
(16)	SOUTH AMERICA			GRANTMAKING		10,607,336.					
(17)	SOUTH ASIA			GRANTMAKING		19,149,402.					
3a	Sub-total	7.	108.			310,138,065.					
b	Total from continuation										
	sheets to Part I					30,035,818.					
С	Totals (add lines 3a and 3b)	7.	108.			340,173,883.					

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

Statement of Activities Outside the United States

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

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other

► Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

Part I

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

06-1008595 AMERICARES FOUNDATION, INC. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

	assistance, the grantees' eligibili grants or assistance?					X Yes No
	For grantmakers. Describe in assistance outside the United Sta		ganization's pi	rocedures for monitoring	the use of its grants	and other
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	pace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	SUB-SAHARAN AFRICA			GRANTMAKING		30,035,818.
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(12) (13)						
(13) (14)						
(1 5) (15)						
(16)						
(17)	0.1.4.1					
	Sub-total					
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)					

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

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on F Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								orm 990,	
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	TOM'S SHOES	5,702.	WIRE			
(2)			CENT. AMERICA/CARIBBEAN	PARTNER SUPP	5,900.	WIRE			
(3)			CENT. AMERICA/CARIBBEAN	PARTNER SUPP	6,320.	WIRE			
(4)			CENT. AMERICA/CARIBBEAN	PARTNER SUPP	16,000.	WIRE			
(5)			CENT. AMERICA/CARIBBEAN	CAMPAIGN AGA	23,939.	WIRE			
(6)			CENT. AMERICA/CARIBBEAN	PARTNER SUPP	35,000.	WIRE			
(7)			CENT. AMERICA/CARIBBEAN	CHILTIUPAN E	50,000.	WIRE			
(8)			CENT AMEDICA /CADIDDEAN	IOCAI DEFDAD	62 060	MIDE			

(11)	EAST ASIA/PACIFIC	TOMS SHES RE	5,702.	WIRE		
(12)	EAST ASIA/PACIFIC	TYPHOON HAGU	6,512.	WIRE		
(12)	EAST ASTA/PACIFIC	TIPHOON HAGO	0,312.	WIKE		
(13)	EAST ASIA/PACIFIC	PEDIATRIC NU	7,500.	WIRE		
(14)	EAST ASIA/PACIFIC	RAMMASUN GRA	11,000.	WIRE		

LOCAL PREPAR

RESTORING &

TYPHOON HAGU

HEALTH FACIL

176,837.

431,592.

11,000.

12,152.

WIRE

WIRE

WIRE

WIRE

CENT. AMERICA/CARIBBEAN

CENT. AMERICA/CARIBBEAN

EAST ASIA/PACIFIC

EAST ASIA/PACIFIC

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

Schedule F (Form 990) 2014

(9)

(10)

(15)

(16)

Ochicadic i	(1.0111.000) 2014	agc
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 99	٥,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	REHABILITATI	16,966.	WIRE			
(2)			EAST ASIA/PACIFIC	MENTAL HEALT	18,397.	WIRE			
(3)			EAST ASIA/PACIFIC	CYCLONE PAM	47,942.	WIRE			
(4)			EAST ASIA/PACIFIC	CYCLONE PAM	48,205.	WIRE			
(5)			EAST ASIA/PACIFIC	MENTAL HEALT	65,074.	WIRE			
(6)			EAST ASIA/PACIFIC	HEALTH CARE	69,000.	WIRE			
(7)			EAST ASIA/PACIFIC	MENTAL HEALT	71,822.	WIRE			
(8)			EAST ASIA/PACIFIC	BREAST CANCE	75,000.	WIRE			
(9)			EAST ASIA/PACIFIC	BREAST CANCE	76,500.	WIRE			
(10)			EAST ASIA/PACIFIC	MENTAL HEALT	78,044.	WIRE			
(11)			EAST ASIA/PACIFIC	PEDIATRIC NU	127,500.	WIRE			
(12)			EAST ASIA/PACIFIC	PREPAREDNESS	135,914.	WIRE			
(13)			EAST ASIA/PACIFIC	MENTAL HEALT	149,989.	WIRE			
(14)			EAST ASIA/PACIFIC	EMERGENCY RE	150,000.	WIRE			
(15)			EAST ASIA/PACIFIC	MENTAL HEALT	248,409.	WIRE			
(16)			EAST ASIA/PACIFIC	ENHANCING LO	807,466.	WIRE			

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

3 Enter total number of other organizations or entities......

	(FUIII 990) 2014								raye
Part II	Grants and Other As	ssistance to Organizati	ons or Entities Outside	e the United	States. Complete	if the orgar	nization answered	"Yes" o	on Form 990,
	Part IV, line 15, for a	ny recipient who receive	ed more than \$5,000. P	Part II can be	duplicated if addit	onal space i	s needed.		
									(i) Mothod o

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(4)									
(1)			MIDDLE EAST/NORTH AFRICA	EMERGENCY HE	10,000.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	STRENGTHENIN	75,000.	WIRE			
(3)			RUSSIA/NEWLY IND. STATES	TOM'S CANVAS	6,966.	WIRE			
(4)			RUSSIA/NEWLY IND. STATES	TOM'S SHOES	7,725.	WIRE			
(5)			RUSSIA/NEWLY IND. STATES	TOM'S CANVAS	9,077.	WIRE			
(6)			SOUTH AMERICA	IMPROVING CA	39,600.	WIRE			
(7)			SOUTH ASIA	2015 EARTHQU	10,000.	WIRE			
(8)			SOUTH ASIA	UPGRADING MU	10,966.	WIRE			
(9)			SOUTH ASIA	SP MOBILE CL	16,194.	WIRE			
(10)			SOUTH ASIA	SP MOBILE CL	18,219.	WIRE			
(11)			SOUTH ASIA	2015 EARTHQU	19,325.	WIRE			
(12)									
			SOUTH ASIA	MOBILE MEDIC	19,536.	WIRE			
(13)			SOUTH ASIA	PARTNER SUPP	21,419.	WIRE			
(14)			SOUTH ASIA	2015 EARTHQU	27,915.	WIRE			
(15)			SOUTH ASIA	PARTNER SUPP	28,902.	WIRE			
(16)			SOUTH ASIA	PARTNER SUPP	29,635.	WIRE			

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

Ochicadic i	(1 0HH 550) 2517	_
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,	
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

	raitiv, inic 13, ioi an	y recipient wine receiv	ed more man \$5,000.	Tart ii cari be t	auplicated if addit	ional space i	3 riccaca.		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)				0015					
(1)			SOUTH ASIA	2015 EARTHQU	30,000.	WIRE			
(2)			SOUTH ASIA	PARTNER SUPP	31,202.	WIRE			
(3)			SOUTH ASIA	PARTNER SUPP	33,229.	WIRE			
(4)			SOUTH ASIA	PARTNER SUPP	36,627.	WIRE			
(5)			SOUTH ASIA	PARTNER SUPP	45,427.	WIRE		_	
(6)									
(6)			SOUTH ASIA	PARTNER SUPP	46,110.	WIRE			
(7)			SOUTH ASIA	PARTNER SUPP	46,419.	WIRE			
(8)			SOUTH ASIA	JAMMU & KASH	47,450.	WIRE			
,					,				
(9)			SOUTH ASIA	PARTNER SUPP	92,811.	WIRE			
(10)			SUB-SAHARAN AFRICA	ELWA HOSPITA	15,505.	WIRE			
(11)			SUB-SAHARAN AFRICA	BUGANDO MEDI	20,000.	WIRE			
(11)			DOD DIMMON IN KICH	BOGINDO MEDI	20,000.	WIKE			
(12)			SUB-SAHARAN AFRICA	2015 FLOODIN	25,000.	WIRE			
(13)			SUB-SAHARAN AFRICA	HEALTH WORK	42,868.	WIRE			
(14)			SUB-SAHARAN AFRICA	WEST AFRICA	50,073.	WIRE			
(15)			GUD GAMADAN ADDIGA	DIJANDO MEDI	00.130	MIDE			
(13)			SUB-SAHARAN AFRICA	BUGANDO MEDI	80,139.	WIRE			
(16)			CENT. AMERICA/CARIBBEAN	EMERGENCY			191,719.	MED. SUPPL.	FAIR MKT VAL

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

3 Enter total number of other organizations or entities.....

Schedule F (Form 990) 2014

JSA

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Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.											
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
(1)			CENT. AMERICA/CARIBBEAN	EMERGENCY			93,155.	MED. SUPPL.	FAIR MKT VAL			
(2)			CENT. AMERICA/CARIBBEAN	EMERGENCY			82,741.	MED. SUPPL.	FAIR MKT VAL			
(3)			CENT. AMERICA/CARIBBEAN	EMERGENCY			34,940.	MED. SUPPL.	FAIR MKT VAL			
(4)			CENT. AMERICA/CARIBBEAN	EMERGENCY			14,808.	MED. SUPPL.	FAIR MKT VAL			
(5)			CENT. AMERICA/CARIBBEAN	EMERGENCY			14,731.	MED. SUPPL.	FAIR MKT VAL			
(6)			CENT. AMERICA/CARIBBEAN	EMERGENCY			12,803.	MED. SUPPL.	FAIR MKT VAL			
(7)			CENT. AMERICA/CARIBBEAN	EMERGENCY			12,367.	MED. SUPPL.	FAIR MKT VAL			
				1		_ I		1	I			

EMERGENCY

EMERGENCY

EMERGENCY

EMERGENCY

EMERGENCY

(13)	CENT. AMERICA/CARIBBEAN	EMERGENCY		7,871.	MED. S	SUPPL.	FAIR MKT VAI
(14)	CENT. AMERICA/CARIBBEAN	EMERGENCY		7,783.	MED.	SUPPL.	FAIR MKT VAL
(15)	CENT. AMERICA/CARIBBEAN	EMERGENCY		7,443.	MED.	SUPPL.	FAIR MKT VAL

(16) CENT. AMERICA/CARIBBEAN EMERGENCY 7,098. MED. SUPPL. FAIR MKT VAL

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

CENT. AMERICA/CARIBBEAN

CENT. AMERICA/CARIBBEAN

CENT. AMERICA/CARIBBEAN

CENT. AMERICA/CARIBBEAN

CENT. AMERICA/CARIBBEAN

Schedule F (Form 990) 2014

11,401. MED. SUPPL.

11,098. MED. SUPPL.

9,033. MED. SUPPL.

8,650. MED. SUPPL.

8,143. MED. SUPPL.

FAIR MKT VAL

(8)

(9)

(10)

(11)

(12)

(13)

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	EMERGENCY			5,986.	MED. SUPPL.	FAIR MKT VAL
(2)			CENT. AMERICA/CARIBBEAN	EMERGENCY			5,232.	MED. SUPPL.	FAIR MKT VAL
(3)			EAST ASIA/PACIFIC	EMERGENCY			388,541.	MED. SUPPL.	FAIR MKT VAL
(4)			EAST ASIA/PACIFIC	EMERGENCY			96,136.	MED. SUPPL.	FAIR MKT VAL
(5)			EAST ASIA/PACIFIC	EMERGENCY			68,933.	MED. SUPPL.	FAIR MKT VAL
(6)			EAST ASIA/PACIFIC	EMERGENCY			22,740.	MED. SUPPL.	FAIR MKT VAL
(7)			EUROPE/ICELAND/GREENLAND	EMERGENCY			18,379.	MED. SUPPL.	FAIR MKT VAL
(8)			SOUTH ASIA	EMERGENCY			19,893,662.	MED. SUPPL.	FAIR MKT VAL
(9)			SOUTH ASIA	EMERGENCY			592,923.	MED. SUPPL.	FAIR MKT VAL
(10)			SOUTH ASIA	EMERGENCY			386,450.	MED. SUPPL.	FAIR MKT VAL
(11)			SOUTH ASIA	EMERGENCY			45,368.	MED. SUPPL.	FAIR MKT VAL
(12)			SOUTH ASIA	EMERGENCY			29,617.	MED. SUPPL.	FAIR MKT VAL
(13)			SOUTH ASIA	EMERGENCY			8,412.	MED. SUPPL.	FAIR MKT VAL
(14)			SOUTH ASIA	EMERGENCY			5,449.	MED. SUPPL.	FAIR MKT VAL
(15)			SUB-SAHARAN AFRICA	EMERGENCY			1,285,068.	MED. SUPPL.	FAIR MKT VAL
(16)			SUB-SAHARAN AFRICA	EMERGENCY			769,553.	MED. SUPPL.	FAIR MKT VAL

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

Schedule i	(1 01111 990) 2014								i age
Part II	Grants and Other Assista	ance to Organizat	ions or Entities Outsid	e the United	States. Complete	if the organ	nization answered	I "Yes" on F	orm 990,
	Part IV, line 15, for any re-	cipient who receiv	ed more than \$5,000. F	Part II can be	duplicated if addit	ional space i	s needed.		
									(1) NA (1 1 (

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	EMERGENCY			571,750.	MED. SUPPL.	FAIR MKT VAL
(2)			SUB-SAHARAN AFRICA	EMERGENCY			157,763.	MED. SUPPL.	FAIR MKT VAL
(3)			SUB-SAHARAN AFRICA	EMERGENCY			143,817.	MED. SUPPL.	FAIR MKT VAL
(4)			SUB-SAHARAN AFRICA	EMERGENCY			95,372.	MED. SUPPL.	FAIR MKT VAL
(5)			SUB-SAHARAN AFRICA	EMERGENCY			55,594.	MED. SUPPL.	FAIR MKT VAL
(6)			SUB-SAHARAN AFRICA	EMERGENCY			47,641.	MED. SUPPL.	FAIR MKT VAL
(7)			SUB-SAHARAN AFRICA	EMERGENCY			38,837.	MED. SUPPL.	FAIR MKT VAL
(8)			SUB-SAHARAN AFRICA	EMERGENCY			38,826.	MED. SUPPL.	FAIR MKT VAL
(9)			SUB-SAHARAN AFRICA	EMERGENCY			25,620.	MED. SUPPL.	FAIR MKT VAL
(10)			CENT. AMERICA/CARIBBEAN	ON-GOING			49,477,442.	MED. SUPPL.	FAIR MKT VAL
(11)			CENT. AMERICA/CARIBBEAN	ON-GOING			24,531,744.	MED. SUPPL.	FAIR MKT VAL
(12)			CENT. AMERICA/CARIBBEAN	ON-GOING			16,359,340.	MED. SUPPL.	FAIR MKT VAL
(13)			CENT. AMERICA/CARIBBEAN	ON-GOING			12,203,538.	MED. SUPPL.	FAIR MKT VAL
(14)			CENT. AMERICA/CARIBBEAN	ON-GOING			11,282,636.	MED. SUPPL.	FAIR MKT VAL
(15)			CENT. AMERICA/CARIBBEAN	ON-GOING			4,774,208.	MED. SUPPL.	FAIR MKT VAL
(16)			CENT. AMERICA/CARIBBEAN	ON-GOING			2,001,986.	MED. SUPPL.	FAIR MKT VAL

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	ON-GOING			1,166,137.	MED. SUPPL.	FAIR MKT VAL
(2)			CENT. AMERICA/CARIBBEAN	ON-GOING			10,587.	MED. SUPPL.	FAIR MKT VAL
(3)			CENT. AMERICA/CARIBBEAN	ON-GOING			10,587.	MED. SUPPL.	FAIR MKT VAL
(4)			EAST ASIA/PACIFIC	ON-GOING			8,663,588.	MED. SUPPL.	FAIR MKT VAL
(5)			EAST ASIA/PACIFIC	ON-GOING			1,419,910.	MED. SUPPL.	FAIR MKT VAL
(6)			EAST ASIA/PACIFIC	ON-GOING			183,161.	MED. SUPPL.	FAIR MKT VAL
(7)			EUROPE/ICELAND/GREENLAND	ON-GOING			5,388,198.	MED. SUPPL.	FAIR MKT VAL
(8)			EUROPE/ICELAND/GREENLAND	ON-GOING			155,912.	MED. SUPPL.	FAIR MKT VAL
(9)			MIDDLE EAST/NORTH AFRICA	ON-GOING			3,911,273.	MED. SUPPL.	FAIR MKT VAL
(10)			MIDDLE EAST/NORTH AFRICA	ON-GOING			3,344,578.	MED. SUPPL.	FAIR MKT VAL
(11)			MIDDLE EAST/NORTH AFRICA	ON-GOING			2,738,307.	MED. SUPPL.	FAIR MKT VAL
(12)			RUSSIA/NEWLY IND. STATES	ON-GOING			48,448,071.	MED. SUPPL.	FAIR MKT VAL
(13)			RUSSIA/NEWLY IND. STATES	ON-GOING			8,386,047.	MED. SUPPL.	FAIR MKT VAL
(14)			SOUTH AMERICA	ON-GOING			5,862,089.	MED. SUPPL.	FAIR MKT VAL
(15)			SOUTH AMERICA	ON-GOING			172,972.	MED. SUPPL.	FAIR MKT VAL
(16)			SOUTH ASIA	ON-GOING			10,845,147.	MED. SUPPL.	FAIR MKT VAL

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	ON-GOING			5,103,585.	MED. SUPPL.	FAIR MKT VAL
(2)			SOUTH ASIA	ON-GOING			1,713,729.	MED. SUPPL.	FAIR MKT VAL
(3)			SUB-SAHARAN AFRICA	ON-GOING			9,067,945.	MED. SUPPL.	FAIR MKT VAL
(4)			SUB-SAHARAN AFRICA	ON-GOING			3,735,774.	MED. SUPPL.	FAIR MKT VAL
(5)			SUB-SAHARAN AFRICA	ON-GOING			2,679,131.	MED. SUPPL.	FAIR MKT VAL
(6)			SUB-SAHARAN AFRICA	ON-GOING			803,419.	MED. SUPPL.	FAIR MKT VAL
(7)			SUB-SAHARAN AFRICA	ON-GOING			792,504.	MED. SUPPL.	FAIR MKT VAL
(8)			SUB-SAHARAN AFRICA	ON-GOING			744,668.	MED. SUPPL.	FAIR MKT VAL
(9)			SUB-SAHARAN AFRICA	ON-GOING			569,715.	MED. SUPPL.	FAIR MKT VAL
(10)			SUB-SAHARAN AFRICA	ON-GOING			213,575.	MED. SUPPL.	FAIR MKT VAL
(11)			SUB-SAHARAN AFRICA	ON-GOING			79,371.	MED. SUPPL.	FAIR MKT VAL
(12)			SUB-SAHARAN AFRICA	ON-GOING			6,607.	MED. SUPPL.	FAIR MKT VAL
(13)			SUB-SAHARAN AFRICA	ON-GOING			5,731.	MED. SUPPL.	FAIR MKT VAL
(14)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			114,636.	MED. SUPPL.	FAIR MKT VAL
(15)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			65,061.	MED. SUPPL.	FAIR MKT VAL
(16)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			63,406.	MED. SUPPL.	FAIR MKT VAL

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exer	npt
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	▶
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Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 9 Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			62,825.	MED. SUPPL.	FAIR MKT VAL
(2)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			55,012.	MED. SUPPL.	FAIR MKT VAL
(3)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			43,789.	MED. SUPPL.	FAIR MKT VAL
(4)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			37,133.	MED. SUPPL.	FAIR MKT VAI

POST-EMERGEN

POST-EMERGEN

POST-EMERGEN

CENT. AMERICA/CARIBBEAN

CENT. AMERICA/CARIBBEAN

CENT. AMERICA/CARIBBEAN

CENT. AMERICA/CARIBBEAN	POST-EMERGEN		24,422.	MED. SUPPL.	FAIR MKT VAL
CENT. AMERICA/CARIBBEAN	POST-EMERGEN		22,565.	MED. SUPPL.	FAIR MKT VAL
CENT. AMERICA/CARIBBEAN	POST-EMERGEN		18,473.	MED. SUPPL.	FAIR MKT VAL
CENT. AMERICA/CARIBBEAN	POST-EMERGEN		16,986.	MED. SUPPL.	FAIR MKT VAL
CENT AMEDICA/CADIBBEAN	DOST_EMERGEN		16 282	MED CIIDDI.	באדם אציי זאז.
CENT: AMERICA/CARIBBEAN	POST-EMERGEN		10,282.	MED. SUPPL.	TAIR MRI VAL
CENT AMERICA/CARIBBEAN	POST-EMERGEN		16 282	MED SUDDI.	FATR MKT VAL
CENT: TEMERICAL CARTEREN	TODI EPIERCEN		10,202.	HED. BUILD.	THIR PART VIII
CENT. AMERICA/CARIBBEAN	POST-EMERGEN		15,711.	MED. SUPPL.	FAIR MKT VAL
CENT. AMERICA/CARIBBEAN	POST-EMERGEN		11,276.	MED. SUPPL.	FAIR MKT VAL
CENT. AMERICA/CARIBBEAN	POST-EMERGEN		9,469.	MED. SUPPL.	FAIR MKT VAL
			as tax-exempt		
	CENT. AMERICA/CARIBBEAN CENT. AMERICA/CARIBBEAN	CENT. AMERICA/CARIBBEAN POST-EMERGEN COVE that are recognized as charities by the foreign	CENT. AMERICA/CARIBBEAN POST-EMERGEN COVE that are recognized as charities by the foreign country, recognized	CENT. AMERICA/CARIBBEAN POST-EMERGEN 18,473. CENT. AMERICA/CARIBBEAN POST-EMERGEN 16,986. CENT. AMERICA/CARIBBEAN POST-EMERGEN 16,282. CENT. AMERICA/CARIBBEAN POST-EMERGEN 16,282. CENT. AMERICA/CARIBBEAN POST-EMERGEN 15,711. CENT. AMERICA/CARIBBEAN POST-EMERGEN 11,276. CENT. AMERICA/CARIBBEAN POST-EMERGEN 9,469. Dove that are recognized as charities by the foreign country, recognized as tax-exempt	CENT. AMERICA/CARIBBEAN POST-EMERGEN 9,469. MED. SUPPL.

Schedule F (Form 990) 2014

34,369. MED. SUPPL.

33,432. MED. SUPPL.

30,214. MED. SUPPL.

FAIR MKT VAL

FAIR MKT VAL

FAIR MKT VAL

(5)

(6)

(7)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			8,233.	MED. SUPPL.	FAIR MKT VAI
(2)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			6,980.	MED. SUPPL.	FAIR MKT VAI
(3)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			6,835.	MED. SUPPL.	FAIR MKT VAI
(4)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			6,831.	MED. SUPPL.	FAIR MKT VAI
(5)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			6,210.	MED. SUPPL.	FAIR MKT VAI
(6)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			6,208.	MED. SUPPL.	FAIR MKT VA
(7)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			5,754.	MED. SUPPL.	FAIR MKT VAI
(8)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			5,569.	MED. SUPPL.	FAIR MKT VAI
(9)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			5,402.	MED. SUPPL.	FAIR MKT VAI
(10)			EAST ASIA/PACIFIC	POST-EMERGEN			39,067.	MED. SUPPL.	FAIR MKT VAI
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 170.

Schedule F (Form 990) 2014

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) MEDICAL OUTREACH	CENT. AMERICA/CARIBBEAN	320.	31,338,964.			MEDICINE	FMV
(2) MEDICAL OUTREACH	EAST ASIA/PACIFIC	67.	4,498,785.			MEDICINE	FMV
(3) MEDICAL OUTREACH	EUROPE/ICELAND/GREENLAND	5.	1,312,034.			MEDICINE	FMV
(4) MEDICAL OUTREACH	MIDDLE EAST/NORTH AFRICA	8.	206,389.			MEDICINE	FMV
(5) MEDICAL OUTREACH	NORTH AMERICA	40.	1,004,933.			MEDICINE	FMV
(6) MEDICAL OUTREACH	RUSSIA/NEWLY IND. STATES	4.	306,532.			MEDICINE	FMV
(7) MEDICAL OUTREACH	SOUTH AMERICA	56.	4,460,712.			MEDICINE	FMV
(8) MEDICAL OUTREACH	SOUTH ASIA	17.	917,537.			MEDICINE	FMV
(9) MEDICAL OUTREACH	SUB-SAHARAN AFRICA	91.	7,767,139.			MEDICINE	FMV
(10) EMERGENCY RESPONSE	EAST ASIA/PACIFIC	1.	236,387.			MEDICINE	FMV
(11) EMERGENCY RESPONSE	MIDDLE EAST/NORTH AFRICA	2.	313,676.			MEDICINE	FMV
(12) EMERGENCY RESPONSE	SOUTH ASIA	4.	469,859.			MEDICINE	FMV
(13)							
(14)							
(15)							
(16)							
<u>(</u> 17)							
(18)							

Schedule F (Form 990) 2014

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Schedule F (Form 990) 2014

Part IV Foreign Forms Page 4

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

Schedule F (Form 990) 2014

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Schedule F (Form 990) 2014 Page **5**

Part V Supplemental Information

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

FORM 990, SCHEDULE F, PART I, LINE 2

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

7714IN 700J

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

AMERICARES FOUNDATION, INC.

Inspection

06-1008595

Employer identification number

Form 990-EZ filers are not				"Yes" to Form 9	90, Part IV, line	17.
1 Indicate whether the organization ra a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations	ised funds through e f g	X Solid	citation of citation of	activities. Check a non-government g government grants ising events	rants	
 Did the organization have a written of or key employees listed in Form 990 If "Yes," list the ten highest paid indicompensated at least \$5,000 by the), Part VII) or entity lividuals or entities	in connec	ction with p	orofessional fundrai	sing services?	X Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
DONOR SERVICES GROUP	TELEPHONE		X	1,518,598.	287,839.	1,230,759.
2 MAI WADWICK / DOMODDICITAL INC	MAIL/		v	0 025 046	714 004	0 220 062
MAL WARWICK/DONORDIGITAL INC	INTERNET		X	8,935,046.	714,084.	8,220,962.
INFOCISION	TELEPHONE		X	36,150.	10,106.	26,044.
4			11	30,130.	10,100.	20,011.
5						
6						
7						
8						
9						
10						
Total 3 List all states in which the organizate registration or licensing. AL, AK, AZ, AR, CA, CO, CT, DE, DC, FI	ation is registered o	or licensed		10,489,794. contributions or	1,012,029. has been notified	9,477,765. it is exempt from
<pre>IA,KS,KY,LA,ME,MD,MA,MI,MN,MS</pre>			M, NY, NO	C,ND,OH,		
OK, OR, PA, PR, RI, SC, SD, TN, TX, UT	,VT,VA,WA,WV,	WI,WY,				

____Page **2** Schedule G (Form 990 or 990-EZ) 2014

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

		gross receipts greater than \$5,0	00.			
			(a) Event #1 AIRLIFT BENEFIT	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
45			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	2,024,004.			2,024,004
œ		Less: Contributions Gross income (line 1 minus	1,900,754.			1,900,754
	3	line 2)	123,250.			123,250
	4	Cash prizes				
	5	Noncash prizes				
Expenses	6	Rent/facility costs	61,154.			61,154
ot Exp	7	Food and beverages	113,913.			113,913
Direct	8	Entertainment	164,691.			164,691
	9	Other direct expenses	174,360.			174,360
	10	Direct expense summary. Add lines 4	1 through 9 in column (d)		>	514,118.
	11	Net income summary. Subtract line 1	0 from line 3, column (d)		-390,868
Pa			anization answered "Y			rted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	-	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)		▶	
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	>	
	a Is	nter the state(s) in which the organizat the organization licensed to conduct of "No," explain:		of these states?		Yes No
		ere any of the organization's gaming l	licenses revoked, suspe	nded or terminated durir	ng the tax year?	. Yes No

AMERICARES FOUNDATION, INC.

Sched	ule G (Form 990 or 990-EZ) 2014 Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
12	Indicate the percentage of gaming activity conducted in:
13	
a	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ►
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
h	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party > \$
_	If "Yes," enter name and address of the third party:
C	in res, enter name and address of the tillia party.
	Nama N
	Name ►
	Address
	Address ►
40	
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).
SCH	EDULE G, PART I - FUNDRAISING CONSULTANTS
THE	AMOUNTS PAID BY AMERICARES TO THE FUNDRAISING CONSULTANTS LISTED IN
SCH.	EDULE G ARE REPORTED (AS REQUIRED BY THE FORM 990) ON A FISCAL YEAR
DCII.	EDOLE C ARE RELORIED (AD REQUIRED DI THE FORM 990) ON A FIDOAL TEAR
ם א מ	IC THECE CONCIL TANTE MAY BE DEDECEMTED IN DADE VII CECTION DAC
BAS	IS. THESE CONSULTANTS MAY BE REPRESENTED IN PART VII, SECTION B AS
TOP	HIGHLY PAID INDEPENDENT CONTRACTORS. THE AMOUNTS REPORTED IN PART
VII	ARE REPORTED ON A CALENDAR-YEAR BASIS, THEREFORE THEY MAY DIFFER FROM
AMO	UNTS REPORTED ON SCHEDULE G. PER ALL CONTRACTS, EXPENSES ARE BUDGETED

Schedule G (Form 990 or 990-EZ) 2014

AMERICARES FOUNDATION, INC.

Sched	ule G (Form 990 or 990-EZ) 2014 Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	None N
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
L	retain the state gaming license? Yes No Enter the amount of distributions required under state law to be distributed to other exempt organizations
b	or spent in the organization's own exempt activities during the tax year > \$
Part	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).
AND	APPROVED SEPARATELY FROM CONSULTING FEES.
IN I	FY 2015, IN ADDITION TO THE CONSULTING FEES LISTED IN SCHEDULE G, PART
I, 2	AMERICARES PAID OTHER NON-CONSULTING FUNDRAISING EXPENSES TO
DON	ORDIGITAL OF \$89,325, DONOR SERVICES GROUP OF \$6,489, AND MAL WARWICK
ASS	OCIATES OF \$286,968 AND INFOCISION OF \$989. IN ADDITION, AMERICARES
ALS	O PAID PARADYSZ MATERA \$64,763 FOR NON-CONSULTING FUNDRAISING
EXD	ENSES.
шИР	ENDED.

Schedule G (Form 990 or 990-EZ) 2014

JSA 4E1503 2.000

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

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

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

Part I General Information on Grants and						06-1008595				
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand dures for moi	ce? nitoring the use	of grant funds in th	e United States.			X Yes No			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
(1) CHILDREN'S DIAGNOSTIC & TREATMENT CENTER										
1401 S. FED. HWAY FORT LAUDERDALE, FL 33316	65-1026739	501(C)(3)		183,674.	FMV	MEDICAL SUPPLIES	ON-GOING			
(2) WEBSTER CITY FREE CLINIC										
820 JAMES STREET WEBSTER CITY, IA 50595	42-1428706	501(C)(3)		69,561.	FMV	MEDICAL SUPPLIES	ON-GOING			
(3) TEMPLE COMMUNITY CLINIC										
1905 CURTIS B ELLIOT DR. TEMPLE, TX 76501	74-2634500	501(C)(3)		56,661.	FMV	MEDICAL SUPPLIES	ON-GOING			
(4) MATAGORDA EPISCOPAL HEALTH OUTREACH PROGRAM										
MEHOP BAY CITY, TX 77414	20-0537948	501(C)(3)		51,764.	FMV	MEDICAL SUPPLIES	ON-GOING			
(5) BIGHORN VALLEY HEALTH CENTER										
10 WEST 4TH ST. HARDIN, MT 59034	27-3113428	501(C)(3)		43,081.	FMV	MEDICAL SUPPLIES	ON-GOING			
(6) FERNCARE FREE CLINIC, INC.										
459 E. NINE MILE ROAD FERNDALE, MI 48220	32-0246843	501(C)(3)		33,990.	FMV	MEDICAL SUPPLIES	ON-GOING			
(7) DOCTORS OF THE WORLD-USA, INC										
137 VARICK ST 8TH FL. NEW YORK, NY 10013	35-2426718	501(C)(3)		32,277.	FMV	MEDICAL SUPPLIES	ON-GOING			
(8) GREATER GREENWOOD UNITED MINISTRY FREE MEDI										
1404 EDGEFIELD ST GREENWOOD, SC 29384	57-1012393	501(C)(3)		32,084.	FMV	MEDICAL SUPPLIES	ON-GOING			
(9) MISSION WACO HEALTH CLINIC										
1315 N. 15TH ST WACO, TX 76707	74-2605621	501(C)(3)		32,002.	FMV	MEDICAL SUPPLIES	ON-GOING			
(10) PARTNERING FOR HEALTH										
501 HOWARD AVE SUITE 204B ALTOONA, PA 16601	25-1842308	501(C)(3)		25,524.	FMV	MEDICAL SUPPLIES	ON-GOING			
(11) GOOD SAMARITAN CARE CLINIC										
501 W. US HWY. 60 MOUNTAIN VIEW, MO 65548	56-2418664	501(C)(3)		24,080.	FMV	MEDICAL SUPPLIES	ON-GOING			
(12) GRAYS HARBOR COUNTY PUBLIC HEALTH										
2109 SUMNER AVE ABERDEEN, WA 98520	91-6001320			12,784.	FMV	MEDICAL SUPPLIES	EMERGENCY			
2 Enter total number of section 501(c)(3) and	•	•	listed in the line 1 t	able		▶				
3 Enter total number of other organizations I	isted in the li	ne 1 table								

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

Schedule I (Form 990) (2014)

JSA

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V 14-7.6F PAGE 56

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

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

2014 **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization AMERICARES FOUNDATION, INC. 06-1008595 **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 Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant or government if applicable grant or assistance cash assistance non-cash assistance (1) SCHOOL HEALTH CLINICS OF SANTA CLARA COUNTY 5671 SANTA TERESA BLVD SAN JOSE, CA 95123 77-0031679 501(C)(3) 20,191. MEDICAL SUPPLIES ON-GOING (2) CARE ALLIANCE HEALTH CENTER 1530 ST. CLAIR AVE CLEVELAND, OH 44114 34-1748776 501(C)(3) 16,196. MEDICAL SUPPLIES ON-GOING (3) THE HEALTH CARE CONNECTION 1401 STEFFEN AVENUE CINCINNATI, OH 45215 31-0822524 501(C)(3) 14,499. MEDICAL SUPPLIES ON-GOING (4) COMANCHE COUNTY HEALTH DEPARTMENT 1010 SOUTH SHERIDAN LAWTON, OK 73501 73-6006356 115 7,510. MEDICAL SUPPLIES EMERGENCY (5) HARTVILLE MIGRANT MINISTRIES 34-0899100 501(C)(3) 3980 SWAMP ST HARTVILLE, OH 44632 12,018. MEDICAL SUPPLIES ON-GOING (6) CLEVELAND COUNTY HEALTH DEPARTMENT 315 E GROVER ST SHELBY, NC 28150 56-6000288 615,606. MEDICAL SUPPLIES ON-GOING (7) SOCIAL WELFARE BOARD 44-6000455 904 S. 10TH, SUITE A ST. JOSEPH, MO 64503 479,266. MEDICAL SUPPLIES ON-GOING (8) PANHANDLE PUBLIC HEALTH DEPARTMENT 03-047-5216 115 1930 EAST 20TH PLACE SCOTTSBLUFF, NE 69361 143,502. MEDICAL SUPPLIES ON-GOING (9) PIMA COUNTY HEALTH DEPARTMENT 3950 S. COUNTRY CLUB TUCSON, AZ 85714 86-6000543 85,222. MEDICAL SUPPLIES ON-GOING (10) UTAH COUNTY HEALTH DEPARTMENT 87-6000312 151 S UNIVERSITY AVE PROVO, UT 84601 83,671. MEDICAL SUPPLIES ON-GOING (11) UNION COUNTY HEALTH DEPARTMENT 31-6400087 940 LONDON AVE. MARYSVILLE, OH 43040 82,177. MEDICAL SUPPLIES ON-GOING (12) CARROLL COUNTY HEALTH DEPARTMENT 101 WEST MAIN ST DELPHI, IN 46923 35-6000130 115 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

JSA

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

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

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

 Does the organization maintain records to set the selection criteria used to award the grant part IV the organization's process. 	ts or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient to	Domestic Org that received	ganizations ar more than \$5	nd Domestic Gov ,000. Part II can I	vernments. Con be duplicated if	nplete if the organ additional space is	ization answered "Y s needed.	es" to Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BUTLER COUNTY HEALTH DEPARTMENT							
1619 NORTH MAIN ST. POPLAR BLUFF, MO 63901	43-1070380	115		63,917.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) WASATCH COUNTY HEALTH DEPARTMENT							
55 SOUTH 500 EAST HEBER CITY, UT 84032	87-6000299	115		42,611.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) DADE COUNTY HEALTH DEPARTMENT							
413 W WATER ST. GREENFIELD, MO 65661	43-1266535	115		38,278.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) KITSAP PUBLIC HEALTH DISTRICT							
345 6TH ST STE 300 BREMERTON, WA 98337	42-1689063	115		33,953.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) LINN COUNTY PUBLIC HEALTH							
501 13TH ST. NW CEDAR RAPIDS, IA 52405	42-6004338	115		33,624.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) ERIE COUNTY HEALTH DEPARTMENT							
608 WILLIAM ST. BUFFALO, NY 14206	16-6002558	115		23,048.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) BEAR RIVER HEALTH DEPARTMENT							
655 EAST 1300 NORTH LOGAN, UT 84341	87-0109001	115		21,306.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) BUNCOMBE COUNTY DEPARTMENT OF HEALTH							
40 COXE AVENUE ASHEVILLE, NC 28801	56-6000279	115		20,530.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) CLAY COUNTY HEALTH DEPARTMENT							
820 SPELLMAN CIRCLE CLAY CENTER, KS 67432	48-6023072	115		14,062.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) DAVIS COUNTY HEALTH DEPARTMENT							
22 SOUTH STATE ST. CLEARFIELD, UT 84015	87-6000297	115		10,653.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) WHATCOM COUNTY HEALTH DEPARTMENT							
1500 N. STATE ST. BELLINGHAM, WA 98225	91-6001383	115		10,237.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) RILEY COUNTY HEALTH DEPARTMENT							
2030 TECUMSEH RD MANHATTAN, KS 66502	48-6023850	115		10,227.	FMV	MEDICAL SUPPLIES	ON-GOING

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

Schedule I (Form 990) (2014)

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

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

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

ERICARES FOUNDATION, INC.						06-1008595		
Part I General Information on Grants an	d Assistanc	е						
1 Does the organization maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	s' eligibility for the gra	nts or assistance, and		
the selection criteria used to award the gran							X Yes No	
2 Describe in Part IV the organization's proced								
Part Grants and Other Assistance to D	omestic Or	nanizations a	nd Domestic Gov	vernments. Con	nolete if the organ	ization answered "\	es" to Form 990	
Part IV, line 21, for any recipient t								
						I		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) WEBSTER COUNTY HEALTH DEPARTMENT								
723 1ST AVENUE SOUTH FORT DODGE, IA 50501	42-6004677	115		8,522.	FMV	MEDICAL SUPPLIES	ON-GOING	
(2) PUBLIC HEALTH - SEATTLE & KING COUNTY								
401 5TH AVE SEATTLE, WA 98104	91-6001327	115		8,522.	FMV	MEDICAL SUPPLIES	ON-GOING	
(3) SIOUXLAND DISTRICT HEALTH DEPARTMENT								
1014 NEBRASKA STREET SIOUX CITY, IA 51105	42-6005221	115		8,522.	FMV	MEDICAL SUPPLIES	ON-GOING	
(4) NAVAJO COUNTY PUBLIC HEALTH								
600 N. 9TH PL. SHOW LOW, AZ 85901	86-6000541	115		8,522.	FMV	MEDICAL SUPPLIES	ON-GOING	
(5) LOGAN COUNTY HEALTH DISTRICT								
310 S. MAIN ST BELLEFONTAINE, OH 43311	34-6400797	115		8,367.	FMV	MEDICAL SUPPLIES	ON-GOING	
(6) COLE COUNTY HEALTH DEPARTMENT								
1616 INDUS. DR. JEFFERSON CITY, MO 65109	44-6000488	115		8,212.	FMV	MEDICAL SUPPLIES	ON-GOING	
(7) LIVINGSTON COUNTY PUBLIC HEALTH DEPARTMENT								
310 E. TORRANCE AVE. PONTIAC, IL 61764	37-6001248	501(C)(3)		10,154.	FMV	MEDICAL SUPPLIES	ON-GOING	
(8) MESA FIRE AND MEDICAL DEPARTMENT								
4530 E. MCKELLIPS MESA, AZ 85215	86-6000252	115		8,212.	FMV	MEDICAL SUPPLIES	ON-GOING	
(9) CEDAR COUNTY PUBLIC HEALTH								
400 CEDAR STREET TIPTON, IA 52772	42-6005281	115		8,043.	FMV	MEDICAL SUPPLIES	ON-GOING	
(10) MONROE COUNTY HEALTH DEPARTMENT								
901 ILLINOIS AVE WATERLOO, IL 62298	37-6001650	115		6,787.	FMV	MEDICAL SUPPLIES	ON-GOING	
(11) STEUBEN COUNTY PUBLIC HEALTH								
7002 COUNTY RTE 113 BATH, NY 14810	16-6002567	115		6,314.	FMV	MEDICAL SUPPLIES	ON-GOING	
(12) COCHISE HEALTH & SOCIAL SERVICES - COCHISE								
4115 E. FOOTHILLS DR SIERRA VISTA, AZ 85635	86-6000398	115		6,159.	FMV	MEDICAL SUPPLIES	ON-GOING	
2 Enter total number of section 501(c)(3) an	d governmen	t organizations	listed in the line 1 t			>		

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

Schedule I (Form 990) (2014)

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Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

Part I General Information on Grants and							
1 Does the organization maintain records to su			=	=			
the selection criteria used to award the grant							X Yes N
2 Describe in Part IV the organization's proced	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient th	omestic Or nat received	ganizations ar more than \$5	nd Domestic Gov ,000. Part II can I	vernments. Cor be duplicated if	nplete if the organ additional space is	ization answered "\ s needed.	es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALBANY COUNTY DEPARTMENT OF HEALTH							
175 GREEN STREET ALBANY, NY 12206	14-6002563	115		6,159.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) CALHOUN COUNTY PUBLIC HEALTH							
501 COURT STREET ROCKWELL CITY, IA 50579	42-6005168	115		5,539.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) GREATER KILLEEN FREE CLINIC							
718 N 2ND STREET, STE A KILLEEN, TX 76541	74-2724725	501(C)(3)		2,789,480.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) NORTHSHORE SCOTTSDALE PHARMACY							
3564 SCOTTSDALE ST PORTAGE, IN 46368	35-2028588	501(C)(3)		2,277,334.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) SEMO HEALTH NETWORK							
415 MAIN STREET NEW MADRID, MO 63869	43-1253101	501(C)(3)		1,816,730.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) AMERICARES FREE CLINICS, INC.							
88 HAMILTON AVENUE STAMFORD, CT 06902	06-1422741	501(C)(3)		1,622,638.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) FOUNDATION FOR HIV AND KIDNEY DIALYSIS INC.							
14 ZIRKEL. AVENUE. PISCATAWAY, NJ 08854	43-2024266	501(C)(3)		1,565,483.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) DIVINE GRACE MEDICAL MISSIONARIES							
8515 FONDREN RD # 210 HOUSTON, TX 77074	27-4000666	501(C)(3)		1,462,061.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) PALMETTO HEALTH COUNCIL, INC.							
643 MAIN STREET PALMETTO, GA 30268	58-1307597	501(C)(3)		1,409,531.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) THE TEXAS INTL. INSTITUTE OF HEALTH PROFESS							
2615 STRAWBERRY ROAD PASADENA, TX 77502	46-1267820	501(C)(3)		1,311,409.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) BREAD OF HEALING CLINIC							
1821 N 16TH ST MILWAUKEE, WI 53205	81-0669867	501(C)(3)		1,297,944.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) EUNICE COMMUNITY HEALTH CENTER							
450 MOOSA BLVD. STE. E EUNICE, LA 70535	27-0213992	L		1,261,165.		MEDICAL SUPPLIES	ON-GOING

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

Schedule I (Form 990) (2014)

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Name of the organization

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

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

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

AMERICARES FOUNDATION, INC.	ERICARES FOUNDATION, INC.						5
Part I General Information on Grants an	nd Assistanc	е					
1 Does the organization maintain records to s	substantiate th	ne amount of th	e grants or assista	nce, the grantees	s' eligibility for the gra	ints or assistance, and	
the selection criteria used to award the gran	nts or assistand	e?					X Yes No
2 Describe in Part IV the organization's proce							
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient							es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1) ST.MARY`S DINING ROOM							
545 W.SONORA ST. STOCKTON, CA 95203	94-2687280	501(C)(3)		1,182,305.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) COMMUNITY CARE CENTER FOR FORSYTH CO. INC.							
2135 NEW W. RD WINSTON SALEM, NC 27101	58-1403699	501(C)(3)		1,143,579.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) MUSLIM COMMUNITY CENTER FOR HUMAN SERVICES							
7600 GLENVIEW DR. RICHLAND HILLS, TX 76180	75-2580088	501(C)(3)		1,131,264.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) MISSION ARLINGTON MEDICAL CLINIC							
210 W. SOUTH ARLINGTON, TX 76010	75-2724385	501(C)(3)		1,123,934.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) NEIGHBOR FOR NEIGHBOR							
505 E 36TH ST N TULSA, OK 74106	73-0776404	501(C)(3)		1,078,285.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) COMMUNITY HEALTH CENTERS, INC.							
12716 N.E. 36TH STREET SPENCER, OK 73084	73-0930123	501(C)(3)		1,033,210.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) AGAPE CLINIC							
4105 JUNIUS STREET DALLAS, TX 75246	14-1847977	501(C)(3)		1,022,701.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) WATER STREET HEALTH SERVICES							
210 S. PRINCE STREET LANCASTER, PA 17603	23-2798318	501(C)(3)		9,823.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) NEVADA OBSTETRICAL CHARITY CLINIC							
1950 PINTO LANE LAS VEGAS, NV 89106	26-4834603	501(C)(3)		1,014,297.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) CHURCH HILL FREE CLINIC							
PO BOX 166 CHURCH HILL, TN 37642	62-1391365	501(C)(3)		967,447.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) SAMARITAN REGIONAL HEALTH CLINIC							
937 BROADWAY CAPE GIRARDEAU, MO 63701	27-5427837	501(C)(3)		932,281.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) MISSION OF MERCY							
22 SOUTH MARKET ST. FREDERICK, MD 21701	86-0704883	501(C)(3)		903,871.	FMV	MEDICAL SUPPLIES	ON-GOING
2 Enter total number of section 501(c)(3) ar	•	•	listed in the line 1	table		▶	· .
3 Enter total number of other organizations	listed in the li	ne 1 table					

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Schedule I (Form 990) (2014)

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

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

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

e use of grant funds i	Governments. Comean be duplicated if a	nplete if the organiz	zation answered "Ye	x Yes No
an \$5,000. Part II c	an be duplicated if a	nplete if the organiz additional space is	zation answered "Yeneeded."	es" to Form 990,
	ash (e) Amount of non-			
	cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
)	897,305.	FMV	MEDICAL SUPPLIES	ON-GOING
)	896,003.	FMV	MEDICAL SUPPLIES	ON-GOING
)	892,560.	FMV	MEDICAL SUPPLIES	ON-GOING
)	889,427.	FMV	MEDICAL SUPPLIES	ON-GOING
)	862,392.	FMV	MEDICAL SUPPLIES	ON-GOING
)	848,441.	FMV	MEDICAL SUPPLIES	ON-GOING
)	811,473.	FMV	MEDICAL SUPPLIES	ON-GOING
)	808,732.	FMV	MEDICAL SUPPLIES	ON-GOING
)	802,197.	FMV	MEDICAL SUPPLIES	ON-GOING
)	800,996.	FMV	MEDICAL SUPPLIES	ON-GOING
)	800,136.	FMV	MEDICAL SUPPLIES	ON-GOING
		1	1	1
]) 848,441.) 811,473.) 808,732.) 802,197.	848,441. FMV 811,473. FMV 808,732. FMV 802,197. FMV	848,441. FMV MEDICAL SUPPLIES 811,473. FMV MEDICAL SUPPLIES 808,732. FMV MEDICAL SUPPLIES 802,197. FMV MEDICAL SUPPLIES 800,996. FMV MEDICAL SUPPLIES

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

Schedule I (Form 990) (2014)

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Name of the organization

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

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Department of the Treasury Internal Revenue Service

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OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

AMERICARES FOUNDATION, INC.	ERICARES FOUNDATION, INC.						06-1008595				
Part I General Information on Grants and	d Assistanc	е				•					
1 Does the organization maintain records to s	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	s' eligibility for the gra	nts or assistance, and					
the selection criteria used to award the grant	ts or assistand	ce?					X Yes No				
2 Describe in Part IV the organization's proceed											
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
(1) VOLUNTEERS IN MEDICINE CLINIC											
2260 MARCOLA ROAD SPRINGFIELD, OR 97477	93-1276816	501(C)(3)		745,343.	FMV	MEDICAL SUPPLIES	ON-GOING				
(2) NORTH HUDSON COMMUNITY ACTION CORPORATION											
714-31ST STREET UNION CITY, NJ 07087	22-1818699	501(C)(3)		740,597.	FMV	MEDICAL SUPPLIES	ON-GOING				
(3) HEALTH UNIT ON DAVISON AVENUE CLNIC											
13240 WOODROW WILSON ST DETROIT, MI 48238	37-1490937	501(C)(3)		732,129.	FMV	MEDICAL SUPPLIES	ON-GOING				
(4) WESLEY HEALTH CENTER											
1300 S. 10TH ST PHOENIX, AZ 85034	86-0133770	501(C)(3)		9,795.	FMV	MEDICAL SUPPLIES	ON-GOING				
(5) PRESBYTERIAN MEDICAL CARE MISSION											
1857 PINE ST STE 100 ABILENE, TX 79601	75-1910600	501(C)(3)		731,212.	FMV	MEDICAL SUPPLIES	ON-GOING				
(6) CHRISTIAN HEALTH CENTER											
1115 FAIRVIEW CAMDEN, AR 71701	71-0804142	501(C)(3)		729,143.	FMV	MEDICAL SUPPLIES	ON-GOING				
(7) GOOD SHEPHERD CLINIC											
6392 MURPHY DRIVE MORROW, GA 30260	58-2578581	501(C)(3)		726,385.	FMV	MEDICAL SUPPLIES	ON-GOING				
(8) COMMUNITY HEALTH CLINIC OF JOPLIN											
701 S. JOPLIN AVE JOPLIN, MO 64801	43-1643962	501(C)(3)		720,074.	FMV	MEDICAL SUPPLIES	ON-GOING				
(9) THE ROAD HOME COMMUNITY WINTER SHELTER											
315 N 900 EAST KAYSVILLE, UT 84037	87-0212465	501(C)(3)		9,246.	FMV	MEDICAL SUPPLIES	ON-GOING				
(10) FIRST REFUGE MINISTRIES MEDICAL CLINIC											
1701 BROADWAY STREET DENTON, TX 76201	45-5606427	501(C)(3)		705,204.	FMV	MEDICAL SUPPLIES	ON-GOING				
(11) SOUTH CENTRAL MISSOURI COMMUNITY HEALTH CEN											
1050 WEST 10TH STREET ROLLA, MO 65401	26-2522083	501(C)(3)		682,764.	FMV	MEDICAL SUPPLIES	ON-GOING				
(12) SHELBY COMMUNITY HEALTH CENTER											
1640 E STATE RD. 44 SHELBYVILLE, IN 46176	30-0174146			669,494.	FMV	MEDICAL SUPPLIES	ON-GOING				
2 Enter total number of section 501(c)(3) an	d governmen	t organizations	listed in the line 1 t	able		▶	-				
3 Enter total number of other organizations I	isted in the li	ne 1 table				<u></u>					

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

Schedule I (Form 990) (2014)

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

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

Department of the Treasury ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service

2014

OMB No. 1545-0047

Open to Public Inspection

Name of the organization						Employer identificat	ion number
AMERICARES FOUNDATION, INC.						06-1008595	5
Part I General Information on Grants and	d Assistanc	е				•	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand dures for mor	e? nitoring the use	of grant funds in th	e United States.			X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the					additional space is		es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GOOD SAMARITAN HEALTH AND WELLNESS CENTER 209 W. STATE LINE RD S. FULTON, TN 38257	45-3745315	501(C)(3)		668,613.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) ORANGEBURG-CALHOUN FREE MEDICAL CLINIC							
860 HOLLY STREET ORANGEBURG, SC 29115 (3) CHRIST CLINIC	26-3762573	501(C)(3)		661,354.	F'MV	MEDICAL SUPPLIES	ON-GOING
5504 FIRST STREET KATY, TX 77493	90-0789318	501(C)(3)		654,790.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) KEVINS COMMUNITY CENTER							
153 S MAIN STREET NEWTOWN, CT 06470	61-1436909	501(C)(3)		640,988.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) AVENAL COMMUNITY HEALTH CENTER							
1000 SKYLINE BLVD AVENAL, CA 93204	77-0425496	501(C)(3)		624,905.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) CONWAY INTERFAITH CLINIC							
830 NORTH CREEK CONWAY, AR 72032	41-2058756	501(C)(3)		624,299.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) ST VINCENT DE PAUL CHARITABLE PHARMACY							
1125 BANK ST. CINCINNATI, OH 45214	30-0272954	501(C)(3)		609,388.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) TRAY FREE CLINIC							
652 WEST 11TH STREET TRACY, CA 95376	26-4130481	501(C)(3)		588,966.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) ST. MARTINS HEALTHCARE INC							
1359 S. RANDOLPH ST. GARRETT, IN 46738	20-8609620	501(C)(3)		571,514.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) WV HEALTH RIGHT INC							
1520 WASHINGTON ST. CHARLESTON, WV 25311	31-1066881	501(C)(3)		552,749.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) HALEY CENTER							
122 WEST CENTRAL AVE WINTER HAVEN, FL 33880	59-0766974	501(C)(3)		546,056.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) ETOWAH FREE COMMUNITY CLINIC							
423 S. 3RD. STREET GADSDEN, AL 35901	82-0562064	501(C)(3)		544,809.	FMV	MEDICAL SUPPLIES	ON-GOING
2 Enter total number of section 501(c)(3) an	d governmen	t organizations	listed in the line 1 t	able			

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

Schedule I (Form 990) (2014)

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

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Department of the Treasury Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

Part I General Information on Grants and							
1 Does the organization maintain records to so			e grants or assista	nce, the grantees	s' eligibility for the gra	ints or assistance, and	
the selection criteria used to award the grant							X Yes N
2 Describe in Part IV the organization's proceed	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the	omestic Or nat received	ganizations ar more than \$5	nd Domestic Gov ,000. Part II can I	vernments. Cor be duplicated if	nplete if the organ additional space is	ization answered "\ s needed.	es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY HEALTH SERVICES							
4675 E. 69TH AVENUE COMMERCE CITY, CO 80022	84-0799374	501(C)(3)		9,007.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) CABRINI CLINIC							
1234 PORTER STREET DETROIT, MI 48226	38-3129349	501(C)(3)		544,765.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) HOPE CLINIC							
203 NORTH STREET BAYBORO, NC 28515	56-2114681	501(C)(3)		542,038.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) RURAL HEALTH CLINIC OF THE CUMBERLANDS							
9400 SPARTA HIGHWAY CROSSVILLE, TN 38572	20-5562191	501(C)(3)		541,997.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) NORTH TEXAS FOOD BANK							
4500 S. COCKRELL HILL ROAD DALLAS, TX 75236	751785357	501(C)(3)		8,906.	FMV	MEDICAL SUPPLIES	EMERGENCY
(6) MEL LEAMAN FREE CLINIC							
1583 NORTH MAIN ST MARION, VA 24354	54-1993876	501(C)(3)		538,008.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) A PROMISE TO HELP							
1332 WINOLA LANE BIRMINGHAM, AL 35235	26-4401185	501(C)(3)		507,460.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) ROCK SPRINGS CLINIC							
219 ROCK SPRINGS ROAD MILNER, GA 30257	26-4485460	501(C)(3)		506,536.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) BETHESDA HEALTH CLINIC							
409 WEST FERGUSON TYLER, TX 75702	26-0036674	501(C)(3)		503,069.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) COMMUNITY HEALTH SERVICE AGENCY							
4311 WESLEY GREENVILLE, TX 75403	75-1528614	501(C)(3)		8,367.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) BROAD STREET CLINIC							
534 N. 35TH ST. MOREHEAD CITY, NC 28557	56-1853604	501(C)(3)		502,829.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) good samaritan medical clinic							
139 CHURCH ST. CHESTER, SC 29706	82-0549226	L		498,350.		MEDICAL SUPPLIES	ON-GOING

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Department of the Treasury

Internal Revenue Service Name of the organization

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

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2014

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Employer identification number

AMERICARES FOUNDATION, INC.	ICARES FOUNDATION, INC.						5
Part I General Information on Grants and	d Assistanc	е					
Does the organization maintain records to si	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	s' eligibility for the gra	nts or assistance, and	
the selection criteria used to award the grant	ts or assistand	e?					X Yes No
2 Describe in Part IV the organization's proced							
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the							es" to Form 990,
Fait IV, line 21, for any recipient in	nat received	more man 45	,000. Part il Carri	be duplicated if a	addilional space is	needed.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HEALTHREACH COMMUNITY CLINIC							
400 E. STSVILLE. AVE MOORESVILLE, NC 28115	20-1020941	501(C)(3)		495,315.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) I CARE SAN ANTONIO							
1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	74-2690192	501(C)(3)		492,582.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) GOODWIN COMMUNITY HEALTH CENTER, INC. DBA C							
2605 PARKWOOD DR BRUNSWICK, GA 31520	01-0576945	501(C)(3)		490,835.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) COMMUNITY HELPING HANDS HEALTH CLINIC							
34-C COURTHOUSE SQUARE CLEVELAND, GA 30528	64-0950194	501(C)(3)		487,246.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) KIDS COME FIRST COMMUNITY HEALTH CENTER							
1556 S. SULTANA AVE. ONTARIO, CA 91761	33-0969025	501(C)(3)		471,087.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) CENTER FOR FAMILY HEALTH AND EDUCATION							
8727 V. NUYS BLVD. PANORAMA CITY, CA 91402	27-0224623	501(C)(3)		468,959.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) COMPASSIONATE CARE OF SHELBY COUNTY, INC.							
124 N. OHIO AVE SIDNEY, OH 45365	20-8479583	501(C)(3)		460,860.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) FOUR HOLES INDIAN ORGANIZATION DBA EIFC							
1125 RIDGE RD RIDGEVILLE, SC 29472	57-0570165	501(C)(3)		460,414.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) ATHENS NURSES CLINIC							
496 REESE STREET ATHENS, GA 30601	58-2490925	501(C)(3)		457,347.	FMV	MEDICAL SUPPLIES	ON-GOING
10) NORTH BROWARD HOSPITAL DISTRICT							
303 SE 17TH ST. FORT LAUDERDALE, FL 33316	59-6012065	501(C)(3)		456,338.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) CATHERINE MCAULEY CLINIC							
5514 HOHMAN AVE HAMMOND, IN 46320	35-1835133	501(C)(3)		455,337.	FMV	MEDICAL SUPPLIES	ON-GOING
12) WESTMINSTER FREE CLINIC							
5560 NAPOLEON DRIVE OAK PARK, CA 91377	77-0563241	501(C)(3)		443,144.	FMV	MEDICAL SUPPLIES	ON-GOING
2 Enter total number of section 501(c)(3) an	d governmen	t organizations	listed in the line 1 t	able		· · · · · · · · · · · · · · · · · · ·	

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

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Department of the Treasury

Internal Revenue Service Name of the organization

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

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OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

AMERICARES FOUNDATION, INC.	RICARES FOUNDATION, INC.						5
Part I General Information on Grants and	d Assistanc	е					
1 Does the organization maintain records to si	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	s' eligibility for the gra	nts or assistance, and	
the selection criteria used to award the grant	s or assistand	e?					X Yes No
2 Describe in Part IV the organization's proced							
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the							es" to Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE CLINIC							
143 CHURCH ST. PHOENIXVILLE, PA 19460	23-3072363	501(C)(3)		440,067.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) CAPITAL AREA HEALTHNETWORK							
719 N. 25TH STREET RICHMOND, VA 23223	54-1884190	501(C)(3)		436,970.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) STEHOUWER FREE CLINIC							
201 N. MITCHELL CADILLAC, MI 49601	61-1401888	501(C)(3)		436,765.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) GULF COAST HEALTH CENTER, INC.							
2548 MEMORIAL BLVD. PORT ARTHUR, TX 77640	76-0289927	501(C)(3)		436,454.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) ANDERSON FREE CLINIC							
414 N FANT ST ANDERSON, SC 29621	57-0787584	501(C)(3)		436,347.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) PRIMARY CARE & HOPE CLINIC							
1453 HOPE WAY MURFREESBORO, TN 37129	62-1482091	501(C)(3)		435,997.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) RIVERSIDE HEALTH CENTER							
322 W. RIVERSIDE ST. COVINGTON, VA 24426	54-1904342	501(C)(3)		434,459.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) SNAKE RIVER COMMUNITY CLINIC							
215 10TH STREET LEWISTON, ID 83501	31-1726460	501(C)(3)		423,419.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) HEALTHQUEST OF UNION COUNTY							
415 E. FRANKLIN STREET MONROE, NC 28112	56-2117596	501(C)(3)		417,742.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) MEDLINK GEORGIA, INC.							
11 CHARLIE MORRIS ROAD COLBERT, GA 30628	58-1394645	501(C)(3)		416,590.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) OPEN ARMS HEALTH CLINIC							
3921 W GREEN OAKS BLVD. ARLINGTON, TX 76017	45-0621201	501(C)(3)		416,164.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) MINISTRIES OF JESUS							
1100 E. I-35 FRONTAGE ROAD EDMOND, OK 73034	73-1622804	501(C)(3)		413,150.	FMV	MEDICAL SUPPLIES	ON-GOING
2 Enter total number of section 501(c)(3) an 3 Enter total number of other organizations I	•	•	listed in the line 1 t	able			

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Department of the Treasury

AMERICARES FOUNDATION, INC.

Internal Revenue Service

Name of the organization

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

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OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number 06-1008595

Part I General Information on Grants and	d Assistanc	е								
1 Does the organization maintain records to see										
the selection criteria used to award the grant							X Yes No			
2 Describe in Part IV the organization's proceed	dures for mor	nitoring the use	of grant funds in the	e United States.						
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
(1) OPEN DOOR HEALTH CENTER										
1350 SW 4 ST. HOMESTEAD, FL 33030	83-0375996	501(C)(3)		412,631.	FMV	MEDICAL SUPPLIES	ON-GOING			
(2) CARIDAD CENTER										
8645 W BOYNTON BOYNTON BEACH, FL 33472	65-0149423	501(C)(3)		397,103.	FMV	MEDICAL SUPPLIES	ON-GOING			
(3) RIVER HILLS COMMUNITY HEALTH CENTER										
201 SOUTH MARKET STREET OTTUMWA, IA 52501	42-1489471	501(C)(3)		391,423.	FMV	MEDICAL SUPPLIES	ON-GOING			
(4) CITY SQUARE										
2835 GRAND AVE DALLAS, TX 75215	79-2332948	501(C)(3)		388,626.	FMV	MEDICAL SUPPLIES	ON-GOING			
(5) LEFLORE COUNTY HEALTH CENTER										
706 HWY 82 W. GREENWOOD, MS 38930	20-0069223	501(C)(3)		388,230.	FMV	MEDICAL SUPPLIES	ON-GOING			
(6) TARZANA TREATMENT CENTERS, INC.										
18646 OXNARD STREET TARZANA, CA 91356	94-2219349	501(C)(3)		382,180.	FMV	MEDICAL SUPPLIES	ON-GOING			
(7) DR GARY BURNSTEIN COMMUNITY HEALTH CLINIC										
45580 WOODWARD AVE PONTIAC, MI 48341	32-0015321	501(C)(3)		371,493.	FMV	MEDICAL SUPPLIES	ON-GOING			
(8) HEALTH AND HOPE CLINIC, INC.										
1718 E OLIVE RD PENSACOLA, FL 32514	26-4336638	501(C)(3)		366,146.	FMV	MEDICAL SUPPLIES	ON-GOING			
(9) MERCY MEDICAL CLINIC										
615 WASHINGTON STREET SHELBYVILLE, KY 40065	61-1211189	501(C)(3)		364,382.	FMV	MEDICAL SUPPLIES	ON-GOING			
(10) RUTLAND FREE CLINIC										
145 STATE STREET RUTLAND, VT 05701	83-0427544	501(C)(3)		364,201.	FMV	MEDICAL SUPPLIES	ON-GOING			
(11) LIGHT OF THE WORLD CLINIC, INC.										
5333 N. DIXIE HWY OAKLAND PARK, FL 33334	65-0266070	501(C)(3)		359,021.	FMV	MEDICAL SUPPLIES	ON-GOING			
(12) ALABAMA FREE CLINIC										
212 COURTHOUSE SQUARE BAY MINETTE, AL 36507		501(C)(3)		358,559.		MEDICAL SUPPLIES	ON-GOING			
2 Enter total number of section 501(c)(3) an	d governmen	t organizations	listed in the line 1 t	able		 				
3 Enter total number of other organizations I	isted in the lir	ne 1 table			<u> </u>	. >				

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

Schedule I (Form 990) (2014)

JSA

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

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

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

Part I General Information on Grants and							
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand dures for moi	ce? nitoring the use	of grant funds in th	e United States.			X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the	omestic Or nat received	ganizations are more than \$5	nd Domestic Gov ,000. Part II can l	vernments. Con be duplicated if	nplete if the organi additional space is	zation answered "Y needed.	es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GOOD HEALTH CLINIC, INC							
91555 OVERSEAS HWY. TAVERNIER, FL 33070	04-3745805	501(C)(3)		348,885.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) FAITH FAMILY CLINIC							
8711 VILLAGE DR SAN ANTONIO, TX 78217	26-3791828	501(C)(3)		339,551.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) MARICOPA INTEGRATED HEALTH SYSTEM							
2601 EAST R. ST. PHOENIX, AZ 85008	86-0830701	501(C)(3)		8,212.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) FREE CLINIC OF OUR TOWNS/ ADA JENKINS CENTE							
P.O. BOX 1842 DAVIDSON, NC 28036	56-1927067	501(C)(3)		8,129.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) BETHESDA COMMUNITY CLINIC, INC							
107 MOUNT. BROOK DR. CANTON, GA 30115	27-4923001	501(C)(3)		333,925.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) HAVEN FREE CLINIC							
374 GRAND AVE. NEW HAVEN, CT 06513	06-0646973	501(C)(3)		332,687.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) ROTACARE INC							
875 JERUSALEM AVE UNIONDALE, NY 11530	11-3135331	501(C)(3)		325,419.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) VOLUNTEERS IN MEDICINE							
190 N. PENN. AVE. WILKES BARRE, PA 18702	20-3531527	501(C)(3)		324,444.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) COMMUNITY HEALTH CARE							
3 BROADWAY CAPE MAY COURTHOUSE, NJ 08210	22-2763588	501(C)(3)		320,717.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) LIVINGSTONE COMMUNITY DEVELOPMENT CORPORATI							
12362 BEACH BLVD. STANTON, CA 90680	27-0947808	501(C)(3)		319,946.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) ANGELS COMMUNITY CLINIC							
1005 POPLAR STREET MURRAY, KY 42071	62-1777249	501(C)(3)		316,105.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) COMMUNITY FREE CLINIC, INC.							
249 MILL STREET HAGERSTOWN, MD 21740	52-1772594			310,035.	FMV	MEDICAL SUPPLIES	ON-GOING
2 Enter total number of section 501(c)(3) an	•	•	listed in the line 1	table			-
3 Enter total number of other organizations I	isted in the li	ne 1 table					

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Schedule I (Form 990) (2014)

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

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

Department of the Treasury Internal Revenue Service Name of the organization

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OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

Part I General Information on Grants and	d Assistanc	e				06-100859	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	e?			s' eligibility for the gra		X Yes No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CROSSINGS COMMUNITY CLINIC							
2208 W HEFNER RD OKLAHOMA CITY, OK 73112	86-1115863	501(C)(3)		297,467.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) MAMOU HEALTH RESOURCES, INC.							
300 SOUTH STREET MAMOU, LA 70554	72-0949444	501(C)(3)		293,368.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) HEARTBRIGHT FOUNDATION INC							
2923 SOUTH TRYON CHARLOTTE, NC 28203	45-0496759	501(C)(3)		292,520.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) NORTHWEST HUMAN SERVICES, INC.							
681 CENTER STREET NE SALEM, OR 97301	93-0605570	501(C)(3)		292,371.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) HOPELIGHT MEDICAL CLINIC							
1351 COLLYER ST LONGMONT, CO 80501	46-4657471	501(C)(3)		291,880.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) THE FREE MEDICAL CLINIC OF GREATER CLEVELAN							
12201 EUCLID AVE CLEVELAND, OH 44106	23-7078501	501(C)(3)		290,287.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) BARTZ-ALTADONNA COMMUNITY HEALTH CENTER							
43322 GINGHAM AVE. LANCASTER, CA 93535	27-3261289	501(C)(3)		280,794.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) SAN JOSE CLINIC							
2615 FANNIN ST. HOUSTON, TX 77002	76-0373703	501(C)(3)		275,732.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) VOLUNTEERS IN MEDICINE							
640 MADISON AVE SCRANTON, PA 18510	20-3531527	501(C)(3)		273,550.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) MISSION OF MERCY-ARIZONA							
821 W WARNER ROAD CHANDLER, AZ 85225	86-0704883	501(C)(3)		270,736.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) HEALING BRIDGE CLINIC							
215 WILLOWBEND RD. PEACHTREE CITY, GA 30269	26-3555799	501(C)(3)		269,466.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) BROCK HUGHES FREE CLINIC, INC.							
450 W MONROE ST WYTHEVILLE, VA 24382	20-2353144	501(C)(3)		266,604.	FMV	MEDICAL SUPPLIES	ON-GOING
2 Enter total number of section 501(c)(3) an	d governmen	t organizations	listed in the line 1 t	able			<u> </u>

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Department of the Treasury

Internal Revenue Service

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

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

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OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number Name of the organization AMERICARES FOUNDATION, INC. 06-1008595 **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 Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant or government if applicable grant or assistance cash assistance non-cash assistance (1) COMMUNITY CARE CLINIC OF HIGHLANDS-CASHIERS 52 AUNT DORA DRIVE HIGHLANDS, NC 28741 65-1251915 501(C)(3) 265,159. MEDICAL SUPPLIES ON-GOING (2) WASATCH HOMELESS HEALTH CARE, INC 409 WEST 400 SOUTH SALT LAKE CITY, UT 84101 87-0569356 501(C)(3) 264,168. MEDICAL SUPPLIES ON-GOING (3) BRIDGES TO HEALTH 1251 W. KEM ROAD MARION, IN 46952 20-5405181 501(C)(3) 264,080. MEDICAL SUPPLIES ON-GOING (4) HELPING HANDS CLINIC, INC. 810 HARPER AVE LENOIR, NC 28645 56-2076541 501(C)(3) 263,068. MEDICAL SUPPLIES ON-GOING (5) EDWARD R. LEAHY JR. CENTER CLINIC FOR THE U 800 LINDEN STREET SCRANTON, PA 18510 24-0795495 501(C)(3) 262,546. FMV MEDICAL SUPPLIES ON-GOING (6) KANSAS CITY CARE CLINIC 43-0967292 501(C)(3) 3515 BROADWAY KANSAS CITY, MO 64111 257,520. FMV MEDICAL SUPPLIES ON-GOING (7) FLAGLER COUNTY FREE CLINIC 501(C)(3) 703 EAST MOODY BLVD. BUNNELL, FL 32137 254,874. MEDICAL SUPPLIES ON-GOING (8) AMERICARES FREE CLINIC OF NORWALK 98 SOUTH MAIN STREET NORWALK, CT 06854 06-1008595 501(C)(3) 252,819. MEDICAL SUPPLIES ON-GOING (9) DUFFY HEALTH CENTER, INC 04-3373741 94 MAIN STREET HYANNIS, MA 02601 501(C)(3) 251,517. MEDICAL SUPPLIES ON-GOING (10) SURRY MEDICAL MINISTRIES 56-1829347 501(C)(3) PO BOX 349 MOUNT AIRY, NC 27030 247,747. MEDICAL SUPPLIES ON-GOING (11) FREE CLINIC OF CULPEPER 52-1366700 501(C)(3) 610 LAUREL STREET CULPEPER, VA 22701 246,388. MEDICAL SUPPLIES ON-GOING (12) FIRST BAPTIST CHURCH MEDICAL/DENTAL CLINIC 1607 CHERRY STREET VICKSBURG, MS 39180 64-0356253 501(C)(3) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) (2014)

JSA

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

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

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

 Does the organization maintain records to set the selection criteria used to award the grant part IV the organization's process. 	nts or assistanc	e?					X Yes N
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient to	Domestic Or that received	ganizations ar more than \$5	nd Domestic Gov ,000. Part II can I	vernments. Con be duplicated if	nplete if the organ additional space is	ization answered "Y s needed.	es" to Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY HEALTH							
2611 W. CHICAGO AVE. CHICAGO, IL 60622	36-3931793	501(C)(3)		240,690.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) ROSA CLARK MEDICAL CLINIC							
210 SOUTH OAK ST. SENECA, SC 29678	58-6076010	501(C)(3)		240,231.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) CHRISTIAN APPALACHIAN PROJECT							
6550 US 321 SOUTH HAGERHILL, KY 41222	61-0661137	501(C)(3)		235,763.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) SAFE HARBOR FREE CLINIC							
7209 265TH ST. NW STANWOOD, WA 98292	26-3825107	501(C)(3)		234,262.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) ST. VINCENT'S STUDENT FREE CLINIC							
2817 POST OFFICE ST GALVESTON, TX 77550	74-1384864	501(C)(3)		230,409.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) ST. JOSEPH HEALTH CENTER							
510 W. ADAMS ST PLYMOUTH, IN 46563	35-1142669	501(C)(3)		228,834.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) HEALTHCARE FOR THE HOMELESS - HOUSTON							
2505 FANNIN ST. HOUSTON, TX 77002	76-0647934	501(C)(3)		8,054.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) FAITH COMMUNITY PHARMACY							
7033 BURLINGTON P. FLORENCE, KY 41042	61-1378914	501(C)(3)		225,264.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) GET UP PROJECT							
12221 RENFERT WAY AUSTIN, TX 78758	45-4931906	501(C)(3)		222,147.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) HEALING HANDS MINISTRIES INC							
8515 GREENVILLE AVE. DALLAS, TX 75243	65-1259379	501(C)(3)		220,185.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) FREE CLINIC OF PULASKI COUNTY, INC.							
25 FOURTH ST NW PULASKI, VA 24301	52-1318621	501(C)(3)		219,784.	FMV	MEDICAL SUPPLIES	ON-GOING
12) GOOCHLAND FREE CLINIC AND FAMILY SERVICES							
1800 SANDY HOOK RD. GOOCHLAND, VA 23063	54-1967650	F01 (G) (3)		219,212.	DM7	MEDICAL SUPPLIES	ON-GOING

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

Schedule I (Form 990) (2014)

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7714IN 700J

Name of the organization

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

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Internal Revenue Service
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the selection criteria used to award the grant Describe in Part IV the organization's proced							X Yes N
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the	omestic Or nat received	ganizations ar more than \$5	nd Domestic Gov ,000. Part II can I	vernments. Con be duplicated if	nplete if the organ additional space is	ization answered "\ s needed.	es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) URBAN COMMUNITY ACTION PROJECTS DBA HEALTH							
2880 HULEN PLACE RIVERSIDE, CA 92507	04-3656147	501(C)(3)		217,624.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) LORAIN COUNTY FREE CLINIC							
3323 PEARL AVE. LORAIN, OH 44055	34-1506180	501(C)(3)		217,428.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) GREENVILLE FREE MEDICAL CLINIC							
600 ARLINGTON AVENUE GREENVILLE, SC 29601	57-0855205	501(C)(3)		217,138.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) IBN SINA FOUNDATION							
11226 S. WILCREST DR HOUSTON, TX 77099	76-0698464	501(C)(3)		215,382.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) SHEPHERDS CLINIC							
2800 KIRK AVE. BALTIMORE, MD 21218	52-1739001	501(C)(3)		213,080.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) ARTHUR NAGEL COMMUNITY CLINIC							
1116 12TH STREET, UNIT #3 BANDERA, TX 78003	77-0697361	501(C)(3)		212,242.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) REACH OUT OF MONTGOMERY COUNTY							
25 E. FORAKER DAYTON, OH 45409	31-1434282	501(C)(3)		210,299.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) ST. LUKES FREE MEDICAL CLINIC							
162 N. DEAN ST. SPARTANBURG, SC 29302	57-0943232	501(C)(3)		209,840.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) GRACE MEDICAL CLINIC							
211 S. 8TH ST. MAYFIELD, KY 42066	61-1351519	501(C)(3)		208,125.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) MATTHEW 25 HEALTH AND DENTAL CLINIC							
413 E. JEFFERSON BLVD FORT WAYNE, IN 46802	35-1484951	501(C)(3)		207,240.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) SMITH MEDICAL CLINIC, INC							
116 BASKERVILL DR. PAWLEYS ISLAND, SC 29585	57-0786699	501(C)(3)		207,082.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) BROCKTON NEIGHBORHOOD HEALTH CENTER							
63 MAIN STREET BROCKTON, MA 02301	04-3165044	E01/G1/21		7,746.	EMIZ	MEDICAL SUPPLIES	ON-GOING

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Department of the Treasury

Internal Revenue Service

Name of the organization

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

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Part I General Information on Grants an	ia Assistanc	е					
 Does the organization maintain records to see the selection criteria used to award the grant process. Describe in Part IV the organization's process. 	ts or assistand	e?			s' eligibility for the gra		X Yes N
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient	Domestic Or hat received	ganizations ar more than \$5	nd Domestic Gov ,000. Part II can I	vernments. Cor be duplicated if	nplete if the organ additional space is	ization answered "Y s needed.	es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HEALTHNET OF ROCK COUNTY, INC.							
23 W. MILWAUKEE STREET JANESVILLE, WI 53548	39-1778804	501(C)(3)		206,513.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) MEDICAL OUTREACH MINISTRIES							
1401 E SOUTH BOULEVARD MONTGOMERY, AL 36116	63-1204645	501(C)(3)		205,512.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) CANYON COUNTY COMMUNITY CLINIC							
920 MAIN ST. CALDWELL, ID 83605	26-4195171	501(C)(3)		204,305.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) GREATER TEXOMA HEALTH CLINIC							
900 N. ARMSTRONG AVE. DENISON, TX 75020	81-0584983	501(C)(3)		201,499.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) COMMUNITY HEALTH CENTER OF THE BLACK HILLS							
504 E. MONROE ST RAPID CITY, SD 57701	46-0418932	501(C)(3)		200,365.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) COMMUNITY HEALTHWORX							
1543 MCGINNIS STREET ALEXANDRIA, LA 71301	72-1444312	501(C)(3)		200,063.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) FAMILY HEALTH PARTNERSHIP CLINIC							
401 CONGRESS PARKWAY CRYSTAL LAKE, IL 60014	36-4277029	501(C)(3)		199,504.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) SCOTLAND COMMUNITY HEALTH CLINIC							
1405-B WEST BLVD LAURINBURG, NC 28353	20-2841940	501(C)(3)		199,341.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) HEALING HANDS HEALTH CENTER							
245 MIDWAY MEDICAL PARK. BRISTOL, TN 37620	62-1677000	501(C)(3)		197,879.	FMV	MEDICAL SUPPLIES	ON-GOING
10) THE FRIENDSHIP CLINIC							
704 LATAH BOISE, ID 83705	20-0184266	501(C)(3)		197,761.	FMV	MEDICAL SUPPLIES	ON-GOING
11) NEIGHBORHOOD HEALTH CLINIC							
121 GOODLETTE RD N NAPLES, FL 34102	59-3546884	501(C)(3)		195,981.	FMV	MEDICAL SUPPLIES	ON-GOING
12) NORTHWEST HUMAN SERVICES							
681 CENTER STREET NE SALEM, OR 97301	93-0605570	501(C)(3)		195,163.	FMV	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2014)

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7714IN 700J

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

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

Department of the Treasury Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

vame of the organization						Employer identificat	ion number
AMERICARES FOUNDATION, INC.						06-1008595	5
Part I General Information on Grants and	d Assistanc	е				•	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	e?					X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the	omestic Or	ganizations ar	nd Domestic Gov	vernments. Con			es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) URBAN MINISTRIES OF WAKE COUNTY, INC.							
1390 CAPITAL BLVD. RALEIGH, NC 27603	58-1422700	501(C)(3)		194,642.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) LA CLINICA CRISTIANA				,			
1915 AVALON AVENUE MUSCLE SHOALS, AL 35661	20-1624284	501(C)(3)		188,748.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) ST. CLARE MEDICAL OUTREACH							
1407 YORK ROAD LUTHERVILLE, MD 21093	52-1681044	501(C)(3)		188,668.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) WILL COUNTY COMMUNITY HEALTH CENTER (WCCHC)							
1106 NEAL AVE. JOLIET, IL 60433-2548	36-3971168	501(C)(3)		187,624.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) HOPE CLINIC OF GARLAND							
800 S. 6TH ST. GARLAND, TX 75040	75-2960314	501(C)(3)		186,232.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) DOWNTOWN CLINIC							
611 SOUTH SECOND STREET LARAMIE, WY 82070	83-0326354	501(C)(3)		7,583.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) POCATELLO FREE CLINIC							
429 WASHINGTON POCATELLO, ID 83201	82-0351133	501(C)(3)		185,077.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) HOPE HEALTH CLINIC							
1025 SANIBEL WAY LAGRANGE, KY 40031	45-2340606	501(C)(3)		184,714.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) VALLEY FAMILY HEALTH CARE							
1441 NE 10TH AVE PAYETTE, ID 83661	82-0371383	501(C)(3)		184,081.	FMV	MEDICAL SUPPLIES	ON-GOING
10) LABIOMED, WOMEN'S HEALTH CARE CLINIC OEP							
130 E. COMPTON BLVD. COMPTON, CA 90220	95-2138184	501(C)(3)		7,565.	FMV	MEDICAL SUPPLIES	ON-GOING
11) SAN FRANCISCO FREE CLINIC							
4900 CALIFORNIA ST. SAN FRANCISCO, CA 94118	94-3186248	501(C)(3)		181,880.	FMV	MEDICAL SUPPLIES	ON-GOING
12) ST. CLARE HEALTH CLINIC							
1121 S. INDIANA AVE CROWN POINT, IN 46307	35-1330472	501(C)(3)		181,836.	FMV	MEDICAL SUPPLIES	ON-GOING
2 Enter total number of section 501(c)(3) and	d aovernmen	t organizations	listed in the line 11	able		•	

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

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

Schedule I (Form 990) (2014)

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Department of the Treasury

Internal Revenue Service Name of the organization

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

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OMB No. 1545-0047

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Employer identification number

MERICARES FOUNDATION, INC.							5
Part I General Information on Grants and	d Assistanc	е					
1 Does the organization maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	s' eligibility for the gra	nts or assistance, and	
the selection criteria used to award the grant	s or assistand	e?					X Yes No
2 Describe in Part IV the organization's proced							
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the							es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MODESTO GOSPEL MISSION							
1400 YOSEMITE BLVD MODESTO, CA 95354	94-6102833	501(C)(3)		178,925.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) HOPE MEDICAL/DENTAL CLINIC							
111 MEADOWVIEW DRIVE CLEBURNE, TX 76033	75-2953856	501(C)(3)		178,445.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) HELPING KIDS: HEALTH ACCESS WITHOUT WALLS							
968 E SAHARA LAS VEGAS, NV 89104	20-5552699	501(C)(3)		178,346.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) HOUSTON COUNTY VOLUNTEER MEDICAL CLINIC							
125 RUSSELL P. WARNER ROBINS, GA 31088-6164	20-1859450	501(C)(3)		177,440.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) AGAPE CLINIC AT GRACE UNITED METHODIST CHUR							
4105 JUNIUS STREET DALLAS, TX 75246	14-1847977	501(C)(3)		176,799.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) VOLUNTEER HEALTH CORPS OF BATON ROUGE							
4655 SHERWOOD C BLVD. BATON ROUGE, LA 70816	20-4852337	501(C)(3)		176,331.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) NORTH COUNTRY HEALTHCARE							
2920 N 4TH STREET FLAGSTAFF, AZ 86004	86-0663432	501(C)(3)		174,896.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) SACRED HEART COMMUNITY CLINIC							
620 ROUND ROCK WEST DR ROUND ROCK, TX 78681	27-2901548	501(C)(3)		174,730.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) MERCY MISSION SERVICES DBA ST. JOHN BOSCO C							
3661 S. MIAMI AVENUE MIAMI, FL 33133	65-0435764	501(C)(3)		174,272.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) CLEARWATER FREE CLINIC							
707 HARRISON AVE. CLEARWATER, FL 33755	59-1852871	501(C)(3)		167,343.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) GOOD SAMARITAN PHARMACY & HEALTH SERVICES,							
2502 TAMIAMI TRAIL NORTH NOKOMIS, FL 34275	26-2295558	501(C)(3)		167,094.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) COMMUNITY MEDICAL CLINIC OF AIKEN COUNTY							
244 GREENVILLE ST NW AIKEN, SC 29801	57-1063263	501(C)(3)		166,879.	FMV	MEDICAL SUPPLIES	ON-GOING
2 Enter total number of section 501(c)(3) and	•	•	listed in the line 1 t			>	
3 Enter total number of other organizations li	sted in the lir	ne 1 table	<u></u>			.	

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

Schedule I (Form 990) (2014)

JSA

Name of the organization

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

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Department of the Treasury Internal Revenue Service

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2014

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ts or assistand	e?					X Yes No
Domestic Org hat received	ganizations ar more than \$5	nd Domestic Gov ,000. Part II can I	vernments. Cor be duplicated if	nplete if the organ additional space is	ization answered "Y s needed.	es" to Form 990,
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
57-0959206	501(C)(3)		165,731.	FMV	MEDICAL SUPPLIES	ON-GOING
11-3754940	501(C)(3)		165,669.	FMV	MEDICAL SUPPLIES	ON-GOING
59-3072334	501(C)(3)		165,613.	FMV	MEDICAL SUPPLIES	ON-GOING
35-1449379	501(C)(3)		164,428.	FMV	MEDICAL SUPPLIES	ON-GOING
30-0092944	501(C)(3)		163,209.	FMV	MEDICAL SUPPLIES	ON-GOING
81-0614816	501(C)(3)		7,377.	FMV	MEDICAL SUPPLIES	ON-GOING
23-7319371	501(C)(3)		162,214.	FMV	MEDICAL SUPPLIES	ON-GOING
81-0587644	501(C)(3)		161,372.	FMV	MEDICAL SUPPLIES	ON-GOING
75-2616002	501(C)(3)		158,892.	FMV	MEDICAL SUPPLIES	ON-GOING
27-0147099	501(C)(3)		156,340.	FMV	MEDICAL SUPPLIES	ON-GOING
56-1746266	501(C)(3)		154,970.	FMV	MEDICAL SUPPLIES	ON-GOING
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	ts or assistance dures for more dure	this or assistance?	tes or assistance? dures for monitoring the use of grant funds in the composition of the	tests or assistance? dures for monitoring the use of grant funds in the United States. Domestic Organizations and Domestic Governments. Conthat received more than \$5,000. Part II can be duplicated if (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (for assistance) 57-0959206 501(C)(3) 165,669. 11-3754940 501(C)(3) 165,669. 59-3072334 501(C)(3) 165,669. 35-1449379 501(C)(3) 164,428. 30-0092944 501(C)(3) 163,209. 81-0614816 501(C)(3) 7,377. 23-7319371 501(C)(3) 162,214. 81-0587644 501(C)(3) 158,892. 27-0147099 501(C)(3) 156,340. 56-1746266 501(C)(3) 154,970.	test or assistance? dures for monitoring the use of grant funds in the United States. Domestic Organizations and Domestic Governments. Complete if the organizations are than \$5,000. Part II can be duplicated if additional space is (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (book, FMV, appraisal, other) 57-0959206 501(C)(3) 165,731. FMV 11-3754940 501(C)(3) 165,669. FMV 35-3072334 501(C)(3) 165,613. FMV 35-1449379 501(C)(3) 164,428. FMV 30-0092944 501(C)(3) 163,209. FMV 23-7319371 501(C)(3) 162,214. FMV 23-7319371 501(C)(3) 162,214. FMV 75-2616002 501(C)(3) 158,892. FMV 56-1746266 501(C)(3) 156,340. FMV	Domestic Organizations and Domestic Governments. Complete if the organization answered "Y that received more than \$5,000. Part II can be duplicated if additional space is needed. (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (f) Method of valuation (f) Method of valuation (book, FMV, appraisal, other) (f) Method of valuation (for five five five five five five five five

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

Schedule I (Form 990) (2014)

JSA

Department of the Treasury

Internal Revenue Service Name of the organization

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

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OMB No. 1545-0047

2014

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Part I General Information on Grants an			aranta ar agaista	noo the grants as	oligibility for the are	nto or accietance and	
1 Does the organization maintain records to s							X Yes
the selection criteria used to award the gran							A res
Describe in Part IV the organization's proce-							
Part II Grants and Other Assistance to De Part IV, line 21, for any recipient to							es" to Form 990
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
(1) SERVOLUTION HEALTH SERVICES, INC.							
245 POWELL VALLEY S. SPEEDWELL, TN 37870	45-4486454	501(C)(3)		152,460.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) MERCI CLINIC							
1315 TATUM DRIVE NEW BERN, NC 28560	56-2034052	501(C)(3)		152,390.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) THE COMMUNITY FREE CLINIC							
528 A LAKE CONCORD RD CONCORD, NC 28025	58-2131301	501(C)(3)		151,138.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) SET FAMILY MEDICAL CLINICS							
2864 CIRCLE D. COLORADO SPRINGS, CO 80906	84-1183335	501(C)(3)		148,478.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) ROTACARE FREE CLINIC; LAKE CITY							
12736 33RD AVE NE #100 SEATTLE, WA 98125	91-1811292	501(C)(3)		7,149.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) JEWISH RENAISSANCE MEDICAL CENTER							
275 HOBART ST PERTH AMBOY, NJ 08861	22-3780067	501(C)(3)		147,009.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) VALLEY COMMUNITY CLINIC							
6801 COLDWATER NORTH HOLLYWOOD, CA 91605	23-7050082	501(C)(3)		145,880.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) DIVINE GRACE MEDICAL MISSIONARIES							
8515 FONDREN RD # 210 HOUSTON, TX 77074	27-4000666	501(C)(3)		143,663.	FMV	MEDICAL SUPPLIES	EMERGENCY
(9) HIS HANDS FREE MEDICAL CLINIC							
400 12TH ST. SE CEDAR RAPIDS, IA 52403	39-1878606	501(C)(3)		141,648.	FMV	MEDICAL SUPPLIES	ON-GOING
10) HEALTH CARE NETWORK INC							
904 STATE STREET RACINE, WI 53404	42-1299913	501(C)(3)		141,074.	FMV	MEDICAL SUPPLIES	ON-GOING
11) COMMUNITY HEALTH AND SOCIAL SERVICES CENTER							
5635 W FORT ST DETROIT, MI 48209-3154	38-3094394	501(C)(3)		139,966.	FMV	MEDICAL SUPPLIES	ON-GOING
12) TRAVERSE HEALTH CLINIC							
3147 LOGAN V. RD TRAVERSE CITY, MI 49684	30-0224028	E01/C)/2)		139,071.	EM7	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2014)

JSA

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

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Name of the organization						Employer identificati	ion number	
AMERICARES FOUNDATION, INC.						06-1008595	06-1008595	
Part I General Information on Grants and	d Assistanc	е						
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand lures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No	
Part IV, line 21, for any recipient the	omestic Or nat received	ganizations ar more than \$5	nd Domestic Gov ,000. Part II can I	vernments. Con be duplicated if	nplete if the organiza additional space is n	ation answered "Y eeded.	es" to Form 990,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) COMMUNITY CLINIC OF SHELBYVILLE BEDFORD CO 200 DOVER ST. SHELBYVILLE, TN 37160	34-1974609	501(C)(3)		138,437.	FMV	MEDICAL SUPPLIES	ON-GOING	
(2) KONZA PRAIRIE COMMUNITY HEALTH CENTER 361 GRANT AVENUE JUNCTION CITY, KS 66441	48-1150706	501(C)(3)		138,339.	FMV	MEDICAL SUPPLIES	ON-GOING	
(3) OZANAM INN- TULANE SOM STUDENT-RUN FREE CLI 843 CAMP STREET NEW ORLEANS, LA 70114	72-0854403	501(C)(3)		136,799.	FMV	MEDICAL SUPPLIES	ON-GOING	
(4) FAIR HAVEN COMMUNITY HEALTH CLINIC INC. 374 GRAND AVENUE NEW HAVEN, CT 06513	06-0883545	501(C)(3)		133,769.	FMV	MEDICAL SUPPLIES	ON-GOING	
(5) RIVER VALLEY FAMILY HEALTH CENTER 308 MAIN STREET OLATHE, CO 81425	27-3757444	501(C)(3)		133,747.	FMV	MEDICAL SUPPLIES	ON-GOING	
(6) LA MAESTRA COMMUNITY CLINIC 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105	33-0473171	501(C)(3)		133,097.	FMV	MEDICAL SUPPLIES	ON-GOING	
(7) MARYS CENTER 2333 ONTARIO RD, NW WASHINGTON DC, MD 20009	52-1594116	501(C)(3)		130,148.	FMV	MEDICAL SUPPLIES	ON-GOING	
(8) SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)(3)		128,826.	FMV	MEDICAL SUPPLIES	ON-GOING	
(9) NATIVE AMERICAN COMMUNITY HEALTH CENTER-WES 2423 W. DUNLAP AVE PHOENIX, AZ 85021	94-2540194	501(C)(3)		128,567.	FMV	MEDICAL SUPPLIES	ON-GOING	
(10) GOOD SAMARITAN HEALTH CLINIC 401 ARNOLD STREET, NE CULLMAN, AL 35055	20-0149215	501(C)(3)		128,374.	FMV	MEDICAL SUPPLIES	ON-GOING	
(11) RUTHS PLACE 1411 CRAWFORD AVENUE GRANBURY, TX 76048	20-4594680	501(C)(3)		127,843.	FMV	MEDICAL SUPPLIES	ON-GOING	
(12) SHEPHERDS CARE MEDICAL CLINIC 304 B PONY ROAD ZEBULON, NC 27597	26-2757593	501(C)(3)		127,474.	FMV	MEDICAL SUPPLIES	ON-GOING	
Enter total number of section 501(c)(3) andEnter total number of other organizations li	•	•						

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ance?	e of grant funds in the and Domestic Gov 5,000. Part II can	e United States. vernments. Con be duplicated if	nplete if the organ additional space is	ization answered "Y	
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ved more than \$	(d) Amount of cash	be duplicated if	additional space is		'es" to Form 990,
		(e) Amount of non-	(f) Method of valuation	T	
		cash assistance	(book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
00 501(C)(3)		126 785	FMV	MEDICAL SUPPLIES	ON-GOING
301(0)(3)		12077031	2.1.4	INDIGNE COLLEGE	011 001110
16 501(C)(3)		126.281.	FMV	MEDICAL SUPPLIES	ON-GOING
16 501(C)(3)		124,328.	FMV	MEDICAL SUPPLIES	ON-GOING
(2, (2,		,			
42 501(C)(3)		123,978.	FMV	MEDICAL SUPPLIES	ON-GOING
53 501(C)(3)		123,593.	FMV	MEDICAL SUPPLIES	ON-GOING
43 501(C)(3)		122,775.	FMV	MEDICAL SUPPLIES	ON-GOING
61 501(C)(3)		120,782.	FMV	MEDICAL SUPPLIES	ON-GOING
36 501(C)(3)		118,115.	FMV	MEDICAL SUPPLIES	ON-GOING
43 501(C)(3)		7,054.	FMV	MEDICAL SUPPLIES	ON-GOING
90 501(C)(3)		117,669.	FMV	MEDICAL SUPPLIES	ON-GOING
12 501(C)(3)		116,837.	FMV	MEDICAL SUPPLIES	ON-GOING
		· · · · · · · · · · · · · · · · · · ·	FMV	MEDICAL SUPPLIES	ON-GOING
	501(C)(3) 516 501(C)(3) 518 501(C)(3) 519 501(C)(3) 519 501(C)(3) 511 501(C)(3) 511 501(C)(3) 512 501(C)(3)	116 501(C)(3) 116 501(C)(3) 117 501(C)(3) 118 501(C)(3) 119 501(C)(3) 111 501(C)(3)	116 501(C)(3) 126,281. 126 501(C)(3) 124,328. 127 501(C)(3) 123,978. 128 501(C)(3) 123,593. 129 501(C)(3) 122,775. 120 501(C)(3) 120,782. 121 501(C)(3) 17,054. 122 501(C)(3) 17,669. 123 501(C)(3) 116,837.	116 501(C)(3) 126,281. FMV 126,281. FMV 127,328. FMV 128,978. FMV 129,775. FMV 1290 501(C)(3) 129,775. FMV	16 501(C)(3) 126,281. FMV MEDICAL SUPPLIES 16 501(C)(3) 124,328. FMV MEDICAL SUPPLIES 16 501(C)(3) 123,978. FMV MEDICAL SUPPLIES 17 501(C)(3) 123,593. FMV MEDICAL SUPPLIES 18 501(C)(3) 122,775. FMV MEDICAL SUPPLIES 18 501(C)(3) 120,782. FMV MEDICAL SUPPLIES 18 501(C)(3) 120,782. FMV MEDICAL SUPPLIES 18 501(C)(3) 118,115. FMV MEDICAL SUPPLIES 18 501(C)(3) 7,054. FMV MEDICAL SUPPLIES 19 501(C)(3) 117,669. FMV MEDICAL SUPPLIES

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JSA

Department of the Treasury

Internal Revenue Service Name of the organization

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MERICARES FOUNDATION, INC.							5			
Part I General Information on Grants and	d Assistanc	е								
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's process 	ts or assistand dures for mor	ce? nitoring the use	of grant funds in the	e United States.			X Yes No			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
(1) CORPUS CHRISTI METRO MINISTRIES										
1919 LEOPARD ST. CORPUS CHRISTI, TX 78408	74-2247261	501(C)(3)		116,558.	FMV	MEDICAL SUPPLIES	ON-GOING			
(2) SAMARITANS TOUCH CARE CENTER										
3015 HERING AVE. SEBRING, FL 33870	02-0773338	501(C)(3)		115,317.	FMV	MEDICAL SUPPLIES	ON-GOING			
(3) MCKINNEY MEDICAL CENTER										
218 QUARTERMAN STREET WAYCROSS, GA 31501	58-2101260	501(C)(3)		113,834.	FMV	MEDICAL SUPPLIES	ON-GOING			
(4) MARTIN LUTHER KING HEALTH CENTER										
865 OLIVE STREET SHREVEPORT, LA 71104	72-1079721	501(C)(3)		113,407.	FMV	MEDICAL SUPPLIES	ON-GOING			
(5) HOPE MEDICAL CLINIC										
HOPE MEDICAL CLINIC YPSILANTI, MI 48197	38-2469007	501(C)(3)		7,023.	FMV	MEDICAL SUPPLIES	ON-GOING			
(6) ACCESS COMMUNITY HEALTH CENTER										
83 MAIDEN LN NEW YORK, NY 10038	13-4032078	501(C)(3)		112,982.	FMV	MEDICAL SUPPLIES	ON-GOING			
(7) CROSS AND CROWN CLINIC										
1008 N. MCKINLEY ST OKLAHOMA CITY, OK 73108	73-1608071	501(C)(3)		112,940.	FMV	MEDICAL SUPPLIES	ON-GOING			
(8) FAMILY RESOURCE CENTER										
ON YOUR FEET INC. SAN DIEGO, CA 92105	35-2329448	501(C)(3)		111,829.	FMV	MEDICAL SUPPLIES	ON-GOING			
(9) ST. MARY'S LEGACY CLINIC										
805 S. NORTHSHORE DR. KNOXVILLE, TN 37919	46-2331706	501(C)(3)		111,303.	FMV	MEDICAL SUPPLIES	ON-GOING			
(10) UNIVERSITY OF WISCONSIN OSHKOSH LIVING HEAL										
845 ALGOMA BLVD OSHKOSH, WI 54901	39-6076856	501(C)(3)		110,375.	FMV	MEDICAL SUPPLIES	ON-GOING			
(11) FUNDACION MANOS JUNTAS										
1330 N. CLASSEN B. OKLAHOMA CITY, OK 73106	73-1523135	501(C)(3)		110,007.	FMV	MEDICAL SUPPLIES	ON-GOING			
(12) FREE CLINIC SUSSEX COUNTY										
67 HIGH STREET NEWTON, NJ 07860	45-4224214	501(C)(3)		109,372.	FMV	MEDICAL SUPPLIES	ON-GOING			
2 Enter total number of section 501(c)(3) an	- ·	·	listed in the line 1 t	•			·			
3 Enter total number of other organizations I	-	_								

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

Schedule I (Form 990) (2014)

JSA

7714IN 700J

Department of the Treasury

Internal Revenue Service
Name of the organization

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

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OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

Part I General Information on Grants an 1 Does the organization maintain records to s			e grants or assista	nce, the grantees	s' eligibility for the gran	06-1008595)
the selection criteria used to award the grant Describe in Part IV the organization's process	s or assistand dures for mor	ce? nitoring the use	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient to	omestic Or hat received	ganizations ar more than \$5	nd Domestic Gov ,000. Part II can I	vernments. Con be duplicated if a	nplete if the organi additional space is	zation answered "Y needed.	es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CONWAY INTERFAITH CLINIC							
830 NORTH CREEK CONWAY, AR 72032	41-2058756	501(C)(3)		6,904.	FMV	MEDICAL SUPPLIES	EMERGENCY
(2) RILEY MEDICAL CLINIC/FIRST BAPTIST CHURCH J							
147 CHURCH STREET JONESBORO, GA 30236	58-0685903	501(C)(3)		105,786.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) AVICENNA COMMUNITY HEALTH CENTER							
819 BLOOMINGTON ROAD CHAMPAIGN, IL 61820	27-0267757	501(C)(3)		105,778.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) TRI CITY HEALTH PARTNERSHIP							
318 WALNUT STREET SAINT CHARLES, IL 60174	36-4475369	501(C)(3)		105,034.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) COMMUNITY HEALTH CARE CLINIC							
902 N. FRANKLIN NORMAL, IL 61761	37-1316328	501(C)(3)		6,677.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) UNIVERSITY OF MIAMI							
1601 NW 12 AVE. #4067 MIAMI, FL 33136	59-0624458	501(C)(3)		103,534.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) GEORGIA FARMWORKER HEALTH PROGRAM							
920 SOUTH WEST ST BAINBRIDGE, GA 39819	58-6000359	501(C)(3)		101,946.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) CACHE VALLEY COMMUNITY HEALTH CENTER - LOGA							
944 S STATE HWY 91 LOGAN, UT 84321	81-0587644	501(C)(3)		6,512.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) BEAR LAKE/CACHE VALLEY COMMUNITY HEALTH CEN							
1515 N 400 E SUITE 104 N.LOGAN, UT 84341	81-0587644	501(C)(3)		101,667.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) COMMUNITY HEALTH CLINIC OF HARDIN & LARUE C							
114 E. MEMORIAL DR ELIZABETHTOWN, KY 42701	30-0042070	501(C)(3)		101,551.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) SOUTHWEST MISSOURI AREA COALITION							
11 TERRACE LN BUFFALO, MO 65622	27-3253482	501(C)(3)		100,897.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) JEFFERSON COUNTY FOURTH STREET HEALTH CENTE							
ONE ROSS PARK, STE 202	20-3924355	501(C)(3)		99,724.	FMV	MEDICAL SUPPLIES	ON-GOING
2 Enter total number of section 501(c)(3) an	•	·	listed in the line 1 t	able			

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Schedule I (Form 990) (2014)

JSA

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

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Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

ERICARES FOUNDATION, INC.						06-1008595		
Part I General Information on Grants an	nd Assistanc	е						
1 Does the organization maintain records to s	substantiate th	ne amount of the	e grants or assista	nce, the grantees	s' eligibility for the gra	nts or assistance, and		
the selection criteria used to award the gran	nts or assistand	ce?					X Yes No	
2 Describe in Part IV the organization's proce								
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient							es" to Form 990,	
			,000. Fait ii cairi					
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) UNIVERSITY OF LOUISVILLE WINGS CLINIC								
550 S. JACKSON STREET LOUISVILLE, KY 40202	61-1029626	501(C)(3)		96,277.	FMV	MEDICAL SUPPLIES	ON-GOING	
(2) CARING PLACE CLINIC								
901 W BROAD ST MANSFIELD, TX 76063	27-0537258	501(C)(3)		96,242.	FMV	MEDICAL SUPPLIES	ON-GOING	
(3) RIVER VALLEY CHRISTIAN CLINIC								
1714 STATE HWY. 22 DARDANELLE, AR 72834	20-5193973	501(C)(3)		6,464.	FMV	MEDICAL SUPPLIES	ON-GOING	
(4) SETON CENTRAL OUTPATIENT PHARMACY								
601 E 15TH STREET AUSTIN, TX 78701	74-1109643	501(C)(3)		6,304.	FMV	MEDICAL SUPPLIES	ON-GOING	
(5) WESTSIDE FAMILY HEALTHCARE								
300 WATER ST WILMINGTON, DE 19801	22-2488654	501(C)(3)		6,245.	FMV	MEDICAL SUPPLIES	ON-GOING	
(6) GOOD SAMARITAN HEALTH & WELLNESS								
175 SAMARITAN DRIVE JASPER, GA 30143	58-2576315	501(C)(3)		95,842.	FMV	MEDICAL SUPPLIES	ON-GOING	
(7) ST ANDREW COMMUNITY MEDICAL CENTER								
3101-B W HWAY 98 PANAMA CITY, FL 32401	32-0103234	501(C)(3)		6,175.	FMV	MEDICAL SUPPLIES	ON-GOING	
(8) HEALTH PARTNERS, INC								
3070 CRAIN HIGHWAY WALDORF, MD 20601	52-1767044	501(C)(3)		95,828.	FMV	MEDICAL SUPPLIES	ON-GOING	
(9) ACS COMMUNITY LIFT MEDICAL SERVICES								
5045 WEST 1ST AVE DENVER, CO 80219	52-0643036	501(C)(3)		94,194.	FMV	MEDICAL SUPPLIES	ON-GOING	
(10) BUDDIST TZU CHI MEDICAL CENTER								
1000 S. GARFIELD ALHAMBRA, CA 91801	95-4457939	501(C)(3)		93,642.	FMV	MEDICAL SUPPLIES	ON-GOING	
(11) ST. JOESPH'S NEIGHBORHOOD CENTER								
417 S AVE. ROCHESTER, NY 14620	46-1176792	501(C)(3)		93,549.	FMV	MEDICAL SUPPLIES	ON-GOING	
(12) VOLUNTEERS IN MEDICINE, INC.								
1039 S. DUCHESNE ST CHARLES, MO 63301	43-1791543	501(C)(3)		92,946.	FMV	MEDICAL SUPPLIES	ON-GOING	
2 Enter total number of section 501(c)(3) ar	nd governmen	nt organizations	listed in the line 1	•		>		
3 Enter total number of other organizations	listed in the li	ne 1 table		-				

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Schedule I (Form 990) (2014)

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

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Department of the Treasury Internal Revenue Service Name of the organization

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OMB No. 1545-0047

2014

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Employer identification number

AMERICARES FOUNDATION, INC.	06-1008595	06-1008595					
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	e?					X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the							es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FIRSTMED HEALTH AND WELLNESS CENTER							
3343 S. EASTERN AVENUE LAS VEGAS, NV 89169	27-0759056	501(C)(3)		92,721.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) WHITE HOUSE CLINICS							
401 HIGHLAND PARK DR RICHMOND, KY 40475	61-0843731	501(C)(3)		92,208.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) NEIGHBORHOOD SERVICE ORGANIZATION							
NSO TUMAINI CENTER DETROIT, MI 48201	38-1561624	501(C)(3)		91,121.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) ARLINGTON FREE CLINIC							
2921 SOUTH 11TH STREET ARLINGTON, VA 22204	54-1671883	501(C)(3)		90,649.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) ONEWORLD COMMUNITY HEALTH CENTERS INC							
4920 S. 30TH ST OMAHA, NE 68107	47-0548990	501(C)(3)		89,815.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) FAMILY HEALTH SERVICES							
794 EASTLAND TWIN FALLS, ID 83301	82-0371093	501(C)(3)		89,691.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) CENTRE VOLUNTEERS IN MEDICINE							
2520 GREEN TECH DR. STATE COLLEGE, PA 16803	25-1897969	501(C)(3)		88,721.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) WARREN COUNTY FREE CLINIC INC							
546 W.RIDGEWAY ST WARRENTON, NC 27589	20-4307481	501(C)(3)		88,002.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) THE FREE MEDICAL CLINIC							
1875 HARDEN STREET COLUMBIA, SC 29204	57-0779279	501(C)(3)		6,106.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) THE GREATER HUDSON VALLEY FAMILY HEALTH CEN							
2570 ROUTE 9W CORNWALL, NY 12518	06-1036715	501(C)(3)		87,531.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) SANTA ROSA COMMUNITY HEALTH CENTERS							
3569 ROUND BARN CR SANTA ROSA, CA 95403	68-0365296	501(C)(3)		86,869.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) LUKE SOCIETY							
P.O. BOX 16194 GALVESTON, TX 77552	74-2211973	501(C)(3)		86,032.	FMV	MEDICAL SUPPLIES	ON-GOING
2 Enter total number of section 501(c)(3) and	d governmen	t organizations	listed in the line 1 t	able		.	
3 Enter total number of other organizations I	isted in the li	ne 1 table					

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Schedule I (Form 990) (2014)

JSA

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Department of the Treasury

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MERICARES FOUNDATION, INC.							06-1008595		
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1 Does the organization maintain records to s	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	s' eligibility for the gra	nts or assistance, and			
the selection criteria used to award the gran	ts or assistand	ce?					X Yes No		
2 Describe in Part IV the organization's proce									
Part II Grants and Other Assistance to Deart IV, line 21, for any recipient to							es" to Form 990,		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
(1) CHIPPEWA VALLEY FREE CLINIC									
836 RICHARD DR. EAU CLAIRE, WI 54701	39-1840231	501(C)(3)		85,949.	FMV	MEDICAL SUPPLIES	ON-GOING		
(2) FLORIDA HOSPITAL WATERMAN COMMUNITY HEALTH									
2300 KURT STREET EUSTIS, FL 32726	59-3140669	501(C)(3)		85,925.	FMV	MEDICAL SUPPLIES	ON-GOING		
(3) DAMIAN FAMILY CARE CENTERS, INC.									
138-02 QUEENS BLVD., BRIARWOOD, NY 11435	22-3433831	501(C)(3)		85,494.	FMV	MEDICAL SUPPLIES	ON-GOING		
(4) SAMARITAN HOUSE									
114 5TH AVE REDWOOD CITY, CA 94063	23-7416272	501(C)(3)		85,347.	FMV	MEDICAL SUPPLIES	ON-GOING		
(5) WESTSIDE SAMARITANS CLINIC									
10000 W. NEWBERRY RD GAINESVILLE, FL 32606	90-0786544	501(C)(3)		84,422.	FMV	MEDICAL SUPPLIES	ON-GOING		
(6) ST. MARYS HEALTH CENTER									
1302 DRAYTON ST SAVANNAH, GA 31401	58-2282758	501(C)(3)		84,232.	FMV	MEDICAL SUPPLIES	ON-GOING		
(7) MISSION MEDICAL CLINIC									
2125 E. LASALLE COLORADO SPRINGS, CO 80909	68-0506812	501(C)(3)		84,230.	FMV	MEDICAL SUPPLIES	ON-GOING		
(8) CMAP EXPRESS									
1101 4TH ST ALEXANDRIA, LA 71301	02-0751416	501(C)(3)		82,708.	FMV	MEDICAL SUPPLIES	ON-GOING		
(9) LA CLINICA DE LA ESPERANZA									
3200 GRAND AVENUE DES MOINES, IA 50312	42-0680452	501(C)(3)		82,577.	FMV	MEDICAL SUPPLIES	ON-GOING		
(10) GAIN, INC. (GREATER ASSISTANCE TO THOSE IN									
712 W. 3RD STREET LITTLE ROCK, AR 72201	71-0763418	501(C)(3)		81,937.	FMV	MEDICAL SUPPLIES	ON-GOING		
(11) SEAGER MEMORIAL CLINIC									
PO BOX 150143 OGDEN, UT 84415-0143	46-0711300	501(C)(3)		81,659.	FMV	MEDICAL SUPPLIES	ON-GOING		
(12) COMMUNITY CARE CLINIC									
608 E GARFIELD AVE GETTYSBURG, SD 57442	46-0396683	501(C)(3)		80,955.	FMV	MEDICAL SUPPLIES	ON-GOING		
2 Enter total number of section 501(c)(3) an	nd governmen	nt organizations	listed in the line 1 t	able					
3 Enter total number of other organizations	listed in the lii	ne 1 table							

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Part II Grants and Other Assistance to De Part IV, line 21, for any recipient the	omestic Organization	ganizations ar more than \$5	nd Domestic Gov ,000. Part II can b	vernments. Con be duplicated if	nplete if the organ additional space is	ization answered "\ s needed.	es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ILIULIUK FAMILY AND HEALTH SERVICES							
34 LAVELLE COURT UNALASKA, AK 99685	92-0041961	501(C)(3)		79,234.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) HEALTH ACCESS, INC.							
489 WASHINGTON AVENUE CLARKSBURG, WV 26301	55-0715066	501(C)(3)		79,064.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) ST. LUKES CLINIC							
132 SEYMOUR AVE. JACKSON, MI 49202	32-0038675	501(C)(3)		78,330.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) BLUEGRASS COMMUNITY HEALTH CENTER							
1306 VERSAILLES ROAD LEXINGTON, KY 40504	61-1131682	501(C)(3)		73,554.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) THE COMMUNITY FREE CLINIC OF NEWPORT NEWS							
727 25TH STREET NEWPORT NEWS, VA 23607	27-3510814	501(C)(3)		72,528.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) A COMMUNITY CLINIC, INC							
344 MARKET STREET SUNBURY, PA 17801	20-4051982	501(C)(3)		72,060.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) LAKE ST LOUIS VOLUNTEERS IN MEDICINE							
10714 VETERANS M. LAKE ST LOUIS, MO 63367	27-3109107	501(C)(3)		71,045.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) CAMP HONOR							
5725 S SENATOR HWAY PRESCOTT, AR 86303	86-0209257	501(C)(3)		70,320.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) DELTA HEALTH ALLIANCE/LELAND MEDICAL CLINIC							
P.O. BOX 277 STONEVILLE, MS 38776	64-0892954	501(C)(3)		69,362.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) PITT COUNTY CARE INC.							
BRODY BLDG 2N-45 GREENVILLE, NC 27834	56-2097183	501(C)(3)		68,740.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) THE LA FREE CLINIC DBA SABAN COMMUNITY CLIN							
8405 BEVERLY BLVD. LOS ANGELES, CA 90048	95-2539105	501(C)(3)		68,674.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) AMISTAD COMMUNITY HEALTH CENTER							
1533 S. BROWNLEE CORPUS CHRISTI, TX 78404	20-3008507	E01/G1/21		67,716.	TEMSZ	MEDICAL SUPPLIES	ON-GOING

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the selection criteria used to award the gran	nts or assistand	ce?					X Yes No		
2 Describe in Part IV the organization's proce									
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient							es" to Form 990,		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
(1) ANN SILVERMAN COMMUNITY HEALTH CLINIC									
595 WEST STATE STREET DOYLESTOWN, PA 18901	23-2892823	501(C)(3)		67,204.	FMV	MEDICAL SUPPLIES	ON-GOING		
(2) CENTRO SAN VICENTE									
8061 ALAMEDA AVE. EL PASO, TX 79915	74-2505561	501(C)(3)		67,151.	FMV	MEDICAL SUPPLIES	ON-GOING		
(3) BREVARD HEALTH ALLIANCE									
2120 SARNO RD MELBOURNE, FL 32935	90-0068515	501(C)(3)		66,218.	FMV	MEDICAL SUPPLIES	ON-GOING		
(4) FISH RIVER RURAL HEALTH									
10 CARTER STREET EAGLE LAKE, ME 04739	01-0452749	501(C)(3)		64,636.	FMV	MEDICAL SUPPLIES	ON-GOING		
(5) SOS CLINIC									
1200 SE 12TH STREET WALLA WALLA, WA 99362	73-1626280	501(C)(3)		63,602.	FMV	MEDICAL SUPPLIES	ON-GOING		
(6) ONE STOP CLINIC									
701 17TH AVE W BRADENTON, FL 34205	59-3340921	501(C)(3)		6,022.	FMV	MEDICAL SUPPLIES	ON-GOING		
(7) TRINITY CLINIC									
507 4TH STREET CALVIN, OK 74531	73-1325401	501(C)(3)		63,149.	FMV	MEDICAL SUPPLIES	ON-GOING		
(8) CHARLOTTE COMMUNITY HEALTH CLINIC									
8401 MEDICAL PLAZA DR CHARLOTTE, NC 28262	56-2274174	501(C)(3)		63,050.	FMV	MEDICAL SUPPLIES	ON-GOING		
(9) CATHERINES HEALTH CENTER									
1211 LAFAYETTE AVE GRAND RAPIDS, MI 49505	20-3572418	501(C)(3)		62,814.	FMV	MEDICAL SUPPLIES	ON-GOING		
(10) HEALTH PARTNERS OF WESTERN OHIO									
441 E. 8TH ST. LIMA, OH 45804	56-2330309	501(C)(3)		62,651.	FMV	MEDICAL SUPPLIES	ON-GOING		
11) NORTHWEST ARKANSAS FREE HEALTH CENTER									
1100 N WOOLSEY AVE FAYETTEVILLE, AR 72703	58-1691790	501(C)(3)		61,432.	FMV	MEDICAL SUPPLIES	ON-GOING		
(12) THE NEIGHBORHOOD CHRISTIAN CLINIC									
1929 W. FILLMORE PHOENIX, AZ 85009	86-0839580	501(C)(3)		59,676.	FMV	MEDICAL SUPPLIES	ON-GOING		
2 Enter total number of section 501(c)(3) ar						▶			
3 Enter total number of other organizations	listed in the li	ne 1 table							

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

Schedule I (Form 990) (2014)

JSA

7714IN 700J

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

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OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

AMERICARES FOUNDATION, INC.	MERICARES FOUNDATION, INC.						
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's process 	s or assistand	e?			• •		X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the							es" to Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CROSSOVER MINISTRY							
108 COWARDIN AVE RICHMOND, VA 23224	54-1371067	501(C)(3)		57,819.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) VNA/POTTAWATTAMIE COUNTY PUBLIC HEALTH DEPA							
822 S. MAIN ST. COUNCIL BLUFFS, IA 51534	42-6004433	501(C)(3)		57,622.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) M-POWER MINISTRIES HEALTH CENTER							
4022 4TH AVE SOUTH BIRMINGHAM, AL 35222	31-1639601	501(C)(3)		57,592.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) REMOTE AREA MEDICAL							
1834 BEECH ST KNOXVILLE, TN 37920	62-1650446	501(C)(3)		5,921.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) FAITH FAMILY MEDICAL CLINIC							
326 21ST AVE N NASHVILLE, TN 37203	62-1816811	501(C)(3)		57,401.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) WAIMANLO HEALTH CENTER							
41-1347 K. HWY. WAIMANALO, HI 96795-1247	99-0273205	501(C)(3)		57,388.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) CROSSROAD HEALTH CENTER							
5 E. LIBERTY CINCINNATI, OH 45202	31-1321054	501(C)(3)		5,821.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) CLINIC BY THE BAY							
4877 MISSION STREET SAN FRANCISCO, CA 94112	26-2593712	501(C)(3)		57,218.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) CARIN CLINIC							
5150 ALLISON ST ARVADA, CO 80002	84-1331444	501(C)(3)		57,099.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) HENRY J. AUSTIN HEALTH CENTER, INC.							
321 NORTH WARREN STREET TRENTON, NJ 08618	22-2682708	501(C)(3)		5,743.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) HANDS OF HOPE CLINIC, INC.							
1010 HOSPITAL DR STOCKBRIDGE, GA 30281	42-1591970	501(C)(3)		56,686.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) HANDS CLINIC OF ST. LUCIE COUNTY							
3855 S US HWY 1 FORT PIERCE, FL 34982	26-3945016	501(C)(3)		56,273.	FMV	MEDICAL SUPPLIES	ON-GOING
2 Enter total number of section 501(c)(3) and	d governmen	t organizations	listed in the line 1 t	able			
3 Enter total number of other organizations I	isted in the li	ne 1 table					

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Schedule I (Form 990) (2014)

JSA

E1288 1.000

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

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Department of the Treasury Internal Revenue Service

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2014 **Open to Public**

Inspection

OMB No. 1545-0047

Name of the organization		`	·			Employer identificat	ion number
AMERICARES FOUNDATION, INC.						06-1008595	;
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes N
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the							es" to Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SANTA MARIA`S CHILDREN AND FAMILY CENTER							
9209 COLIMA RD. WHITTIER, CA 90605	27-1879748	501(C)(3)		55,938.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) WESLEY CHURCH HEALTH CENTER, INC.				,			
410 S PITTSBURGH ST CONNELLSVILLE, PA 15425	25-1844565	501(C)(3)		55,864.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) THE PEOPLES CITY MISSION FREE MEDICAL CLINI							
110 Q STREET LINCOLN, NE 68512	26-3819766	501(C)(3)		53,627.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) VOLUNTEERS IN MEDICINE CLINIC OF MONROE COU							
811 W. SECOND STREET BLOOMINGTON, IN 47403	20-5383915	501(C)(3)		53,272.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) COMMUNITY VOLUNTEERS IN MEDICINE							
300B LAWRENCE DRIVE WEST CHESTER, PA 08618	23-2944553	501(C)(3)		53,154.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) HENRY J. AUSTIN HEALTH CENTER, INC.							
321 NORTH WARREN STREET TRENTON, NJ 08618	22-2682708	501(C)(3)		5,743.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) MATTHEW WALKER COMPREHENSIVE HEALTH CENTER							
1035 14TH AVENUE NORTH NASHVILLE, TN 37208	62-1035426	501(C)(3)		53,013.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) HEALTH AND HOPE MEDICAL OUTREACH							
1911 COOKS HILL ROAD CENTRALIA, WA 98531	27-4432389	501(C)(3)		5,516.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) THE SALVATION ARMY EMERGENCY DISASTER SERVI							
6500 HARRY HINES BOULEVARD DALLAS, TX 75235	75-0800678	501(C)(3)		52,978.	FMV	MEDICAL SUPPLIES	EMERGENCY
10) open cities health center							
409 N. DUNLAP STREET ST. PAUL, MN 55104	36-3381598	501(C)(3)		52,934.	FMV	MEDICAL SUPPLIES	ON-GOING
11) wheeling health right inc							
61-29TH ST WHEELING, WV 26003	31-1149085	501(C)(3)		52,327.	FMV	MEDICAL SUPPLIES	ON-GOING
12) KATALLASSO FAMILY HEALTH CENTER							
38 SOUTH BELVIDERE AVENUE YORK, PA 17401	45-3170905	•		51,570.	FMV	MEDICAL SUPPLIES	ON-GOING
2 Enter total number of section 501(c)(3) and	d governmen	t organizations	listed in the line 1 t	able			

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Schedule I (Form 990) (2014)

JSA

7714IN 700J

Department of the Treasury

AMERICARES FOUNDATION, INC.

Internal Revenue Service Name of the organization

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

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OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

06-1008595

Part I General Information on Grants an	d Assistanc	е				1	
1 Does the organization maintain records to s							
the selection criteria used to award the gran							X Yes No
2 Describe in Part IV the organization's proceed	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part IV, line 21, for any recipient to							es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ST. VINCENT DE PAUL CLINIC							
420 WEST WATKINS PHOENIX, AZ 85003	86-0096789	501(C)(3)		50,906.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) ST. MARY`S HEALTH WAGON							
5626 PATRIOT DRIVE WISE, VA 24293	04-3739083	501(C)(3)		49,709.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) SHASTA COMMUNITY HEALTH CENTER							
1035 PLACER ST. REDDING, CA 96001	68-0165855	501(C)(3)		49,632.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) WESTERN STARK FREE CLINIC							
820 AMHERST ROAD NE MASSILLON, OH 44646	34-1887206	501(C)(3)		49,304.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) SACRAMENTO NATIVE AMERICAN HEALTH CENTER, I							
2020 J STREET SACRAMENTO, CA 95811	20-4287737	501(C)(3)		48,161.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) MIAMI RESCUE MISSION CLINIC INC							
2015 NW 1ST AVE MIAMI, FL 33127	45-1481860	501(C)(3)		46,782.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) ST. MICHAEL'S COMMUNITY SERVICES INC							
1005 W. 18TH STREET ANNISTON, AL 36201	63-0974974	501(C)(3)		45,640.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) LEBANON VALLEY VOLUNTEERS IN MEDICINE							
711 S 8TH ST LEBANON, PA 17042	26-3915958	501(C)(3)		44,252.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) LAKE COUNTY FREE CLINIC							
54 S STATE ST PAINESVILLE, OH 44077	34-1081191	501(C)(3)		44,120.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) THE OLYMPIA FREE CLINIC							
108 STATE AVE NW OLYMPIA, WA 98501	27-1606329	501(C)(3)		43,761.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) THE WAY FREE MEDICAL CLINIC, INC.							
479 HOUSTON ST. GREEN C SPRINGS, FL 32043	76-0828154	501(C)(3)		43,121.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) NEWHOPE CLINIC							
41 S. COURT STREET OWINGSVILLE, KY 40360	61-1363437			42,949.		MEDICAL SUPPLIES	ON-GOING
2 Enter total number of section 501(c)(3) an	d governmen	t organizations	listed in the line 1 t	able		▶	
3 Enter total number of other organizations	isted in the lir	ne 1 table				<u></u>	

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Schedule I (Form 990) (2014)

JSA

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

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2014

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1 Does the organization maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	s' eligibility for the gra	nts or assistance, and	
the selection criteria used to award the gran							X Yes No
2 Describe in Part IV the organization's proce							
Part II Grants and Other Assistance to I	Oomestic Or	ganizations a	nd Domestic Gov	vernments. Con	nolete if the organ	ization answered "\	es" to Form 990
Part IV, line 21, for any recipient t							
						1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GREATER NEW ORLEANS IMMUNIZATION NETWORK							
201 EVANS RD. HARAHAN, LA 70123	72-0467503	501(C)(3)		42,612.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) MIDLAND COMMUNITY CHILDREN'S CLINIC							
1101 E. FRONT STREET MIDLAND, TX 79702	75-1875246	501(C)(3)		42,530.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS							
715 PYLE DR. KINGSFORD, MI 49802	38-3210490	501(C)(3)		42,349.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) FREE CLINIC OF SOUTHWEST WASHINGTON							
4100 PLOMONDON ST. VANCOUVER, WA 98661	91-1707542	501(C)(3)		5,019.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) GRACE MEDICAL HOME							
51 PENNSYLVANIA ST ORLANDO, FL 32806	26-1817966	501(C)(3)		458,064.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) CAPE VOLUNTEERS IN MEDICINE, INC							
423 N RTE 9 CAPE MAY COURT HOUSE, NJ 08210	52-2257585	501(C)(3)		41,759.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) MACON VOLUNTEER CLINIC							
376 ROGERS AVE MACON, GA 31204	74-3055376	501(C)(3)		41,724.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) METRO COMMUNITY PROVIDER NETWORK, INC							
3701 S BROADWAY ENGLEWOOD, CO 80113	74-2477108	501(C)(3)		40,611.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) FEEDING AMERICA							
35 EAST WACKER DRIVE CHICAGO, IL 60601	36-3673599	501(C)(3)		40,347.	FMV	MEDICAL SUPPLIES	EMERGENCY
(10) CASA DE SALUD							
CASA DE SALUD ST. LOUIS, MO 63103	27-0732049	501(C)(3)		40,089.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) FREE MEDICAL CLINIC OF DARLINGTON COUNTY							
203 GROVE STREET DARLINGTON, SC 29532	58-2445265	501(C)(3)		39,968.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) GOOD NEWS MINISTRIES/ GOOD SAMARITAN HEALTH							
11 EASTERN AVE. INDIANAPOLIS, IN 46201	35-0999233	501(C)(3)		39,511.	FMV	MEDICAL SUPPLIES	ON-GOING
2 Enter total number of section 501(c)(3) ar	_		listed in the line 1 t		•		

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the selection criteria used to award the gran							X Yes No
2 Describe in Part IV the organization's proce							
Part II Grants and Other Assistance to D	omestic Or	ganizations a	nd Domestic Gov	vernments. Con	nplete if the organ	ization answered "Y	es" to Form 990.
Part IV, line 21, for any recipient t							,
				1		1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WORLD REACH INC DBA BETHESDA HEALTH CENTER							
133 STETSON DR. CHARLOTTE, NC 28262	56-2015959	501(C)(3)		39,158.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) WEST PLAINS CHRISTIAN CLINIC							
1117 ALASKA STREET WEST PLAINS, MO 65775	27-1307333	501(C)(3)		39,125.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) MARIN CITY HEALTH AND WELLNESS CENTER							
630 DRAKE AVE MARIN CITY, CA 94965	06-1787661	501(C)(3)		38,581.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) AUNT MARTHA`S COMMUNITY HEALTH CARE							
19990 G. HWY OLYMPIA FIELDS, IL 60491	23-7188150	501(C)(3)		38,350.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) LAFAYETTE COMMUNITY HEALTHCARE CLINIC - PHA							
1317 JEFFERSON ST LAFAYETTE, LA 70501-7921	72-1221982	501(C)(3)		38,185.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) ST CHARLES/MCAULEY CLINIC							
5024 N GROVE OKLAHOMA CITY, OK 73122	73-0701035	501(C)(3)		38,013.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) THE CHILDREN'S CLINIC SERVING CHILDREN AND							
455 E. COLUMBIA ST LONG BEACH, CA 90806	95-1643332	501(C)(3)		37,341.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) CATHOLIC DIOCESE OF BROWNSVILLE							
1910 U. BLVD BROWNSVILLE, TX 78520	68-0599307	501(C)(3)		36,701.	FMV	MEDICAL SUPPLIES	EMERGENCY
(9) COUNTRY DOCTOR COMMUNITY HEALTH CENTERS							
2101 E YESLER WAY SEATTLE, WA 98122	23-7100868	501(C)(3)		36,640.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) LAKE AREA FREE CLINIC							
856B ARMOUR RD OCONOMOWOC, WI 53066	39-2006388	501(C)(3)		36,544.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) PRAIRIE COMMUNITY HEALTH							
208 MAIN MCINTOSH, SD 57641	46-0348705	501(C)(3)		36,378.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) UNION GOSPEL MISSION CLINIC							
1300 N 1ST STREET YAKIMA, WA 98901	23-7050061	501(C)(3)		415,056.	FMV	MEDICAL SUPPLIES	ON-GOING
2 Enter total number of section 501(c)(3) an			listed in the line 1 t	able			

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1 Does the organization maintain records to s			e grants or assista	nce, the grantees	s' eligibility for the gra	nts or assistance, and	
the selection criteria used to award the gran							X Yes No
Describe in Part IV the organization's proce							
Part II Grants and Other Assistance to Deart IV, line 21, for any recipient to	Domestic Or hat received	ganizations ar more than \$5	nd Domestic Gov i,000. Part II can I	vernments. Con be duplicated if	nplete if the organ additional space is	ization answered "Y needed.	es" to Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PARTNERS FOR HEALING INC							
109 WEST BLACKWELL TULLAHOMA, TN 37388	62-1834800	501 (C) (3)		36,004.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) LLOYD F. MOSS FREE CLINIC				55,552			
1301 SAM P BLVD FREDERICKSBURG, VA 22401	54-1677934	501(C)(3)		35,876.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) ISLAMIC ASSOCIATION OF NORTH TEXAS							
840 ABRAMS ROAD RICHARDSON, TX 75081	23-7181345	501(C)(3)		35,365.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) LAFAYETTE COMMUNITY HEALTH CARE CLINIC							
1317 JEFF. ST LAFAYETTE, LA 70501-7921	72-1221982	501(C)(3)		35,294.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) METROWEST FREE MEDICAL PROGRAM							
105 HUDSON RD SUDBURY, MA 01176	04-3822273	501(C)(3)		35,036.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) GREATER TRENTON CMHC INC							
770 WOODLANE ROAD MT. HOLLY, NJ 08060	23-7048397	501(C)(3)		35,021.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) NEW ORLEANS DREAM CENTER							
1137 ST CHARLES AVE NEW ORLEANS, LA 70130	30-0591534	501(C)(3)		34,920.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) NORTH DALLAS SHARED MINISTRIES							
2875 MERRELL ROAD DALLAS, TX 75229	75-1908563	501(C)(3)		34,587.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) FAMILY CARE HEALTH CENTERS							
401 HOLLY HILLS AVE SAINT LOUIS, MO 63111	23-7076112	501(C)(3)		34,536.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) THE HOPE CLINIC OF MCALLEN TEXAS							
2332 JORDAN RD MCALLEN, TX 78503	74-2742024	501(C)(3)		34,392.	FMV	MEDICAL SUPPLIES	EMERGENCY
(11) PEDIPLACE							
502 S. OLD ORCHARD LN LEWISVILLE, TX 75067	75-2512752	501(C)(3)		34,262.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) SAMARITAN HEALTH CENTER	\dashv						
13 ROSE STREET DANBURY, CT 06810	75-3258057	·		34,208.	FMV	MEDICAL SUPPLIES	ON-GOING
 13 ROSE STREET DANBURY, CT 06810 Enter total number of section 501(c)(3) ar Enter total number of other organizations 	nd governmen	t organizations		able		MEDICAL SUPPLIES	UN-GOING

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AMERICARES FOUNDATION, INC.	06-1008595						
Part I General Information on Grants and	d Assistanc	е					
1 Does the organization maintain records to s	ubstantiate th	ne amount of th	e grants or assista	nce, the grantees	s' eligibility for the gra	nts or assistance, and	
the selection criteria used to award the grant	ts or assistand	ce?					X Yes No
2 Describe in Part IV the organization's proced							
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the							es" to Form 990,
			,000. Fait ii caii i	ue duplicated ii		Tieeded.	
Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1) HERITAGE HEALTH AND HOUSING							
1727 AMSTERDAM AVE NEW YORK, NY 10031	13-2661509	501(C)(3)		34,191.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) GOOD SAMARITAN HOUSE FREE COMMUNITY HEALTH							
213 N. MAIN ST DEARING, GA 30808	32-0126528	501(C)(3)		392,574.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) FREE MEDICAL CLINIC OF OAK RIDGE							
116 E. DIVISION RD. OAK RIDGE, TN 37830	90-0715369	501(C)(3)		33,579.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS							
3011 N. MICH. ST. PITTSBURG, KS 66762	75-3003364	501(C)(3)		33,119.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) ST JOSEPH COUNTY HEALTH CENTER							
677 E MAIN CENTREVILLE, MI 49032	38-2473493	501(C)(3)		379,378.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) HARRISONBURG ROCKINGHAM FREE CLINIC							
25 WEST WATER STREET HARRISONBURG, VA 22801	54-1568909	501(C)(3)		30,340.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) GUADALUPE CLINIC							
940 S SAINT FRANCIS WICHITA, KS 67211	20-1285208	501(C)(3)		240,691.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) COMMUNITY HEALTH SERVICES OF UNION COUNTY I							
415-B EAST WINDSOR STREET MONROE, NC 28112	46-0495947	501(C)(3)		28,833.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) HEALTH PARTNERS FREE CLINIC							
1300 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1596731	501(C)(3)		28,651.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) CENTER FOR PHARMACY CARE							
1000 FIFTH AVENUE PITTSBURGH, PA 15282	25-1035663	501(C)(3)		28,631.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) CAMP INDEPENDENT FIREFLY							
3121S MD PKWY LAS VEGAS, NV 89109	260286469	501(C)(3)		28,600.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) CAMP CAREFREE							
275 CAREFREE LANE STOKESDALE, NC 27357	56-1479260	501(C)(3)		28,600.	FMV	MEDICAL SUPPLIES	ON-GOING
2 Enter total number of section 501(c)(3) an	d governmen	t organizations	listed in the line 1	table			
3 Enter total number of other organizations I	isted in the li	ne 1 table				· ·	

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

Schedule I (Form 990) (2014)

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Department of the Treasury

Internal Revenue Service Name of the organization

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

Part I General Information on Grants and	Assistance					06-1008595		
	rt I General Information on Grants and Assistance							
1 Does the organization maintain records to sub	stantiate th	e amount of the	e grants or assista	nce, the grantees	deligibility for the grain	nts or assistance, and		
the selection criteria used to award the grants	or assistanc	e?					X Yes N	
2 Describe in Part IV the organization's procedu								
Part II Grants and Other Assistance to Doi Part IV, line 21, for any recipient that							es" to Form 990,	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) VILLA THERESE CATHOLIC CLINIC								
219 CATHEDRAL PLACE SANTA FE, NM 87532	85-0229019	501(C)(3)		28,380.	FMV	MEDICAL SUPPLIES	ON-GOING	
(2) PEOPLES HEALTH WELLNESS CLINIC								
553 NORTH MAIN STREET BARRE, VT 05641	03-0343290	501(C)(3)		28,223.	FMV	MEDICAL SUPPLIES	ON-GOING	
(3) AZZARELLI OUTREACH CLINIC								
341 N ST JOSEPH AVE KANKAKEE, IL 60901	36-2312493	501(C)(3)		28,185.	FMV	MEDICAL SUPPLIES	ON-GOING	
(4) MORTON COMPREHENSIVE SERVICES								
1334 N LANSING AVE TULSA, OK 74106	73-1177858	501(C)(3)		28,055.	FMV	MEDICAL SUPPLIES	ON-GOING	
(5) ST LUKES FAMILY HEALTH CENTER								
4251 RIVER CT CEDAR RAPIDS, IA 52402	54-0504780	501(C)(3)		27,857.	FMV	MEDICAL SUPPLIES	ON-GOING	
(6) AUGUSTA REGIONAL FREE CLINIC								
342 MULE ACAD. RD FISHERSVILLE, VA 22939	54-1651896	501(C)(3)		27,525.	FMV	MEDICAL SUPPLIES	ON-GOING	
(7) PORTSMOUTH COMMUNITY HEALTH CENTER								
664 LINCOLN STREET PORTSMOUTH, VA 23704	54-1626757	501(C)(3)		26,671.	FMV	MEDICAL SUPPLIES	ON-GOING	
(8) DR.JOEL & CAROL BOWER SCHOOL BASED HEALTH C								
400 PALO VERDE DR HENDERSON, NV 89015	88-0464591	501(C)(3)		186,466.	FMV	MEDICAL SUPPLIES	ON-GOING	
(9) CAMP PASCUCCI								
3550 CAM. DEL RIO N. SAN DIEGO, CA 92108	23-7252243	501(C)(3)		26,280.	FMV	MEDICAL SUPPLIES	ON-GOING	
(10) GATEWAY FOUNDATION - CHICAGO WEST								
55 E. JACKSON CHICAGO, IL 60604	36-2670036	501(C)(3)		26,239.	FMV	MEDICAL SUPPLIES	ON-GOING	
(11) VOLUNTEER HEALTHCARE CLINIC								
4215 MEDICAL PARKWAY AUSTIN, TX 78756	74-6082464	501(C)(3)		25,936.	FMV	MEDICAL SUPPLIES	ON-GOING	
(12) SACRED HEART HOSPITAL PENSACOLA								
5151 N. NINTH AVE PENSACOLA, FL 32504	90-0036572	501(C)(3)		25,885.	FMV	MEDICAL SUPPLIES	ON-GOING	

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Schedule I (Form 990) (2014)

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

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Department of the Treasury Internal Revenue Service Name of the organization

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OMB No. 1545-0047

2014

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Employer identification number

 Does the organization maintain records to set the selection criteria used to award the grant Describe in Part IV the organization's process. 	its or assistand	e?					X Yes No
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient to	Domestic Or	ganizations ar	nd Domestic Gov	vernments. Con	nplete if the organ additional space is	ization answered "Y needed.	es" to Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ST. VINCENT DEPAUL COMMUNITY PHARMACY							
502 GRAMMONT ST MONROE, LA 71201	90-0014479	501(C)(3)		25,567.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) WOFCC HOPE CLINIC							
PO BOX 1727 ELK CITY, OK 73648-1727	26-1284785	501(C)(3)		25,208.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) CROSSROADS MEDICAL MISSION, INC.							
300 WEST VALLEY DRIVE BRISTOL, VA 24201	54-2038877	501(C)(3)		25,028.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) CITY ON A HILL MINISTRIES HEALTH CLINIC							
100 S. PINE ST SUITE 140 ZEELAND, MI 49464	20-3901260	501(C)(3)		24,605.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) THE RESCUE MISSION FREE CLINIC							
402 4TH STREET SE ROANOKE, VA 24013	54-0573900	501(C)(3)		24,524.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) ETOWAH BAPTIST CHARITY PHARMACY							
18901 E. ETOWAH RD NOBLE, OK 73068	73-1637087	501(C)(3)		24,453.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) COOS COUNTY FAMILY HEALTH SERVICES							
CCFHS BERLIN, NH 03570	02-0350051	501(C)(3)		171,166.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) FREE MEDICAL CLINIC							
47 W LONG AVENUE DUBOIS, PA 15801	25-1804763	501(C)(3)		24,300.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) SAN ANTONIO FOOD BANK							
5200 W OLD U. HWAY SAN ANTONIO, TX 78227	74-2122979	501(C)(3)		22,566.	FMV	MEDICAL SUPPLIES	EMERGENCY
(10) ACCESS HEALTH, INC.							
PO BOX 47 BAR MILLS, ME 04004	01-0757566	501(C)(3)		22,332.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) REFUGE CLINIC							
525 CORRAL STREET LEXINGTON, KY 40508	37-1547506	501(C)(3)		21,865.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) CATHOLIC CHARITIES - USA							
2050 BALLENGER AVE. ALEXANDRIA, VA 22314	53-0196620	F01/G1/31		21,387.	DMT Z	MEDICAL SUPPLIES	EMERGENCY

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

Schedule I (Form 990) (2014)

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Department of the Treasury

Internal Revenue Service
Name of the organization

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

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OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

AMERICARES FOUNDATION, INC.							06-1008595		
Part I General Information on Grants and	d Assistanc	е							
1 Does the organization maintain records to so	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	s' eligibility for the gra	nts or assistance, and			
the selection criteria used to award the grant							X Yes No		
2 Describe in Part IV the organization's proced									
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the							es" to Form 990,		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
_(1) RED CROSS SPRINGFIELD									
1545 NORTHWEST BYPASS SPRINGFIELD, MO 65803	530196605	501(C)(3)		21,191.	FMV	MEDICAL SUPPLIES	EMERGENCY		
(2) SOUTH PLAINS FOOD BANK, INC									
4612 LOCUST AVENUE LUBBOCK, TX 79404	75-1904829	501(C)(3)		21,081.	FMV	MEDICAL SUPPLIES	EMERGENCY		
(3) NORTHERN CARE CENTER									
117 WEST STATE STREET CHEBOYGAN, MI 49721	61-1504940	501(C)(3)		21,046.	FMV	MEDICAL SUPPLIES	ON-GOING		
(4) CRISIS CONTROL MINISTRY									
200 EAST 10TH ST. WINSTON-SALEM, NC 27101	23-7348168	501(C)(3)		20,265.	FMV	MEDICAL SUPPLIES	ON-GOING		
(5) PECOS VALLEY MEDICAL CENTER									
199 HWY 50 PECOS, NM 87552	85-0300494	501(C)(3)		20,126.	FMV	MEDICAL SUPPLIES	ON-GOING		
(6) HARMONY HEALTH CLINIC									
201 E. ROOSEVELT LITTLE ROCK, AR 72206	20-5691313	501(C)(3)		18,996.	FMV	MEDICAL SUPPLIES	ON-GOING		
(7) EAST DAYTON HEALTH CENTER									
2132 E. THIRD ST DAYTON, OH 45403	26-1253235	501(C)(3)		18,747.	FMV	MEDICAL SUPPLIES	ON-GOING		
(8) FAMILY HEALTH CENTERS, INC.									
2215 PORTLAND AVENUE LOUISVILLE, KY 40212	61-0716483	501(C)(3)		18,483.	FMV	MEDICAL SUPPLIES	ON-GOING		
(9) CAPE FEAR CLINIC, INC.									
1605 DOCTORS CIRCLE WILMINGTON, NC 28401	56-1984630	501(C)(3)		18,477.	FMV	MEDICAL SUPPLIES	ON-GOING		
(10) KIDS FIRST HEALTH CARE									
4675 E. 69TH AVENUE COMMERCE CITY, CO 80022	84-0799374	501(C)(3)		18,054.	FMV	MEDICAL SUPPLIES	ON-GOING		
(11) HELPING HAND CLINIC									
507 NORTH STEELE ST SANFORD, NC 27330	56-1752295	501(C)(3)		17,653.	FMV	MEDICAL SUPPLIES	ON-GOING		
(12) MARIN COMMUNITY CLINICS									
6090 REDWOOD BLVD NOVATO, CA 94945	94-2237120	501(C)(3)		149,101.	FMV	MEDICAL SUPPLIES	ON-GOING		
2 Enter total number of section 501(c)(3) and	d governmen	nt organizations	listed in the line 1 t	able		. .			
3 Enter total number of other organizations I	isted in the li	ne 1 table							

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Schedule I (Form 990) (2014)

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

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Department of the Treasury Internal Revenue Service Name of the organization

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OMB No. 1545-0047

2014

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AMERICARES FOUNDATION, INC.		06-1008595					
Part I General Information on Grants and	d Assistanc	е					
1 Does the organization maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	s' eligibility for the gra	nts or assistance, and	
the selection criteria used to award the grant	s or assistand	e?					X Yes No
2 Describe in Part IV the organization's proced							
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the							es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1) THE OPEN DOOR CLINIC							
130 W CENTRAL CHIPPEWA FALLS, WI 54729	20-3673759	501(C)(3)		17,528.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) AMERICARES FOUNDATION							
88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501(C)(3)		17,100.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) CATHOLIC CHARITIES FREE HEALTH CARE CENTER							
212 NINTH ST PITTSBURGH, PA 15222	65-1307739	501(C)(3)		16,812.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) WARREN COMMUNITY HEALTH CLINIC, INC.							
546 W.RIDGEWAY ST WARRENTON, NC 27589	20-4307481	501(C)(3)		16,655.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) MISSION TRAVIS MERCY							
775 WEST BOWIE STREET FORT WORTH, TX 76110	45-3841621	501(C)(3)		16,588.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) KATAHDIN VALLEY HEALTH CENTER							
30 HOULTON ST PATTEN, ME 04747	23-7411014	501(C)(3)		124,174.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) HEALTHLINK MEDICAL CENTER							
1775 STREET ROAD SOUTHAMPTON, PA 18966	23-2998708	501(C)(3)		16,567.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) ELLENTON HEALTH CLINIC, PUBLIC HEALTH DISTR							
185 NORTH BAKER STREET ELLENTON, GA 31747	23-7379607	501(C)(3)		114,328.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) WINTON HILLS MEDICAL AND HEALTH CENTER							
5275 WINNESTE AVENUE CINCINNATI, OH 45232	23-7241323	501(C)(3)		16,424.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) COMMUNITY MEDICAL CLINIC OF KERSHAW COUNTY							
110 C EAST DEKALB STREET CAMDEN, SC 29020	57-1074191	501(C)(3)		92,672.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) POLK COUNTY HEALTH CENTER							
1317 W. BROADWAY BOLIVAR, MO 65613	43-1268665	501(C)(3)		87,752.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) LITTLE PEOPLE'S GREATER LIFE							
1655 FM 528 WEBSTER, TX 77598	900179953	501(C)(3)		16,174.	FMV	MEDICAL SUPPLIES	EMERGENCY
2 Enter total number of section 501(c)(3) and	d governmen	t organizations	listed in the line 1 t	able		. . >	
3 Enter total number of other organizations I	isted in the lii	ne 1 table					

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Name of the organization

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

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Department of the Treasury ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service

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AMERICARES FOUNDATION, INC.							06-1008595		
Part I General Information on Grants and	d Assistanc	е							
1 Does the organization maintain records to s	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	eligibility for the gra	nts or assistance, and			
the selection criteria used to award the grant	s or assistand	e?					X Yes No		
2 Describe in Part IV the organization's proced	dures for mor	nitoring the use	of grant funds in the	e United States.					
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the							es" to Form 990,		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
(1) HOLLAND FREE HEALTH CLINIC									
99 WEST 26TH ST HOLLAND, MI 49423	30-0072620	501(C)(3)		15,575.	FMV	MEDICAL SUPPLIES	ON-GOING		
(2) THE CARE CLINIC									
239 ROBESON STREET FAYETTEVILLE, NC 28301	56-1837010	501(C)(3)		15,446.	FMV	MEDICAL SUPPLIES	ON-GOING		
(3) OPEN DOOR CLINIC OF ALAMANCE COUNTY									
319 N. G-HOPEDALE RD BURLINGTON, NC 27217	56-1794210	501(C)(3)		15,069.	FMV	MEDICAL SUPPLIES	ON-GOING		
(4) GOOD SAMARITAN CLINIC									
418 GRAND PARK DRIVE PARKERSBURG, WV 26105	55-0708491	501(C)(3)		14,780.	FMV	MEDICAL SUPPLIES	ON-GOING		
(5) PEOPLES CLINIC									
3111 ELECTRIC AVE PORT HURON, MI 48060	38-3274342	501(C)(3)		76,122.	FMV	MEDICAL SUPPLIES	ON-GOING		
(6) SNAMHS									
1650 COMM. COLLEGE DR. LAS VEGAS, NV 89146	88-6000022	501(C)(3)		73,897.	FMV	MEDICAL SUPPLIES	ON-GOING		
(7) GOOD SAMARITAN CLINIC									
4704 AUGUSTA RD. GARDEN CITY, GA 31408	58-2288758	501(C)(3)		73,448.	FMV	MEDICAL SUPPLIES	ON-GOING		
(8) GRAPEVINE RELIEF AND COMMUNITY EXCHANGE (GR									
837 E. WALNUT STREET GRAPEVINE, TX 76051	75-2195702	501(C)(3)		47,515.	FMV	MEDICAL SUPPLIES	ON-GOING		
(9) SOUTHWEST UTAH COMMUNITY HEALTH CENTER									
25 NORTH 100 EAST ST GEORGE, UT 84770	35-2163112	501(C)(3)		14,035.	FMV	MEDICAL SUPPLIES	ON-GOING		
(10) CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER									
PO BOX 1839 CAPE GIRARDEAU, MO 63702	43-1426014	501(C)(3)		41,836.	FMV	MEDICAL SUPPLIES	ON-GOING		
(11) ZUFALL HEALTH CENTER									
18 W. BLACKWELL STREET DOVER, NJ 07801	22-3125397	501(C)(3)		41,036.	FMV	MEDICAL SUPPLIES	ON-GOING		
(12) FOREST BAPTIST CHURCH MEDICAL MISSION CLINI									
439 EAST FIRST ST. FOREST, MS 39074	64-0368681	501(C)(3)		38,405.	FMV	MEDICAL SUPPLIES	ON-GOING		
2 Enter total number of section 501(c)(3) an	•	•				▶			
3 Enter total number of other organizations I	isted in the li	ne 1 table							

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Schedule I (Form 990) (2014)

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Department of the Treasury

Internal Revenue Service

Name of the organization

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

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AMERICARES FOUNDATION, INC.							06-1008595				
Part I General Information on Grants an	d Assistanc	е				<u>.</u>					
1 Does the organization maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	s' eligibility for the gra	nts or assistance, and					
the selection criteria used to award the gran							X Yes No				
2 Describe in Part IV the organization's proced											
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.											
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
(1) LUTHERAN DISASTER RESPONSE											
8765 W HIGGINS ROAD CHICAGO, IL 60631	411568278	501(C)(3)		13,824.	FMV	MEDICAL SUPPLIES	EMERGENCY				
(2) RANDOLPH FAMILY HEALTH CARE @ MERCE											
1831 N FAYETTEVILLE ST ASHEBORO, NC 27203	56-1799394	501(C)(3)		13,666.	FMV	MEDICAL SUPPLIES	ON-GOING				
(3) BETHESDA COMMUNITY CLINIC, INC											
107 MOUNTAIN BROOK DR CANTON, GA 30115	27-4923001	501(C)(3)		13,623.	FMV	MEDICAL SUPPLIES	ON-GOING				
(4) MANNA MINISTRIES INC											
120 STREET A, SUITE A PICAYUNE, MS 39466	20-1788094	501(C)(3)		26,456.	FMV	MEDICAL SUPPLIES	ON-GOING				
(5) BUENA VISTA COUNTY PUBLIC HEALTH AND HOME C											
1709 E. RICHLAND ST STORM LAKE, IA 50588	42-6005256	501(C)(3)		16,734.	FMV	MEDICAL SUPPLIES	ON-GOING				
(6) NASSON HEALTH CARE/YCCAC											
P.O. BOX 72 SANFORD, ME 04073	01-6020406	501(C)(3)		13,331.	FMV	MEDICAL SUPPLIES	ON-GOING				
(7) THE FREE CLINICS OF HENDERSON COUNTY											
841 CASE STREET HENDERSONVILLE, NC 28792	56-2212024	501(C)(3)		13,102.	FMV	MEDICAL SUPPLIES	ON-GOING				
(8) CHARITABLE CHRISTIAN MEDICAL CLINIC											
133 ARBOR STREET HOT SPRINGS, AR 71901	62-1671396	501(C)(3)		12,998.	FMV	MEDICAL SUPPLIES	ON-GOING				
(9) AMERICARES FREE CLINIC OF DANBURY											
76 WEST STREET DANBURY, CT 06810	06-1008595	501(C)(3)		12,395.	FMV	MEDICAL SUPPLIES	ON-GOING				
(10) MOUNTAINLANDS COMMUNITY HEALTH CENTER											
589 SOUTH STATE STREET PROVO, UT 84606	87-0515716	501(C)(3)		12,318.	FMV	MEDICAL SUPPLIES	ON-GOING				
(11) NHAN HOA COMPREHENSIVE HEALTH CARE CLINIC											
7761 GARDEN G. BLVD. GARDEN GROVE, CA 92841	33-0477323	501(C)(3)		12,318.	FMV	MEDICAL SUPPLIES	ON-GOING				
(12) THE BRIDGE CLINIC											
318 NORTH CHURCH STREET ROCKFORD, IL 61111	27-3097955			12,111.		MEDICAL SUPPLIES	EMERGENCY				
2 Enter total number of section 501(c)(3) an	d governmen	t organizations	listed in the line 1 t	able		▶					
3 Enter total number of other organizations	isted in the li	ne 1 table			<u> </u>	<u> </u>					

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

Schedule I (Form 990) (2014)

JSA

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

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

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

Part I General Information on Grants and 1 Does the organization maintain records to so the selection criteria used to award the grant	ubstantiate th s or assistand	ne amount of the					X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the	omestic Or	ganizations a	nd Domestic Gov	vernments. Con			es" to Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AFRICAN SERVICES COMMITTEE							
429 WEST 127TH ST. NEW YORK, NY 10027	13-3749744	501(C)(3)		11,166.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) COOPERATIVE CHRISTIAN MINISTRIES AND CLINIC							
133 ARBOR STREET HOT SPRINGS, AR 71901	62-1671396	501(C)(3)		11,937.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) CAMP HEMOTION							
36611 MUDGE RANCH ROAD COARSEGOLD, CA 93614	94-1638703	501(C)(3)		11,680.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) PROTEUS							
3850 MERLE HAY ROAD DES MOINES, IA 50310	42-1186501	501(C)(3)		11,578.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) SUNY-UNIVERSITY HOSPITAL OF BROOKLYN							
C/O UHB BROOKLYN, NY 11203	14-6013200	501(C)(3)		10,575.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) MILAN PUSKAR HEALTH RIGHT							
341 SPRUCE STREET MORGANTOWN, WV 26507	31-1118673	501(C)(3)		11,437.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) HOPE CLINIC							
P.O. BOX 4025 BARTLESVILLE, OK 74006	46-4417141	501(C)(3)		11,387.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) MOUNTAIN HEALTH & COMMUNITY SERVICES, INC.							
31115 HWY 94 CAMPO, CA 91906	33-0164420	501(C)(3)		11,324.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) MARICOPA COUNTY HEALTH CARE FOR THE HOMELES							
220 S. 12TH AVE. PHOENIX, AZ 85007	14-5454000	501(C)(3)		7,987.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) EXCELTH INC. FQHC							
4422 GENERAL MEYER NEW ORLEANS, LA 70131	72-1193464	501(C)(3)		883,426.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) NEW HOPE CLINIC, INC.							
201 W. BOILING S RD SOUTHPORT, NC 28461	31-1614379	501(C)(3)		10,805.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) FREE CLINIC OF CENTRAL VIRGINIA							
1016 MAIN STREET LYNCHBURG, VA 24504	54-1420756	501(C)(3)		10,787.	FMV	MEDICAL SUPPLIES	ON-GOING
Enter total number of section 501(c)(3) andEnter total number of other organizations I	•	•				>	

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

Schedule I (Form 990) (2014)

JSA

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

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

Department of the Treasury Internal Revenue Service Name of the organization

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OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

AMERICARES FOUNDATION, INC.	06-1008595	06-1008595					
Part I General Information on Grants an	d Assistanc	е				1	
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce 	ts or assistand	e?					X Yes No
Part II Grants and Other Assistance to Deart IV, line 21, for any recipient to							es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1) ROCHESTER STUDENTS` HEALTH SERVICES							
37 WOODLAKE DRIVE SE ROCHESTER, MN 55904	46-3489659	501(C)(3)		10,729.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) HEARTLAND HEALTH CENTERS							
3048 N WILTON CHICAGO, IL 60657	36-3843377	501(C)(3)		10,710.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) COMMUNTIY HEALTH FREE CLINIC							
947 14TH AVE SE CEDAR RAPIDS, IA 52401	13-4228071	501(C)(3)		10,671.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) RAPHA CLINIC OF WEST GEORGIA INC							
200 ALLEN MEMORIAL DR. BREMEN, GA 30110	27-1188932	501(C)(3)		10,593.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) UNISON BEHAVIORAL HEALTH							
1007 MARY STREET WAYCROSS, GA 31501	58-2107877	501(C)(3)		240,859.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) BEAR LAKE COMMUNITY HEALTH CENTER							
325 W LOGAN HWY GARDEN CITY, UT 84028	81-0587644	501(C)(3)		10,330.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) VAYLA NEW ORLEANS							
13235 CHEF M. HWAY NEW ORLEANS, LA 70129	33-1143213	501(C)(3)		10,196.	FMV	MEDICAL SUPPLIES	EMERGENCY
(8) COMMUNITY HEALTH CARE ASSOCIATION OF NYS							
535 8TH AVE. NEW YORK, NY 10018	13-2690296	501(C)(3)	150,000.				EMERGENCY PLANNING
(9) COMMUNITY HEALTH SERVICES OF UNION COUNTY							
415-B EAST WINDSOR ST. MONROE, NC 28112	46-0495941	501(C)(3)	10,300.				PREDIABETES CARE IN
(10) FRIENDS OF THE FREE CLINIC							
904 S. 10TH, STE. A ST. JOSEPH, MO 64503	44-6000455	115	10,300.				PREDIABETES CARE IN
(11) GRACE MEDICAL HOME							
51 PENNSYLVANIA ST. ORLANDO, FL 32806	26-1817966	501(C)(3)	10,300.				PREDIABETES CARE IN
(12) GREENVILLE FREE MEDICAL CLINIC							
600 ARLINGT. AVE. GREENVILLE, SC 29601-3204	57-0855205	501(C)(3)	10,300.				PREDIABETES CARE IN
2 Enter total number of section 501(c)(3) ar	nd governmer	t organizations	listed in the line 1 t	able			
3 Enter total number of other organizations	listed in the li	ne 1 table					

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

Schedule I (Form 990) (2014)

JSA

7714IN 700J

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

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

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

AMERICARES FOUNDATION, INC.	06-1008595	06-1008595					
Part I General Information on Grants and	d Assistanc	e				•	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's process 	ts or assistand dures for mor	ce? nitoring the use	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the	hat received	more than \$5	,000. Part II can b	oe duplicated if a		needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HEALTH UNIT ON DAVIDSON AVE							
13240 WOODROW WILSON ST. DETROIT, MI 48238	37-1490937	501(C)(3)	10,300.				PREDIABETES CARE IN
(2) ST. MARYS HEALTH WAGON							
RT. 1, P.O. BOX 329 CLINCHCO, VA 24226-9702	04-3739083	501(C)(3)	10,300.				PREDIABETES CARE IN
(3) RICHMOND AREA HIGH BLOOD PRESSURE CENT.							
1200 W. CARY ST. RICHMOND, VA 23220	52-1303481	501(C)(3)	10,300.				PREDIABETES CARE IN
(4) VILLAGE OF GIFFORD WATER TOWER REPAIRS							
P.O. BOX 37 GIFFORD, IL 61847	37-6020971	115	100,700.				WATER TOWER REPAIRS
(5) NEW ORLEANS CHILDREN'S HEALTH PROJECT							
1430 TULANE AVE. NEW ORLEANS, LA 70112	13-3468427	501(C)(3)	10,000.				LA YOUTH HEALTH ACC
_(6)	4						
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) an	d governmer	 nt organizations	listed in the line 1 t	able		_	569.
3 Enter total number of other organizations I	isted in the li	ne 1 table				<u></u> . >	

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

Schedule I (Form 990) (2014)

JSA

7714IN 700J

AMERICARES FOUNDATION, INC. 06-1008595

Schedule I (Form 990) (2014)

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 MEDICINE TO PATIENTS	138,403.		128,051,525.	FMV	PRESCRIPTION
2 MEDICAL OUTREACH IN THE US	31.		610,096.	FMV	MEDICAL SUPPLIES
3					
4					
5					
6					
7					

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

FORM 990, SCHEDULE I, PART I

GRANTS AND ASSISTANCE

LINE 2 - AMERICARES MONITORING ACTIVITIES

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

AMERICARES TRACKS EVERY DONATION AS IT ENTERS AND LEAVES OUR WAREHOUSES

AND REQUIRES REPORTING OF EACH RECEIVING PARTNER ORGANIZATION, WHICH

INCLUDE DETAILED CONFIRMATION OF RECEIPT AND QUARTERLY UPDATES ON

DISTRIBUTION. INDIVIDUAL LICENSED HEALTH CARE PROVIDERS RECEIVING

DONATIONS THROUGH OUR MEDICAL OUTREACH PROGRAM MUST PROVIDE A REPORT

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

Schedule I (Form 990) (2014)

JSA

AMERICARES FOUNDATION, INC. 06-1008595

Schedule I (Form 990) (2014)

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					
_2					
_3					
_4					
_5					
_6					
7					

Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

INFORMATION. HEALTH PARTNERS THAT RECEIVE FUNDING FROM AMERICARES ARE

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

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

FUNDED PROJECT OR ACTIVITY. AMERICARES STAFF ALSO PERFORM SITE VISITS

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

HEALTH INITIATIVES SUCH AS THOSE DESCRIBED IN THE "ONGOING" SECTION

ABOVE, MAY INCLUDE BASELINE AND FINAL PROJECT ASSESSMENTS.

Department of the Treasury Internal Revenue Service

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number AMERICARES FOUNDATION, INC. 06-1008595 **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	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line	,		
_	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X 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?	4a	X	
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?	4c		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), 501(c)(4), and 501(c)(29) 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		X
b	Any related organization?	5b		X
	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		X
b	Any related organization?	6b		X
_	If "Yes" to line 6a or 6b, describe in Part III.			
1	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	_		7.7
0	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
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			Х
9	in Part III	8		Λ
IJ	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2014

AMERICARES FOUNDATION, INC. 06-1008595

Schedule J (Form 990) 2014 Page 2

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(E) Total of columns	(F) Compensation					
(A) Name and Title		'''		reportable		benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
	(i)	324,840.	(0	13,462.	24,072.	362,374.	0
	(ii)	0	(0	0	0	O	0
	(i)	194,831.	(0	11,742.	17,270.	223,843.	0
2 SENIOR V.P., DEVELOPMENT	(ii)	0	(0	0	0	0	0
	(i)	181,639.	(0	11,124.	20,198.	212,961.	0
	(ii)	0	(0	0	0	0	0
		149,550.	(0	9,000.	7,726.	166,276.	0
	(ii)	0	(0	0	0	0	0
		158,603.	(0	9,888.	24,657.	193,148.	0
	(ii)	0	(0	0	0	0	0
	1 6	136,333.	(0	7,197.	10,148.	153,678.	0
		0	(0	0	0	0	0
	1 6	155,576.	(0	9,579.	20,421.	185,576.	0
		0	(0	0	0	0	0
KATHERINE SEARS	(i)	130,797.	(57,023.	7,983.	10,960.	206,763.	0
8 SENIOR V.P. GLOBAL PROGRAM OP.	(ii)	0	(0	0	0	0	0
CAROL SHATTUCK	(i)	81,790.	(100,620.	11,146.	19,698.	213,254.	0
9 SENIOR V.P COMMUNICATIONS	(ii)	0	(0	0	0	0	0
LEE WEINER	(i)	134,554.	(0	0	24,302.	158,856.	0
10 ^{V.P} DIRECT RESPONSE	(ii)	0 176	(0	U 5 050	10 710	150 061	0
FRANK BIA	(i)	93,176.	(47,807.	5,259.	12,719.	158,961.	0
11 MEDICAL DIRECTOR (THRU 06/14)	(ii)	Ü	(J O	U	Ü	U	0
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
45	(i)							
15	(ii)							
40	(i)							
16	(ii)							

Schedule J (Form 990) 2014

JSA 4E1291 1.000

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AMERICARES FOUNDATION, INC. 06-1008595

Schedule J (Form 990) 2014

Part | Supplemental Information

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

FORM 990, SCHEDULE J, PART I, LINE 4(A)

THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN CALENDAR YEAR

2014:

FRANK BIA, MEDICAL DIRECTOR - \$47,807

KATHARINE SEARS, SENIOR VICE PRESIDENT OF GLOBAL PROGRAM OPERATIONS -

\$57,023

CAROL SHATTUCK, SENIOR VICE PRESIDENT OF COMMUNICATIONS - \$100,620

THESE AMOUNTS HAVE BEEN DISCLOSED IN FORM 990, SCHEDULE J, PART II,

COLUMN (B)(III).

Schedule J (Form 990) 2014

JSA 4E1505 1.000

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 06-1008595

AMERICARES FOUNDATION, INC. Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household				
	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	105.	1,680,385.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution - Historic				
	structures				
14	Qualified conservation				
	contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles	77	20, 600	126 021	GOOD WHILL DO LEE
19	Food inventory	X	22,680.	136,931.	COST/WHOLESALE PRICE
20	Drugs and medical supplies	X	41,885,410.	695,925,956.	COST/WHOLESALE PRICE
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24 25	Archeological artifacts Other ►(HYGIENE ITEMS _)	X	1,282,985.	2,841,930.	COST/WHOLESALE PRICE
26	Other ►(APPAREL)	X	418,965.	2,205,503.	COST/WHOLESALE PRICE
27	Other ►()		110,703.	2/203/303.	COST, MICEBERIES TICTES
28	Other ►()				
29	Number of Forms 8283 received	hy the ora	l anization during the tax vi	ear for contributions for	
	which the organization completed F				29 40.
	on the organization completes t	0200,	, 20007.00049	,	Yes No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through
	28, that it must hold for at least th				
	to be used for exempt purposes for	-			-
b	If "Yes," describe the arrangement in	n Part II.			
31	Does the organization have a		ance policy that require	s the review of any r	non-standard
	contributions?				
32a	Does the organization hire or use				
	contributions?				
b	If "Yes," describe in Part II.				
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.				

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

Schedule M (Form 990) (2014)

06-1008595

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

FORM 990, SCHEDULE M, LINE 32(B)

Schedule M (Form 990) (2014)

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

Schedule M (Form 990) (2014)

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JSA 4E1508 1.000

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

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.

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990 REVIEW PROCESS

FORM 990, PART VI, LINE 11

THE FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. BEFORE FILING, THE FORM 990 IS REVIEWED BY MANAGEMENT AND DISTRIBUTED TO THE BOARD OF DIRECTORS FOR REVIEW AND COMMENT.

CONFLICT OF INTEREST POLICY

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

COMMITTEES, THE AFFECTED DIRECTOR SHALL NOT BE COUNTED FOR PURPOSES OF A

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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.

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

THE BOARD OF DIRECTORS DETERMINES COMPENSATION OF THE CEO. THE

ORGANIZATION'S CHIEF EXECUTIVE DETERMINES THE COMPENSATION OF THE OTHER

SENIOR STAFF AND MAY UTILIZE AVAILABLE MARKET DATA, SALARY SURVEY RESULTS

AND OTHER AVAILABLE TOOLS TO SUBSTANTIATE DECISIONS.

AT LEAST BI-ANNUALLY, THE ORGANIZATION PARTICIPATE IN THE INSIDENGO
SALARY AND BENEFITS SURVEY. THIS SURVEY PROVIDES COMPENSATION DATA FOR
THE PRESIDENT/CEO/EXECUTIVE DIRECTOR LEVEL POSITION, AMONG OTHERS, BASED
ON RESPONSES FROM OVER 140 PARTICIPATING ORGANIZATIONS. ALL PARTICIPANTS
ARE ENGAGED IN INTERNATIONAL DEVELOPMENT OR RELIEF WORK. THIS

INFORMATION IS SHARED AT AN ANNUAL MEETING OF THE COMPENSATION COMMITTEE

OF THE BOARD OF DIRECTORS (JANUARY), AND IN COMBINATION WITH DATA

COLLECTED FROM PEER ORGANIZATION FORM 990'S, THE CEO'S SALARY IS

EVALUATED AGAINST THE MARKETPLACE.

PUBLIC DISCLOSURE OF DOCUMENTS FORM 990, PART VI, LINE 19

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

FORM 990, PART VII

SENIOR V.P., PROGRAMS, ANNE PETERSON, AND CHIEF FINANCIAL OFFICER,
RICHARD TROWBRIDGE, JR. COMMENCED EMPLOYMENT WITH AMERICARES IN CALENDAR
YEAR 2015; ACCORDINGLY, NO COMPENSATION IS REPORTED ON PART VII FOR
EITHER INDIVIDUAL SINCE NEITHER RECEIVED COMPENSATION IN CALENDEAR YEAR
2014.

DIRECTOR, EXECUTIVE OFFICE, MEGIN WOLFMAN, JOINED THE ORGANIZATION IN NOVEMBER OF 2014; ACCORDINGLY, HER REPORTED COMPENSATION IS FOR THE TWO MONTHS SHE WORKED IN CALENDAR 2014.

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OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

SPLIT-INTEREST AGREEMENT

\$367,110

SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS

FORM 990, PART VL, LINE 4

DURING FISCAL 2015 THE AMERICARES BOARD OF DIRECTORS MADE THE FOLLOWING CHANGES TO THE CORPORATION'S BYLAWS:

- 1) ESTABLISHED A PROGRAM COMMITTEE TO "TO PROVIDE STRATEGIC PLANNING SUPPORT AND POLICY OVERSIGHT TO ENSURE FOCUS AND DIRECTION OF PROGRAMS AND SERVICES.
- 2) REDEFINED DIRECTORS' TERMS OF OFFICE AS THREE YEARS
- 3) ENABLED CERTAIN COMMITTEES TO INCLUDE NON-DIRECTOR, NON-VOTING MEMBERS.

ATTACHMENT 1

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

AMERICARES IS AN EMERGENCY RESPONSE AND GLOBAL HEALTH ORGANIZATION

COMMITTED TO SAVING LIVES AND BUILDING HEALTHIER FUTURES FOR PEOPLE

IN CRISIS IN THE UNITED STATES AND AROUND THE WORLD.

AS THE NUMBER ONE NONPROFIT PROVIDER OF DONATED MEDICINES AND SUPPLIES, AMERICARES REACHED 94 COUNTRIES IN FY15 WITH MEDICINES, MEDICAL SUPPLIES, SUPPORT AND TECHNICAL ASSISTANCE VALUED AT MORE THAN \$600 MILLION THROUGH OUR EMERGENCY AND GLOBAL HEALTH PROGRAMS.

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ATTACHMENT 1 (CONT'D)

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

THROUGH THESE PROGRAMS, WE WORKED TO RESTORE AND EXPAND HEALTH
SERVICES FOLLOWING DISASTERS AND CATALYZE LASTING IMPROVEMENTS IN
HEALTH CARE PROVISION. THROUGH COLLABORATION WITH OUR MORE THAN
2,000-MEMBER PARTNER NETWORK, WE COMMITTED NEARLY \$7.1 MILLION OF NEW
SUPPORT TO 91 HEALTH PROJECTS AND ACTIVITIES IN 28 COUNTRIES THAT
WILL DIRECTLY BENEFIT AN ESTIMATED 668,000 INDIVIDUALS. IN ADDITION,
WE LEVERAGED MORE THAN \$573 MILLION WORTH OF DONATED AND PROCURED
COMMODITIES TO SUPPORT PROJECTS AND ACTIVITIES AND TO RELIEVE
SHORTAGES OF MEDICINES AND SUPPLIES THROUGH OUR HEALTH PARTNERS IN 91
COUNTRIES, INCLUDING ENOUGH MEDICINES TO FILL NEARLY 16 MILLION
PRESCRIPTIONS AND MORE THAN 38 MILLION UNITS OF SUPPLIES.

ATTACHMENT 2

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

EMERGENCY RESPONSE PROGRAMS

IN ALL, IN FY15 AMERICARES EMERGENCY PROGRAMS PROVIDED MEDICINE,
SUPPLIES AND PROJECT SUPPORT TO PARTNERS IN 30 COUNTRIES AND 12
U.S. STATES ACROSS THE SPECTRUM OF PREPAREDNESS, RESPONSE AND
RECOVERY. AMERICARES RESPONDED TO 26 EMERGENCIES IN 19 COUNTRIES,
INCLUDING FLOODS, EARTHQUAKES, TORNADOES, TROPICAL STORMS,
CONFLICTS, WILDFIRES, VOLCANIC ERUPTIONS AND DISEASE OUTBREAKS.
OUR EMERGENCY PROGRAMS WORK ALSO INCLUDED PREPAREDNESS INITIATIVES
IN FIVE COUNTRIES AND RECOVERY WORK TO STRENGTHEN HEALTH SYSTEM

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ATTACHMENT 2 (CONT'D)

COMPONENTS FOLLOWING DISASTERS IN SIX COUNTRIES.

PREPAREDNESS:

IN FY15, AMERICARES CONDUCTED PREPAREDNESS INITIATIVES IN FIVE
COUNTRIES TO ASSIST AN ESTIMATED 51,000 PEOPLE IN THE EVENT OF A
FUTURE DISASTER. THESE PREPAREDNESS INITIATIVES FOCUSED ON
PREVENTING CHOLERA, PRE-POSITIONING RELIEF SUPPLIES AND BUILDING
THE RESILIENCE OF COMMUNITIES AND HEALTH SYSTEMS TO WITHSTAND
FUTURE DISASTERS.

IN EL SALVADOR, AMERICARES COLLABORATED WITH LONG-TIME PARTNER

FUSAL ON A LARGE-SCALE COMMUNITY-BASED DISASTER RISK REDUCTION

PILOT PROJECT TO INCREASE THE LEVEL OF RESILIENCE AND REDUCE RISKS

FROM DISASTERS IN FIVE TARGET MUNICIPALITIES IN THE DEPARTMENT OF

LA LIBERTAD. THESE FIVE MUNICIPALITIES CONSIST OF 245 COMMUNITIES,

WITH AN ESTIMATED 49,000 DIRECT AND INDIRECT BENEFICIARIES. IN

FY15, WE DESIGNED THE CURRICULUM, TOOLS, MAPPING, AND MONITORING

AND EVALUATION PLATFORMS; HIRED AND TRAINED A TEAM OF RISK

REDUCTION PROMOTERS; AND PILOTED THE CURRICULUM IN SEVEN

COMMUNITIES. THE PROJECT WILL BE COMPLETED AND EVALUATED IN FY16.

IN MYANMAR, AMERICARES IS ENGAGING 10 VILLAGES IN THE AYEYARWADY REGION IN COMMUNITY-BASED RISK REDUCTION, INCLUDING IDENTIFYING, REDUCING AND MANAGING CHRONIC PUBLIC HEALTH RISKS AND ACUTE EMERGENCIES. THIS PROJECT IS IN PARTNERSHIP WITH CHURCH WORLD

ATTACHMENT 2 (CONT'D)

SERVICE-MYANMAR, ALONG WITH SEVERAL LOCAL NGO PARTNERS. THE

PROJECT BEGAN IN FY15 AND WILL BENEFIT AN ESTIMATED 10,000 PEOPLE,

INCLUDING MORE THAN 2,000 DIRECT PARTICIPANTS AND NEARLY 8,000

INDIRECT COMMUNITY MEMBERS.

IN THE PHILIPPINES, AMERICARES HELD TWO WORKSHOPS IN FY15 TO

INTRODUCE 50 LOCAL HEALTH WORKERS TO THE CONCEPTS OF PREPAREDNESS,

SAFETY AND RISK REDUCTION. THESE HEALTH WORKERS WERE FROM HEALTH

FACILITIES THAT AMERICARES RECONSTRUCTED AND IMPROVED AFTER

TYPHOON HAIYAN. IN FY16, AMERICARES WILL PERFORM A FINAL

EVALUATION OF THIS PILOT PROJECT.

IN THE UNITED STATES IN FY15, AMERICARES CONTINUED WORK WITH TWO COMMUNITY HEALTH CENTERS AFFECTED BY SUPERSTORM SANDY TO IDENTIFY AND CLOSE PREPAREDNESS GAPS AND ESTABLISH SUSTAINABLE, FUNCTIONAL AND INTEGRATED EMERGENCY MANAGEMENT PLANS. IN FY15, AMERICARES ALSO ADDRESSED GAPS IN THE AREA OF DATA COLLECTION AND COMMUNICATION AT THE STATE-LEVEL BY PARTNERING WITH THE COMMUNITY HEALTH CARE ASSOCIATION OF NEW YORK STATE TO IMPROVE HEALTH SERVICES IN EMERGENCIES.

RESPONSE:

IN FY15, AMERICARES RESPONSE IN THE IMMEDIATE AFTERMATH OF 26

EMERGENCIES IN 19 COUNTRIES INCLUDED PRODUCT DONATIONS OF ENOUGH

MEDICINE TO FILL MORE THAN 815,000 PRESCRIPTIONS TO HELP HEALTH

ATTACHMENT 2 (CONT'D)

WORKERS ON THE FRONT LINES CARE FOR SURVIVORS. KEY ITEMS INCLUDED VACCINES, ANTIBIOTICS, WOUND CARE ITEMS, CHRONIC DISEASE MEDICINES AND CLEAN WATER SUPPLIES. AMERICARES ALSO ASSISTED AN ESTIMATED 218,000 INDIVIDUALS BY COLLABORATING WITH PARTNERS TO DEVELOP AND SUPPORT EMERGENCY RESPONSE PROJECTS. KEY THEMES OF THESE PROJECTS INCLUDED RESTORING AND EXPANDING HEALTH SERVICES; FULFILLING IMMEDIATE HEALTH AND SURVIVAL NEEDS; AND EARLY INTERVENTIONS TO ADDRESS PSYCHOLOGICAL DISTRESS.

AMERICARES LARGEST EMERGENCY PROGRAMS RESPONSES TOOK PLACE IN WEST AFRICA AND NEPAL.

AMERICARES RESPONSE TO THE WORLD'S LARGEST EBOLA OUTBREAK IN FY15
PROVIDED DOZENS OF SHIPMENTS OF ESSENTIAL MEDICINES AND PERSONAL
PROTECTIVE EQUIPMENT TO THE MOST-AFFECTED COUNTRIES, PRINCIPALLY
GUINEA, LIBERIA AND SIERRA LEONE. COORDINATING WITH INTERNATIONAL,
NATIONAL AND LOCAL ORGANIZATIONS, AMERICARES PROVIDED OVER 2
MILLION UNITS OF PERSONAL PROTECTIVE EQUIPMENT AND MORE THAN
100,000 COURSE TREATMENTS OF MEDICINE TO OVER 100 PARTNERS IN
THREE COUNTRIES. AMERICARES PARTNERED WITH THE INTERNATIONAL
ORGANIZATION FOR MIGRATION AND USAID TO PROVIDE MEDICINE AND
SUPPLIES FOR THREE EBOLA TREATMENT UNITS IN LIBERIA, AND TO
PROVIDE CLINICAL STAFF AND MANAGEMENT FOR ONE EBOLA TREATMENT
UNIT. BEGINNING IN FY15, AMERICARES TEAMS BUILT ON EBOLA RESPONSE
EFFORTS TO TRAIN MEDICAL STAFF IN SIERRA LEONE ON INFECTION

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ATTACHMENT 2 (CONT'D)

PREVENTION AND CONTROL PROTOCOLS, IMPROVE MATERNAL AND CHILD CARE

AT THE LIBERIAN GOVERNMENT HOSPITAL IN BUCHANAN AND TO START UP

AND MANAGE TWO CLINICS IN UNDERSERVED AREAS OF GRAND BASSA COUNTY.

THIS CRITICAL WORK TO STRENGTHEN HEALTH SYSTEMS WILL CONTINUE IN

FY16.

AFTER THE DEVASTATING APRIL 25 EARTHQUAKE IN NEPAL, AMERICARES

IMMEDIATELY LAUNCHED A LARGE-SCALE RELIEF EFFORT. IN FY15,

AMERICARES PROVIDED MEDICINE AND SUPPLIES TO 17 NATIONAL AND

INTERNATIONAL PARTNERS IN NEPAL. IN ADDITION, AMERICARES INDIA

RESPONDERS REACHED NEPAL WITHIN 72 HOURS AND ULTIMATELY SAW MORE

THAN 1,470 PATIENTS; AMERICARES ALSO TEAMED WITH NYC MEDICS TO

TREAT AN ADDITIONAL 1,200 DISASTER SURVIVORS. AMERICARES HAS MADE

A THREE-YEAR COMMITMENT TO NEPAL EARTHQUAKE RECOVERY, WITH A FOCUS

ON HEALTH SYSTEMS RESTORATION, ADDRESSING MENTAL HEALTH AND

PSYCHOSOCIAL NEEDS, AND BUILDING HEALTH SYSTEM AND COMMUNITY

RESILIENCE.

IN FY 15, AMERICARES RESPONDED TO 11 EMERGENCIES ACROSS 12 U.S.

STATES, INCLUDING THE U.S. BORDER CRISIS. AMERICARES PROVIDED

CRITICAL MEDICINE, MEDICAL SUPPLIES AND RELIEF ITEMS THAT ENABLED HEALTH PROFESSIONALS AND COMMUNITY PARTNERS TO ADDRESS THE HEALTH NEEDS OF THOUSANDS OF DISPLACED CHILDREN AND FAMILIES IN ARIZONA, LOUISIANA, NEW YORK AND TEXAS, AS WELL AS MEXICO. IN AUGUST 2014, AMERICARES DONATED A 20-FOOT BY 30-FOOT TENT STRUCTURE TO PROVIDE

ATTACHMENT 2 (CONT'D)

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SHELTER AND OVERNIGHT ACCOMMODATIONS AT THE TRANSITIONAL SITE AT SACRED HEART CHURCH IN MCALLEN, TEXAS. IN FY15 THE SITE SERVED NEARLY 18,000 PEOPLE AND PROVIDED MORE THAN 3,000 OVERNIGHT STAYS.

IN ADDITION TO OUR EMERGENCY RESPONSE ACTIVITIES, AMERICARES DEMONSTRATED OUR LEADERSHIP POSITION IN THE U.S. BY SERVING ON THE BOARD OF DIRECTORS OF THE NATIONAL VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER (VOAD) CHAPTER AND CHAIRING THE NATIONAL VOAD DISASTER HEALTH COMMITTEE.

RECOVERY

AMERICARES FY15 RECOVERY WORK EFFORTS FOCUSED ON STRENGTHENING HEALTH SYSTEM COMPONENTS IN HAITI, JAPAN, THE PHILIPPINES, SRI LANKA AND THE UNITED STATES. OUR TOTAL ASSISTANCE INCLUDED ENOUGH MEDICINES TO FILL MORE THAN 216,000 PRESCRIPTIONS AS WELL AS PROJECT SUPPORT TO REACH MORE THAN 189,000 INDIVIDUALS. WE FOCUSED PARTICULARLY ON RESTORING HEALTH SERVICES, COMBATTING CHOLERA, HELPING SURVIVORS OVERCOME TRAUMA WITH MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT, AND IMPROVING MATERNAL, NEONATAL AND CHILD HEALTH.

AMERICARES CONTINUES TO WORK WITH THE GOVERNMENT OF THE PHILIPPINES AND OTHER STAKEHOLDERS TO HELP REBUILD HEALTH SYSTEMS AND PREPARE FOR THE NEXT DISASTER IN THE VISAYAS REGION OF CENTRAL

ATTACHMENT 2 (CONT'D)

Page 2

PHILIPPINES, WHICH WAS HIT HARD BY SUPER TYPHOON HAIYAN IN NOVEMBER 2013. DURING FY15 AMERICARES OPENED AN OFFICE AND REGISTERED LOCALLY IN THE PHILIPPINES IN FY15. OUR WORK IN FY15 INCLUDES REHABILITATING OR REBUILDING MORE THAN 80 HEALTH FACILITIES AND RESTORING ACCESS TO CARE FOR NEARLY 2 MILLION PATIENTS. TO ENSURE RESILIENCE IN THE FACE OF FUTURE DISASTER, AMERICARES PROVIDED 14 BACK-UP POWER SYSTEMS FOR HOSPITALS AND TRAINED 50 HEALTH WORKERS ON DISASTER PREPAREDNESS AND EMERGENCY MANAGEMENT PLANNING. WE FURTHER INCREASED THE FUTURE CAPACITY OF THE HEALTH SYSTEM IN STORM-AFFECTED AREAS BY SUPPORTING MENTAL HEALTH AND PSYCHOSOCIAL TRAINING FOR 1,300 HEALTH WORKERS.

AMERICARES HAS BEEN RUNNING A RECOVERY PROGRAM IN NORTHERN JAPAN SINCE THE MARCH 2011 EARTHQUAKE, TSUNAMI AND RADIATION DISASTER. IN FY15, AMERICARES CONTINUED TO COLLABORATE WITH LOCAL HEALTH PARTNERS ON NEW OR EXISTING PROJECTS; ALL PROJECTS WERE COMPLETED IN SEPTEMBER 2015 AND THE AMERICARES JAPAN OFFICE CLOSED IN FY15.

MANY OF THE COMMUNITY-BASED ORGANIZATIONS HAVE SUCCESSFULLY LEVERAGED AMERICARES SUPPORT AND CAPACITY-BUILDING TO SECURE FUNDING FROM LOCAL SOURCES, ALLOWING THEM TO CONTINUE PROVIDING ESSENTIAL SERVICES TO DISPLACED AND AFFECTED COMMUNITIES.

IN FY15, AMERICARES ENTERED THE FINAL STAGE OF OUR RECOVERY

PROGRAM IN HAITI, FIVE YEARS AFTER THE MAGNITUDE 7.0 EARTHQUAKE

STRUCK HAITI IN 2010. WITH MEDICINE AND PROJECT SUPPORT,

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ATTACHMENT 2 (CONT'D)

AMERICARES CONTINUED ITS WORK WITH LOCAL PARTNERS TO EXPAND HEALTH SERVICES, CONTROL CHOLERA AND PREVENT OUTBREAKS, IMPROVE MATERNAL AND CHILD HEALTH, AND PREPARE FOR FUTURE DISASTERS. AMONG OUR PROJECTS IN FY15, AMERICARES EXPANDED ITS COMMITMENT TO PROVIDING SPECIALTY CARE FOR THOUSANDS OF DIABETIC PATIENTS BY HELPING THE FONDATION HAÏTIENNE DE DIABÈTE ET DE MALADIES CARDIO-VASCULAIRES (FHADIMAC) LAUNCH A DIABETIC FOOT CLINIC IN PORT-AU-PRINCE.

IN SRI LANKA, AMERICARES COMPLETED ITS FINAL TSUNAMI AND CIVIL WAR RECOVERY PROJECT AT THE MULLAITIVU DISTRICT GENERAL HOSPITAL IN FY15, WITH COMPLETION OF A NEW SURGICAL WARD AND RESIDENCE FOR CONSULTANTS AND MEDICAL OFFICERS, WHICH HELPED REDUCE OVERCROWDING AND ALLOWED THE HOSPITAL TO RECRUIT AND RETAIN 42 PHYSICIANS WHO OTHERWISE WOULD NOT HAVE TAKEN THE REMOTE POSTING. AFTER TEN YEARS OF SERVICE, THE AMERICARES RECOVERY OFFICE IN SRI LANKA FORMALLY CLOSED IN FY15.

ATTACHMENT 3

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

GLOBAL HEALTH PROGRAMS

EVERY DAY, AMERICARES SUPPORTS FRONTLINE HEALTH WORKERS THROUGH
PROJECTS AND ACTIVITIES THAT LEVERAGE CRITICALLY NEEDED MEDICINES
AND SUPPLIES TO CATALYZE INNOVATIVE, SUSTAINABLE HEALTH
IMPROVEMENTS IN THEIR COMMUNITIES. IN FY15, AMERICARES SUPPORTED
PARTNERS IN 89 COUNTRIES WITH MEDICINE, MEDICAL SUPPLIES, AND

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ATTACHMENT 3 (CONT'D)

PROJECT AND ACTIVITY SUPPORT THROUGH OUR GLOBAL HEALTH PROGRAMS.

OUTSIDE THE U.S.: AMERICARES RELIEVED SHORTAGES OF MEDICINES AND MEDICAL SUPPLIES IN HOSPITALS AND CLINICS IN 33 COUNTRIES,

INCLUDING ENOUGH MEDICINES TO FILL MORE THAN 12 MILLION

PRESCRIPTIONS.

AMERICARES ACHIEVED THIS THROUGH A VARIETY OF PROGRAMS AND PROJECTS. KEY THEMES OF THESE PROJECTS/ACTIVITIES INCLUDED MATERNAL AND CHILD HEALTH, NON-COMMUNICABLE DISEASES AND INFECTIOUS DISEASES.

AMONG OUR FY15 PROJECTS OUTSIDE THE U.S.:

- SCALE-OUT AND IMPLEMENTATION OF A HEALTH WORKER SAFETY PROJECT
 AT THREE GOVERNMENT HOSPITALS IN THE LAKE ZONE OF TANZANIA

 TARGETING 1,000 HEALTH WORKERS AND STUDENTS. IN THE FIRST PHASE OF
 IMPLEMENTATION, 80 PERCENT OF HEALTH WORKERS AND MEDICAL STUDENTS
 WERE IMMUNIZED AGAINST HEPATITIS B.
- LAUNCH OF THE SAFE SURGERY INITIATIVE WHICH AIMS TO IMPROVE

 ACCESS TO SAFE SURGERY IN LOW-RESOURCE SETTINGS. IN FY15,

 AMERICARES FACILITATED THE PLACEMENT OF 23 PULSE OXIMETERS IN FIVE

 COUNTRIES. PULSE OXIMETERS ARE ON THE WHO SURGICAL SAFETY

 CHECKLIST.
- SUPPORT FOR CHILDREN WITH CANCER IN COLOMBIA, THROUGH THE SANAR FOUNDATION IN BOGOTA FOR THEIR ACCESS TO MEDICINES, NUTRITION, AND EDUCATION PROGRAMS TO COVER PRESCRIPTION MEDICINES, CHEMOTHERAPY,

ATTACHMENT 3 (CONT'D)

TRANSPORTATION COSTS, LABORATORY EXAMS, MEDICAL CONSULTATIONS, EDUCATIONAL MATERIALS, AND MEALS FOR PATIENTS AND THEIR FAMILIES.

- CONTINUATION OF AMERICARES PEDIATRIC NUTRITION PROJECT IN
 VIETNAM, WHICH, THIS YEAR, WAS ABLE TO LOWER BOTH MALNUTRITION AND
 STUNTING RATES FROM THE BEGINNING OF THE SCHOOL YEAR TO THE END IN
 ITS THREE INTERVENTION DISTRICTS. IN FY15, THE NUTRITION PROJECT
 (WHICH IS CONDUCTED IN PARTNERSHIP WITH ABBOTT AND ABBOTT FUND)
 SERVED MORE THAN 2,500 STUDENTS AND SAW DROPS IN MALNUTRITION
 RATES IN ALL AREAS. IN ADDITION, ALL SCHOOLS EXPERIENCED AN ANNUAL
 AVERAGE REDUCTION OF STUNTING FROM 3 TO 5 PERCENTAGE POINTS. THE
 PROGRAM ALSO ADDRESSED THE ISSUE OF ANEMIA IN A SUB-SET OF SCHOOLS
 WHERE THEY DOCUMENTED REDUCTION RATES RANGING FROM 8 TO 19
 PERCENTAGE POINTS.
- YEAR SEVEN OF AMERICARES BREAST CANCER PROJECT IN CAMBODIA, IN PARTNERSHIP WITH SIHANOUK HOSPITAL CENTER OF HOPE AND ASTRAZENECA. IN FY15, THE PROGRAM WAS ABLE TO REACH MORE THAN 7,000 WOMEN WITH INFORMATION ABOUT BREAST CANCER AND EARLY DETECTION, TRAIN 141 NURSING STUDENTS ON TOPICS RELATED TO BREAST CANCER, SCREEN MORE THAN 800 WOMEN, CONDUCT NEARLY 400 DIAGNOSTIC TESTS AND IMPROVE THE QUALITY OF DATA COLLECTED ON THE ENTIRE PATIENT COHORT, BOTH PAST AND PRESENT.

IN FY15 AMERICARES GLOBAL HEALTH PROGRAM ALSO SUPPORTED 880

MEDICAL VOLUNTEER TEAMS TRAVELING TO 81 COUNTRIES WITH MORE

DONATED PRODUCTS, INCLUDING ENOUGH MEDICINES TO FILL NEARLY 1.3

MILLION PRESCRIPTIONS AND MORE THAN 2 MILLION UNITS OF SUPPLIES.

ATTACHMENT 3 (CONT'D)

OUR GLOBAL HEALTH PROGRAM INCLUDES MODEL PRIMARY CARE CLINICS IN MUMBAI, INDIA, AND SANTIAGO DE MARIA, EL SALVADOR.

THROUGH OUR PARTNER IN INDIA, AMERICARES MANAGES A MOBILE CLINIC PROGRAM THAT BRINGS PRIMARY CARE TO THE DOORSTEPS OF MARGINALIZED COMMUNITIES IN URBAN SLUMS IN MUMBAI IN FY15, THE PROGRAM'S SEVEN MOBILE CLINICS SERVED MORE THAN 130 UNIQUE LOCATIONS ACROSS THIRTEEN MUNICIPAL WARDS IN MUMBAI CITY WHERE 65,000 UNIQUE PATIENTS SOUGHT CARE THROUGH MORE THAN 140,000 CONSULTATIONS. THE CLINICS ADDED A NEW MOBILE PATHOLOGY LAB TO BRING 10 DIFFERENT TYPES OF BLOOD TESTS DIRECTLY TO PATIENTS AT MOBILE CLINIC LOCATIONS. IN FY15 THESE LABS CONDUCTED MORE THAN 8,000 TESTS ON MORE THAN 3,000 PATIENTS. A PATIENT SATISFACTION SURVEY WAS CARRIED OUT DURING FY15, WHICH SHOWED THAT THE COMMUNITY IS SATISFIED WITH OUR MMC PROGRAM. MOST PATIENTS SAID THEY WOULD COME BACK TO THE CLINIC AND ALSO RECOMMEND OUR CLINICS TO THEIR FAMILIES AND FRIENDS.

IN EL SALVADOR, THE AMERICARES FAMILY CLINIC IN SANTIAGO DE MARIA
PERFORMED 67,141 PATIENT CONSULTATIONS WITH 25,267 PATIENTS DURING
FY15. AMERICARES EXPANDED AND DIVERSIFIED SERVICES, ADDING
ORTHOPEDICS, PROSTHETICS AND ORTHOTICS, AND ORAL SURGERY. THE
CLINIC DREW FROM A WIDER GEOGRAPHIC REGION, WITH A 7 PERCENT
INCREASE IN THE MUNICIPALITIES WHO VISIT OUR INSTITUTION. DURING
FY15, AMERICARES FAMILY CLINIC DEVELOPED 35 HEALTH EDUCATION

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

ATTACHMENT 3 (CONT'D)

PROGRAMS BENEFITING A TOTAL OF 48,326 PATIENTS AND FAMILIES. IN ADDITION, THE CLINIC WORKS WITH 96 COMMUNITIES TO PROACTIVELY IDENTIFY THEIR PRIORITIES FOR HEALTH CARE, AND WORKS TO IMPROVE THE COLLECTIVE HEALTH STATUS OF THESE FAMILIES.

IN THE U.S.: AS THE LARGEST PROVIDER OF DONATED MEDICAL AID IN THE U.S., AMERICARES PROVIDED THE MAJORITY OF ITS SUPPORT THROUGH ITS NETWORK OF 807 FREE AND CHARITABLE CLINICS IN FY15. AMERICARES ALSO MADE NEW COMMITMENTS TO IMPLEMENT PROJECTS AND ACTIVITIES TO PREVENT, DIAGNOSE AND TREAT NON-COMMUNICABLE DISEASES.

IN ALL, AMERICARES PROVIDED ENOUGH MEDICINE TO FILL NEARLY 2
MILLION PRESCRIPTIONS. THE LARGEST CATEGORY OF MEDICINE, AT 35
PERCENT, WERE THOSE TO TREAT INFECTIOUS, DIARRHEAL, TROPICAL AND
RESPIRATORY DISEASES; MEDICATION TO TREAT NON-COMMUNICABLE
DISEASES MADE UP 29 PERCENT OF DONATED MEDICINE.

THROUGH ITS PATIENT ASSISTANCE PROGRAM, AMERICARES ALSO PROVIDED MORE THAN 108,000 LOW-INCOME UNINSURED AND UNDERINSURED PATIENTS ACCESS TO 51 BRANDED MEDICINES - IN TOTAL, ENOUGH MEDICINES TO FILL MORE THAN 363,000 PRESCRIPTIONS TO PATIENTS IN THE U.S., PUERTO RICO, GUAM AND U.S. VIRGIN ISLANDS.

U.S. FY15 PROJECTS INCLUDE:

- PLANNING FOR A CHRONIC DISEASE CARE PROGRAM FOR U.S. HEALTH CARE SAFETY NET CLINICS, INCLUDING IDENTIFYING CLINICS AND TRAINING FOR

Name of the organization Employer identification number

AMERICARES FOUNDATION, INC. 06-1008595

ATTACHMENT 3 (CONT'D)

THE TRANSFORMING PREDIABETES CARE INITIATIVE - A NATIONAL

DEMONSTRATION. IN FY15, AMERICARES TRAINED THE SEVEN SELECTED

CLINICS ON THE CENTER FOR DISEASE CONTROL AND PREVENTION'S

NATIONAL DIABETES PREVENTION PROGRAM (NDPP), A YEAR-LONG LIFESTYLE

CHANGE INTERVENTION TO PREVENT DIABETES IN LOW-INCOME UNINSURED OR

UNDERINSURED PATIENTS AT RISK.

- DEVELOPMENT AND LAUNCH OF AMERICARES MENTAL HEALTH INITIATIVE TO SUPPORT THE NATION'S NETWORK OF COMMUNITY MENTAL HEALTH CENTERS AND THE 8 MILLION PATIENTS THEY SERVE. DONATIONS OF MEDICINE WILL OFFSET COSTS FOR CLINICS AND PATIENTS. IN FY15, AMERICARES SELECTED 10 DEMONSTRATION STATES FOR THE PROJECT AND BEGAN OUTREACH TO NATIONAL AND STATE ASSOCIATIONS IN THOSE STATES.

ATTACHMENT 4

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

EL SALVADOR

HAITI

INDIA

JAPAN

LIBERIA

SRI LANKA

Schedule O (Form 990 or 990-EZ) 2014 Page **2**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

ATTACHMENT 5

FORM 990, PART VI, LINE 17 - STATES

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

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

 ${\tt MN}$, ${\tt MS}$, ${\tt MO}$, ${\tt NH}$, ${\tt NJ}$, ${\tt NM}$, ${\tt NY}$, ${\tt NC}$, ${\tt ND}$, ${\tt OH}$, ${\tt OK}$, ${\tt OR}$, ${\tt PA}$,

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

ATTACHMENT 6

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MAIL AMERICA COMMUNICATIONS 1174 ELKTON FARM ROAD, P.O. BOX 870 FOREST, VA 24551	PRINTING AND MAILING	1,181,247.
MAL WARWICK / DONORDIGITAL 2550 NINTH STREET, STE 103 BERKELEY, CA 94710	FUNDRAISING	1,059,741.
RAFANELLI EVENTS 5 WEST 19TH STREET NEW YORK, NY 10011	EVENT PLANNING	351,423.
DONOR SERVICES GROUP LLC 6715 SUNSET BOULEVARD HOLLYWOOD, CA 90028	FUNDRAISING	297,076.
LOCHLIN PARTNERS, LTD 8484 WESTPARK DRIVE MCLEAN, VA 22102	EXECUTIVE SEARCH	204,457.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

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

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling
		Primary activity Legal domicile (state	Primary activity Legal domicile (state Total income	Primary activity Legal domicile (state Total income End-of-year assets

one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	(a) (512(b)(13) (rolled (ity?
						Yes	No
(1) AMERICARES FREE CLINICS, INC. 06-1422741							
88 HAMILTON AVENUE STAMFORD, CT 06902	HEALTH CARE	CT	501(C)(3)	7	N/A	X	
(2)	_						
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2014

JSA 4E1307 1.000

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Schedule R (Form 990) 2014

Identification of Relat						nswered "Yes"	on Form	990, Part IV, I	ine 34	
because it had one or more related organizations treated as a partnership during the tax year.										
(a)	(b)	(c)	(4)	(6)	(f)	(a)	(h)	(i)	(i)	

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

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

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

JSA

4E1308 1.000

Schedule R (Form 990) 2014

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Schedule R (Fo	orm 990) 2014	Page 3
Part V	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

Not	e. 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
		1b	Х	
С		1c		Х
d	Loans or loan guarantees to or for related organization(s)	1d		X
е		1e		X
f	Dividends from related organization(s).	1f		Х
g		1g		Х
		1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
1		11		Х
		1m		X
		1n		X
0		10		X
р	Reimbursement paid to related organization(s) for expenses	1p		Х
			Х	
r	Other transfer of cash or property to related organization(s)	1r		Х
s		1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threships.	holds	S.	

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>	AMERICARES FREE CLINICS, INC.	В	36,880.	CASH
(2)	AMERICARES FREE CLINICS, INC.	В	1,891,362.	FMV (GOODS)
<u>(3)</u>	AMERICARES FREE CLINICS, INC.	Q	57,311.	CASH
<u>(4)</u>				
<u>(5)</u>				
<u>(6)</u>				

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Schedule R (Form 990) 2014

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Schedule R (Form 990) 2014

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	501(organiz	tion c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disproj alloc	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	ner?	(k) Percentag ownershi
			sections 512-514)	Yes	No			Yes	No		Yes	No	
1)													
2)													
3)													
4)													
(5)													
(6)													
7)													
(8)													
(9)													
10)													
11)													
12)													
13)													
14)													
15)													
16)													

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Schedule R (Form 990) 2014

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Schedule R (Form 990) 2014 Part VII

Supplemental Information

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

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