Our Mission

Americares saves lives and improves health for people affected by poverty or disaster so they can reach their full potential.
Dear Friends,

Welcome to Americares 2018 Annual Report. I am proud to present the achievements Americares has made around the world with the help of our generous donors and partners.

This past year was marked by extraordinary accomplishments:

- 35 emergency responses, in which Americares acted quickly and effectively to the devastation caused by hurricanes, earthquakes, volcanoes and hunger and humanitarian crises;
- increasing access to medicine, with a remarkable 12.6 million prescriptions to 97 countries, through partnerships with local health providers and volunteer medical teams;
- our continued commitment to strengthen health centers, with more than 100 health projects and programs that support and strengthen health centers in 19 countries to better meet the unique needs of people affected by poverty or disaster.

Americares generous donors make all our achievements possible. We are able to respond to more disasters, expand our health programs and save more lives because of the individuals, foundations and corporations that trust Americares to improve the lives of people in the United States and around the world.

Every year, health workers tell us how important Americares support is—for their jobs, their skills and their hopes for the future. For patients, Americares contributions are lifesaving. “We lost everything,” says David, who received emergency doses of insulin from an Americares partner clinic after being trapped in his Houston home during Hurricane Harvey. “Without that clinic, I’d be dead.”

Please share my pride in what we accomplished together in 2018.

Thank you,

Michael J. Nyenhuis
President and CEO
They went to the people. For people who were not able to get in their cars, they went to their houses. Americares provided what the people needed.”

—Dr. Francisco Murphy, Adjuntas, Puerto Rico

Americares delivered nearly $75 million in total aid in response to Hurricanes Harvey, Irma and Maria. The response included 75 relief workers who worked a combined 2,500 days in storm-affected communities; 360 shipments of medicine and relief supplies; and dozens of grants and programs to address immediate and long-term health needs, including stress and trauma.

In Fiscal Year 2018*

35 disasters
24 countries
1.3 million prescriptions
7.9 million supplies
17,000 medical visits managed by emergency medical teams
285,000 people reached in vulnerable communities through health projects

*July 1, 2017, through June 30, 2018
We lost everything, all my medicine. Everything was gone. Without that clinic, I'd be dead!"

When the first floor of their home filled with a foot of water during Hurricane Harvey, David's teenage sons helped him upstairs. But his problems had just begun: David's insulin, which needs to be refrigerated, spoiled due to power outages, and he went a week without medication after the storm. Unable to afford more medicine, David didn't know where to turn. Then his phone rang. It was his doctor's office—San Jose Clinic, one of more than 1,000 clinics Americares supports in the U.S.—offering to refill his insulin for free from an emergency shipment Americares had just made for Harvey survivors.

Americares responds to disasters and humanitarian crises, establishes long-term recovery projects and brings disaster preparedness programs to vulnerable communities. To accomplish this in 2018, Americares expanded our roster of trained response experts, operated medical teams in disaster-affected communities and increased the capacity of country offices to initiate regional responses.

PREPAREDNESS: To reduce the impact of disasters and increase resiliency, Americares strengthened health facilities and trained health staff in El Salvador, the Philippines and the United States. In India, El Salvador and the Philippines, Americares grew its rosters of trained responders, prepositioned relief supplies and used those resources during multiple emergencies in 2018. In Dominica, after Hurricane Maria, Americares began rebuilding seven primary health facilities with stormproof roofs and windows, generators and supply-chain plans that will support resilience during future disasters. In Puerto Rico, projects included adding complete solar systems to health centers. Soon after the 2017 hurricanes, Americares began preparedness training in storm-affected communities.

RESPONSE: To meet the health needs of survivors, Americares created and operated medical teams in response to cyclones, hurricanes and floods in India, the Philippines and the United States, providing more than 17,000 medical visits for survivors in need of care. Our partner network is critical: For ongoing humanitarian crises in Djibouti, Somalia and Yemen, Americares continued to provide critical medicine and medical supplies to local partners and supported refugee and drought-affected communities in Kenya and Tanzania.

RECOVERY: After disasters, Americares strengthens health systems, adding soft skills as well as repairing infrastructure. In addition to completing the rebuilding of 16 health centers in Nepal this year, Americares continued mental health programs that have now reached an estimated 300,000 survivors. Americares has trained more than 2,500 health workers to recognize stress and trauma since Nepal’s deadly 2015 earthquake and committed to mental health training for 9,000 health workers in Puerto Rico and Texas. In Jordan, Americares is working with a local partner to incorporate stress reduction into a chronic disease program for Syrian refugees and patients from host communities. Preliminary results of this unique project were presented at a global health conference and the project is being submitted for publication.

Puerto Rico, Hurricane Maria

Guatemala, Fuego volcano

Philippines, Typhoon Mangkhut

Somalia, hunger crisis

Texas, Hurricane Harvey

"We lost everything, all my medicine. Everything was gone. Without that clinic, I'd be dead!"
A diagnosis of hepatitis C in a low-income country can mean years of decline and liver failure. For the last two years, Americares has made treatment for the disease available in Ethiopia, Indonesia, Myanmar, Nigeria, Rwanda and Vietnam, which together have as many as 30 million people infected with hepatitis C. Working closely with Bristol-Myers Squibb and the Clinton Health Access Initiative, the program supports successful treatment programs for low-income individuals. The treatment, daclatasvir, is often a cure, including for this Burmese couple, who can now look forward to operating their bookstore in Yangon for decades to come.
To improve health outcomes for patients and communities, Americares increases access to and quality of medicine and supplies for partner hospitals, clinics and medical teams.

WHAT’S NEEDED, WHERE IT’S NEEDED: Americares works with local partners to identify gaps and match donated medicine to changing health needs in communities. This creates opportunities for strategic partnerships—including distributions of critical medicine for infectious diseases, such as dengue fever, which can build a foundation of health during childhood.

MANAGING MEDICINE FOR BETTER HEALTH: Americares strengthens the people, processes and technology needed to ensure safe supplies of quality medicine—this year, making supply chain improvements in El Salvador and Liberia. In El Salvador, Americares is bolstering systems at three clinics, while in Liberia, Americares conducted more than 100 workshops with staff from 15 public health centers. During responses to Hurricanes Harvey and Maria, Americares inventory software hastened the onboarding of partners and the set-up and management of emergency warehouses.

ADDING SKILL AND KNOWLEDGE: Americares Medical Outreach program provided volunteer medical teams making 1,076 trips to 79 countries, with medicine and supplies valued at $64 million. The teams tracked their work, reporting visits with 774,000 patients and 43,870 surgeries last year. Before and during trips, teams collaborate with host communities to be certain they are complementing existing skills and knowledge. Americares also continues to lead the development of guidelines for international volunteer medical teams.

The focus this past year was to bring the host institutions’ points of view into volunteer teams’ plans and actions.

EXPANDING IN INDIA: Americares expanded its partner network, creating relationships with 116 health organizations across the country and making 133 shipments valued at $1.2 million—more than 50 percent more than last year.

SAFE SURGERY: To give more people access to safe surgery, Americares is making critical products and training available in low-resource settings. Americares provides select volunteer medical teams with pulse oximeters and training resources. Since its launch in 2015, teams have distributed 1,707 pulse oximeters and 1,894 surgical safety checklists to health facilities in 53 countries and trained 2,220 health workers on safe surgical and anesthesia practices. Last year, the project had a focus on the Philippines.

In fiscal year 2018, Americares maintained relationships with more than 1,000 free clinics and health centers in all 50 states and Puerto Rico, serving as a resource providing capacity-building health programs, medicine, medical supplies and thought leadership. Americares is the leading nonprofit distributor of quality medical aid to low-income people in the U.S. Through Americares USAccess website, we fulfilled 6,500 requests for medicine and medical supplies valued at $154 million, including medicine for an estimated 370,000 low-income patients, most of them uninsured.

DIABETES PREVENTION: To learn how healthful food improves the health of low-income people at risk for diabetes, Americares partnered with Baxter International Inc. and Feeding America to provide patients with about a third of their household’s food needs as healthful options. Patients also take part in a proven diabetes prevention program. Americares is tracking the patients’ health, recording physical changes, such as weight, blood pressure and blood sugar.

STRONG CENTERS OF HEALTH: Americares own clinics provide health services to nearly 3,000 low-income uninsured patients at four locations in Connecticut; services focus on the management of chronic disease in adults. Along with a network of volunteer doctors, nurses and interpreters, Americares Free Clinics also receive donated medicine and services, which allowed the clinics to provide care valued at more than $10 million. Sites also offer education and support so patients can successfully manage diabetes, hypertension and other chronic conditions.

BUILDING QUALITY: Americares is leading efforts to improve quality in the nation’s free and charitable clinics. In 2017, we launched Roadmap to Health Equity, a collaborative effort to create the first consistent, nationwide reporting system for free and charitable clinics. To date, over 120 stakeholders have joined the initiative and are creating a new national reporting system that will identify strengths and areas of opportunity for quality improvement and health equity in the free and charitable clinic sector.

ADDRESSING BEHAVIORAL HEALTH: Americares completed its successful Mental Health Initiative, which, over the last three years, expanded our U.S. partner network, brought in critical donations of psychotropic medicine and established Americares as a provider of behavioral health programming. Now, mental health is a key part of our U.S. program, with a focus on behavioral health, including substance abuse disorders.

PATIENT ASSISTANCE: Partnering with pharmaceutical manufacturers to manage their patient assistance programs, Americares facilitated delivery of enough medicine to fill more than $11,000 prescriptions to qualifying patients, medicine with a value of $278 million—a 20 percent increase over last year.

U.S. PROGRAMS

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264,960 consultations in Americas-run fixed and mobile health clinics*

127,000 patients served

8,000+ health workers trained

“"I came because I knew I was in danger.”

—Theresa, clinic patient, Zondo, Liberia

Americares collaborates with local health centers to meet the most critical needs and promote behaviors that can reduce preventable illness. In Liberia and Tanzania, health workers use the radio to spread educational messages about women’s health and advertise services available at hospitals and clinics. In Grand Bassa County, Liberia, midwives also bring health information as they walk among the villages surrounding Zondo clinic, where, last year, 225 mothers gave birth.

*Includes ER India, Philippines, Puerto Rico
Americares improves and expands quality clinical services at Americares-run clinics and those of our partners. To prevent disease and promote good health in vulnerable communities, Americares supports, designs and implements disease prevention and health education efforts that connect local clinics and hospitals with the communities they serve.

EXPANDING CARE FOR MOTHERS: Americares focus in Africa is on the health of mothers. In Tanzania, Americares continued to partner with Johnson & Johnson to provide holistic care for women suffering from childbirth injuries. The program provides surgical repair, as well as literacy and life skills training for more than 200 women each year. In 2018,Americares staff from Liberia, training with the Tanzanian team and began a similar program in Liberia, including radio outreach, to expand care for women and adolescent girls. AnAmericares program to educate traditional midwives brought 225 pregnant women to deliver at a health facility last year.

CLINIC TO COMMUNITY CARE: Americares health center in rural El Salvador treated 39,000 patients last year, providing primary and specialty care. Americares diabetes and hypertension risk reduction program, run by the clinic, entered its third year with encouraging results—including improvements in body weight and blood pressure. The health center also continued to expand its health education and promotion programs, helping to reduce the risk of disease in the communities around the clinic.

MOBILE HEALTH CENTERS: In Mumbai,Americares seven mobile health centers brought primary care to more than 85,000 patients in 131 slum communities last year and connected patients to other community health services. In 76 schools in Mumbai, Americares school-based health program reached 22,000 students, encouraging them to share lessons of health and hygiene with family and neighbors. The program expanded at some sites this year to include vision and oral health screenings and improvements in water and sanitation.

ASSESSING LOCAL HEALTH CENTERS: Americares developed and is testing a system that assesses clinics. The system examines staff safety and satisfaction, connection to the community and government, management of medicine and supplies and more. In Connecticut, where Americares Free Clinics rely on paid and volunteer medical staff, the assessment confirmed that attracting volunteers in a tight labor market is a challenge. At a health facility in Tanzania, an assessment revealed a lack of infection control that put patients at risk. Training and plans to improve the facility are underway.

ESTABLISHING SAFETY: In Liberia, Americares local staff trained 141 health workers on infection prevention and control and improved the well at Zondo clinic, ensuring a safe supply of water. Robust safety training continued in India and, in Nepal, Americares earthquake recovery program now includes safety training and awareness, as well as mental health.

EXPANDING MENTAL HEALTH CARE AND SERVICES: In addition to expanding access to mental health services in the U.S. and through our emergency programs, Americares has been adding capacity for those services in the Philippines. Americares program, now in its third year, is training health workers in the Cebu region to identify patients with mental health needs and refer them to services.

BREAST CANCER TREATMENT AND AWARENESS: In its 10th year, Americares Breast Cancer Initiative at the Sihanouk Hospital Center of HOPE in Cambodia provided 300 women with screening and treatment. The program, in partnership with Astrazeneca, also reached nearly 4,000 women with educational information on screening and treatment options.

“When you come to the clinic, you get good advice.”

Seven times during her pregnancy, Yeame walked 90 minutes to the clinic in Zondo, Liberia, for prenatal care. Americares trained the traditional midwives in communities around Zondo to send pregnant women to the clinic for care. “The nurses at the clinic gave me good medicine and told me how to take care of myself,” the young mother says.

Now, her son Isaac gets his checkups and vaccinations at the Zondo clinic and Yeame (in pink shirt below) receives family planning. “I advise family and friends to come to the clinic, because I know you get medicine and good advice there,” she says.

Yeame has big dreams for her little boy. “I pray that Isaac will be someone tomorrow,” she says. “I pray for Isaac to go to school and become somebody good.”
Improving Health Around the World

Global Presence
- 9 country offices
- 19 countries with health projects
- 97 countries reached
- 24 countries with disaster responses

Global Health Programs
Impact by Region

Latin America/Caribbean
- $201 million
- 3.7 million prescriptions
- 5 million medical supplies
- 5 health projects

United States
- $159 million*
- 2.9 million prescriptions
- 4.1 million supplies
- 12 health projects

Asia/Eurasia/Europe**
- $480 million
- 1.5 million prescriptions
- 2.9 million medical supplies
- 9 health projects

Emergency Programs
- $91 million
- 1.3 million prescriptions
- 7.9 million supplies
- 96 health projects

Complex Emergencies, Political Crises and Refugee Crises:
- Djibouti, Jordan, Syria, U.S. (Arizona border), Venezuela, Yemen

Disease Outbreaks, Drought and Hunger:
- Democratic Republic of Congo, El Salvador, Kenya, Liberia, Somalia, Uganda

Earthquakes:
- Iraq, Mexico, Papua New Guinea, Philippines

Extreme Cold:
- Peru

Flooding, Landslides and Severe Storms:
- Dominica, India, Nepal, Philippines, Sint Maarten, Sierra Leone, Sri Lanka, United States (Florida, Louisiana, Puerto Rico, Texas, U.S. Virgin Islands)

Tornadoes:
- U.S. (North Carolina)

Volcanoes:
- Guatemala, Philippines

Wildfires:
- U.S. (California)

* Does not include $278.5 million patient assistance program.
** Does not include distribution; see financial information on page 17.
Financial Information

Thanks to the generous support of our donors and partners, Fiscal Year 2018 was one of the strongest years in Americares 39-year history. This success allowed Americares to continue to provide high levels of health improvements for people in need in the U.S. and around the world. Our FY2018 results bring our historical total of aid provided to just over $17 billion.

Geographically, Americares reached 97 countries this year, including the United States and two of its territories, Puerto Rico and the U.S. Virgin Islands. We remain the leading nonprofit provider of donated medical aid to low-income patients in the U.S., delivering more than $475.3 million in medicine, supplies and emergency aid in FY2018 to our network of health centers and free and charitable clinics. Also of significance were responses to 35 emergencies in 24 countries (and eight U.S. states/territories), including collaborations with partners for significant hurricane responses in Texas, Florida, Dominica and Puerto Rico (see geographical distribution chart, page 18).

Overall revenue was $1.1 billion, our fourth-highest level ever. This was driven, in large part, by support for our emergency responses to Hurricanes Harvey, Irma and Maria. The FY2018 overall revenue represents fairly even revenue from FY2017 (a 0.2 percent decrease without daclatasvir, a donation of exceptional value). Although the majority of our revenue is driven by our medical gifts-in-kind program, it is significant to note that the cash revenue portion was $71.9 million, a 69 percent increase over FY2017. This was our second-largest cash revenue figure ever, reflecting the broad support for our responses to the multiple hurricanes in the fall of 2017.

On the expense side, led by our Access to Medicine program, our programs accounted for 98.1 percent of our total expenses (without daclatasvir), including both cash and gifts-in-kind, one of the strongest in the industry. In addition, our Forbes Private Fundraising Efficiency ratio was 1.2 percent in FY2018, also considered best-in-class. Finally, Americares unrestricted operating surplus for FY2018 (a strong measure of financial health in a nonprofit’s financial statements) was $8.8 million, much of which will go to support future long-term recovery efforts in areas impacted by emergencies. It should be noted that the $283 million shortfall of revenue-to-expenses is mainly driven by a $304 million decrease in gifts-in-kind inventory, with $369 million of that due to the final daclatasvir shipments.

These metrics put Americares in a stronger-than-projected position to roll out our 10-year Strategic Plan (2019-2028), which will grow and diversify the organization’s funding, expand our work into new areas impacted by emergencies. It should be noted that the $283 million shortfall of revenue-to-expenses is mainly driven by a $304 million decrease in gifts-in-kind inventory, with $369 million of that due to the final daclatasvir shipments.

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Richard K. Trowbridge, Jr.
CFO, Treasurer and SVP Operations

For the audited financial statement and report from our independent certified public accountants, please visit americares.org.

Condensed Financial Information

For the 12-Month Period Ending June 30

Operating Revenue ($in 000s)

<table>
<thead>
<tr>
<th>Component</th>
<th>2018</th>
<th>2017</th>
<th>Change $</th>
<th>Change %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions (Cash and Securities)</td>
<td>$67,669</td>
<td>$38,587</td>
<td>$29,082</td>
<td>75%</td>
</tr>
<tr>
<td>U.S. Government Grants &amp; Contracts</td>
<td>140</td>
<td>403</td>
<td>(263)</td>
<td>(66%)</td>
</tr>
<tr>
<td>Gifts-in-Kind and Contributed Services (Other Than Daclatasvir)</td>
<td>984,187</td>
<td>1,015,895</td>
<td>(31,708)</td>
<td>(3%)</td>
</tr>
<tr>
<td>Daclatasvir Gifts-in-Kind</td>
<td>-</td>
<td>1,333,794</td>
<td>(1,333,794)</td>
<td>NMF</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>4,068</td>
<td>3,451</td>
<td>617</td>
<td>18%</td>
</tr>
<tr>
<td><strong>Total Operating Revenue</strong></td>
<td>1,056,064</td>
<td>2,392,190</td>
<td>(1,336,126)</td>
<td>(56%)</td>
</tr>
</tbody>
</table>

Operating Expenses and Changes in Net Assets

<table>
<thead>
<tr>
<th>Component</th>
<th>2018</th>
<th>2017</th>
<th>Change $</th>
<th>Change %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Program Services (Without Daclatasvir)</td>
<td>951,343</td>
<td>957,005</td>
<td>(5,662)</td>
<td>(1%)</td>
</tr>
<tr>
<td>Daclatasvir Expenses</td>
<td>369,390</td>
<td>964,404</td>
<td>(595,014)</td>
<td>(62%)</td>
</tr>
<tr>
<td>Fundraising</td>
<td>12,394</td>
<td>11,724</td>
<td>670</td>
<td>6%</td>
</tr>
<tr>
<td>Management &amp; General</td>
<td>5,519</td>
<td>5,463</td>
<td>56</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>1,338,646</td>
<td>1,338,596</td>
<td>(null)</td>
<td>(null)</td>
</tr>
</tbody>
</table>

Excess/(Deficiency) of Operating Revenue Over Expenses

<table>
<thead>
<tr>
<th>Component</th>
<th>2018</th>
<th>2017</th>
<th>Change $</th>
<th>Change %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-GIK Restricted Funds</td>
<td>8,768</td>
<td>518</td>
<td>8,250</td>
<td>16%</td>
</tr>
<tr>
<td>Non-GIK Excess/Deficiency</td>
<td>77,816</td>
<td>83,116</td>
<td>(5,300)</td>
<td>(6%)</td>
</tr>
<tr>
<td>Daclatasvir GIK Excess/Deficiency</td>
<td>369,390</td>
<td>369,390</td>
<td>(null)</td>
<td>(null)</td>
</tr>
<tr>
<td>Excess/Deficiency Related to Non-Operating Activity</td>
<td>224</td>
<td>570</td>
<td>(346)</td>
<td>(60%)</td>
</tr>
<tr>
<td><strong>Total Increase/(Decrease) in Net Assets</strong></td>
<td>$(282,582)</td>
<td>$453,594</td>
<td>$(736,176)</td>
<td>(null)</td>
</tr>
</tbody>
</table>

Composition of Net Assets

<table>
<thead>
<tr>
<th>Component</th>
<th>2018</th>
<th>2017</th>
<th>Change $</th>
<th>Change %</th>
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<tbody>
<tr>
<td>Unrestricted</td>
<td>$97,005</td>
<td>$58,162</td>
<td>$38,843</td>
<td>67%</td>
</tr>
<tr>
<td>Temporarily Restricted</td>
<td>216,484</td>
<td>538,113</td>
<td>(321,649)</td>
<td>(60%)</td>
</tr>
<tr>
<td>Permanently Restricted</td>
<td>4,969</td>
<td>4,745</td>
<td>224</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td>$318,438</td>
<td>$601,020</td>
<td>$(282,582)</td>
<td>(47%)</td>
</tr>
</tbody>
</table>

Major Programs

<table>
<thead>
<tr>
<th>Component</th>
<th>% of FY2018 Total</th>
<th>% of FY2017 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Services</td>
<td>41.0%</td>
<td>38.7%</td>
</tr>
<tr>
<td>Access to Medicine</td>
<td>27.7%</td>
<td>31.1%</td>
</tr>
<tr>
<td>Programs</td>
<td>31.3%</td>
<td>30.3%</td>
</tr>
</tbody>
</table>

Where We Work

*Americares also administered patient assistance programs by providing an additional $278.5 million to patients in the U.S. (not included on this chart).