


<b>Form 990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <b>2011</b> </div>
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	<div> <b>Open to Public Inspection</b> </div>

<b>A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012</b>		<b>D Employer identification number</b> 06-1008595	
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization AmeriCares Foundation Inc  Doing Business As  Number and street (or P O box if mail is not delivered to street address) Room/suite 88 HAMILTON AVENUE  City or town, state or country, and ZIP + 4 STAMFORD, CT 069023111		<b>E Telephone number</b>  (203) 658-9500
	<b>F</b> Name and address of principal officer curtis r welling pres CEO 88 HAMILTON AVENUE STAMFORD, CT 06902		<b>G</b> Gross receipts \$ 532,423,353
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>J</b> Website: ▶ WWW.AMERICARES.ORG			<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>H(c)</b> Group exemption number ▶
<b>L</b> Year of formation 1979	<b>M</b> State of legal domicile CT		

Part I		Summary	
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities AMERICARES IS A NONPROFIT GLOBAL HEALTH AND DISASTER RELIEF ORGANIZATION THAT DELIVERS MEDICINES, MEDICAL SUPPLIES AND HUMANITARIAN AID TO PEOPLE IN NEED AROUND THE WORLD AND IN THE U S    		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	16
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	15
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	<b>5</b>	128
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	40
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	662,889,899	524,509,518
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	381,585	469,490
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	446,407	984,913
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	75,960	105,118
		663,793,851	526,069,039
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	623,554,661	457,549,326
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	10,126,290	11,438,004
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	572,300	627,048
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>7,823,348</b> . . . . .		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	31,078,371	50,486,805
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	665,331,622	520,101,183
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	-1,537,771	5,967,856
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	156,947,989	162,225,980
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	7,270,194	8,890,342
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	149,677,795	153,335,638

**Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on preparer's knowledge.**

<b>Sign Here</b>	***** Signature of officer	
	William S Post V P and Treasurer Type or print name and title	
<b>Paid Preparer's Use Only</b>	Preparer's signature	Scott Thompsett
	Firm's name (or yours if self-employed), address, and ZIP + 4	GRANT THORNTON LLP 666 THIRD AVENUE NEW YORK, NY 100174057

May the IRS discuss this return with the preparer shown above? (see instructions)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

AMERICARES IS A NONPROFIT GLOBAL HEALTH AND DISASTER RELIEF ORGANIZATION THAT DELIVERS MEDICINES, MEDICAL SUPPLIES AND HUMANITARIAN AID TO PEOPLE IN NEED AROUND THE WORLD AND ACROSS THE UNITED STATES IN TIMES OF EPIC DISASTER, DAILY STRUGGLE OR CIVIL CONFLICT, AMERICARES RESTORES HEALTH AND SAVES LIVES BY DELIVERING MEDICINES, MEDICAL SUPPLIES, AND HUMANITARIAN AID TO PEOPLE IN NEED

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If “Yes,” describe these changes on Schedule O






















4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code ) (Expenses \$ 375,562,066 including grants of \$ 328,538,714 ) (Revenue \$ )
	AmeriCares global medical assistance, emergency response and medical outreach programs restore health and save lives in the wake of natural disasters and civil conflicts and support long-term medical and humanitarian assistance programs AmeriCares delivered \$450 million in medicines and medical supplies to 476 healthcare partners in 94 countries in the year ended June 30, 2012 AmeriCares obtains donations of medicines, medical supplies and other aid from U S and international pharmaceutical companies and medical supply manufacturers, and delivers them quickly and efficiently to hospitals, clinics and community health facilities Since it began operations in 1982, AmeriCares has delivered more than \$10 billion in aid to over 164 countries Partnerships allow AmeriCares to help more people live longer, healthier lives by providing critical medicines and medical supplies In FY2012, AmeriCares provided global medical assistance throughout the United States, Latin America, Asia and Africa In the United States, it donated medications and medical supplies to 355 charitable institutions within its affiliate network, encompassing the full spectrum of the U S health care safety net Its office in Mumbai, India sponsored mobile medical clinics to provide comprehensive, on-going primary care services for residents of slum communities without access to health care In Latin America, it provided extensive support for partner clinics and health facilities treating impoverished patients for conditions ranging from common infections to cancer and chronic diseases In Asia, it provided support for programs addressing diarrheal diseases, respiratory disease, maternal health, breast cancer, nutrition, primary care and disaster preparedness In Africa, its programs help patients in hospitals, children's homes and primary care clinics In FY12, it successfully concluded a health worker safety program in Tanzania, vaccinating workers against tetanus and training several hundred in best practices Emergency response is a large part of the AmeriCares portfolio In the U S during FY2012, the organization responded to 9 disasters in 13 states, including hurricanes, tropical storms, tornadoes and wildfires It was active in response to the famine in the Horn of Africa, where the worst drought in over a half-century impacted more than 13 million people in Djibouti, Ethiopia, Kenya and Somalia AmeriCares provided nearly 180,000 course treatments of medicines for primary care, as well as supplemental meals for children and adults in need of nutritional stabilization and water purification products to provide 34,000 people with clean drinking water for two months AmeriCares has a longstanding commitment to fiscal responsibility and has consistently received high rankings for its efficiency These ratings reflect the fact that more than 98% of our total expenses directly support programs and relief for people in need and less than 2% represent administrative costs For the year ending June 30, 2012, AmeriCares received \$542,174 in Contributed Services, (this amount is not reflected in the Form 990 Income Statement or Functional Expense Schedule)
4b	(Code ) (Expenses \$ 131,875,197 including grants of \$ 129,010,612 ) (Revenue \$ )
	AmeriCares operates a Patient Assistance Program through which it receives donated medicines These donations are used to provide free prescription medications to patients in need throughout the United States that have met various eligibility criteria and who would not otherwise be able to afford them Since its inception, this program has filled more than 3 million prescriptions, representing approximately \$2 billion in donated products
4c	(Code ) (Expenses \$ 1,116,091 including grants of \$ ) (Revenue \$ 935,752 )
	AmeriCares opened a family health clinic, Clinica Integral de Atencin Familiar in October 2003, located in Santiago de Mara, El Salvador A dedicated staff of doctors, registered nurses, a social worker and a dentist provide high-quality care at an affordable cost, working in a building equipped with laboratory, mammography, ultrasound and X-ray equipment In FY12, the clinic treated close to 50,000 patients Revenues associated with this program include patient service revenue, as reported in Part VIII, Line 2g, and sale of medicines, as reported in Part VIII, Line 10A
4d	Other program services (Describe in Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses \$ 508,553,354

Part IV

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2	Yes	
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		No
4	<b>Section 501(c)(3) organizations.</b> 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		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
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	Yes	
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes	
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		No
c	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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, Part I 	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV 	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III and IV 	16	Yes	
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 	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV

Checklist of Required Schedules (continued)

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

<div>Part V</div> <div>Statements Regarding Other IRS Filings and Tax Compliance</div> <div>Check if Schedule O contains a response to any question in this Part V</div>								
				Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .			1a	65			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.			1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		Yes		
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	128			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			2b				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a				No
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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 or securities account)?			4a		Yes		
b	If "Yes," enter the name of the foreign country: ES, CE, HA, IN See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a				No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b				No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a				No
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).								
a	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		Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		Yes		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c				No
d	If "Yes," indicate the number of Forms 8282 filed during the year.			7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f				No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h				
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?				8				
9 Sponsoring organizations maintaining donor advised funds.								
a	Did the organization make any taxable distributions under section 4966?			9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b				
10 Section 501(c)(7) organizations. Enter								
a	Initiation fees and capital contributions included on Part VIII, line 12.			10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			10b				
11 Section 501(c)(12) organizations. Enter								
a	Gross income from members or shareholders.			11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.								
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.			13a				
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			13b				
c	Enter the aggregate amount of reserves on hand.			13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			14b				

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI

Section 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	1a16		
b	Enter the number of voting members included in line 1a, above, who are independent	1b15		
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed▶AL , AK , AZ , AR , CA , CO , CT , DC , FL , GA , HI , IL , KS , KY , LA , ME , MD , MA , MI , MN , MS , MO , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV , WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ KATHERINE A SEARS SR VP CF 88 HAMILTON AVENUE STAMFORD,CT 06902 (203) 658-9500

Check if Schedule O contains a response to any question in this Part VII ☒

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

Form **990** (2011)

## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	<b>▼</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	<b>▼</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	<b>▼</b>	2,813,547	0	487,948

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: 20

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

## **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
Brickmill Marketing Inc 24 MILL BROOK ROAD WILTON, NH 03086	FUNDRAISING	300,000
Donor Digital Inc 2550 NINTH STREET STE 103 BERKELY, CA 94710	Fundraising	184,171
Grant Thornton LLP 666 Third Avenue NEW YORK, NY 100174011	Accounting	200,651

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►3



Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	221,303			
	b	Membership dues . . . . .	1b	0			
	c	Fundraising events . . . . .	1c	1,166,219			
	d	Related organizations . . . .	1d	0			
	e	Government grants (contributions)	1e	0			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	523,121,996			
	g	Noncash contributions included in lines 1a-1f \$ 503,142,129					
	h	Total. Add lines 1a-1f . . . . .					
Program Service Revenue			Business Code				
	2a	EL SALVADOR PATIENT VISIT REVENUE	621400	427,134	427,134		
	b	EL SALVADOR CAFETERIA INCOME	900099	35,529			35,529
	c	EL SALVADOR MISCELLANEOUS INCOME	900099	6,827			6,827
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .			469,490		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		1,061,594			1,061,594
	4	Income from investment of tax-exempt bond proceeds . .		0			
	5	Royalties . . . . .		0			
	6a	(i) Real		(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . .					
	7a	(i) Securities		(ii) Other			
		5,367,549					
		5,444,230					
		-76,681					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . .			-76,681		-76,681
	8a	Gross income from fundraising events (not including \$ 1,166,219 of contributions reported on line 1c) See Part IV, line 18 . . . .			0		
	a	539,897					
	b	Less direct expenses . . . . .		539,897			
	c	Net income or (loss) from fundraising events . .					
	9a	Gross income from gaming activities See Part IV, line 19 . . . .			0		
a							
b	Less direct expenses . . . . .						
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances . . . . .			96,076		96,076	
a	466,262						
b	Less cost of goods sold . . . . .		370,187				
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS	900099	9,042	9,042			
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .			9,042			
12	Total revenue. See Instructions . . . . .			526,069,039	427,134	0	1,132,387

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)  
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	24,057,323	24,057,323		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	130,108,572	130,108,572		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	303,383,431	303,383,431		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,203,442	878,263	764,280	560,899
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	6,783,688	3,555,233	1,106,049	2,122,406
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	231,103	132,700	32,561	65,842
9	Other employee benefits	1,487,216	784,711	232,458	470,047
10	Payroll taxes	732,555	374,328	118,537	239,690
11	Fees for services (non-employees)				
a	Management	933,091	660,551	133,778	138,762
b	Legal	58,527	21,553	36,974	
c	Accounting	169,459	13,195	156,264	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	627,048			627,048
f	Investment management fees	55,583		55,583	
g	Other	838,090	135,621	187,160	515,309
12	Advertising and promotion	1,255,567	36,782	2,526	1,216,259
13	Office expenses	90,656	71,137	3,939	15,580
14	Information technology	446,817	61,520	192,443	192,854
15	Royalties	0			
16	Occupancy	1,981,983	1,435,795	244,346	301,842
17	Travel	723,987	546,544	37,756	139,687
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	19,166	16,491	1,440	1,235
20	Interest	127		127	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	303,398	184,331	40,450	78,617
23	Insurance	204,233	86,163	72,773	45,297
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	INVENTORY WRITE-OFF	37,453,443	37,453,443		
b	POSTAGE AND FREIGHT	5,155,748	4,276,069	6,502	873,177
c	MISCELLANEOUS	796,930	279,598	298,535	218,797
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	520,101,183	508,553,354	3,724,481	7,823,348
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			7,734	1	4,393
	2	Savings and temporary cash investments . . . . .			11,491,502	2	5,260,248
	3	Pledges and grants receivable, net . . . . .			3,056,308	3	1,760,575
	4	Accounts receivable, net . . . . .			88,589	4	99,140
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .			0	6	0
	7	Notes and loans receivable, net . . . . .			0	7	0
	8	Inventories for sale or use . . . . .			104,295,312	8	120,659,106
	9	Prepaid expenses and deferred charges . . . . .			518,871	9	492,977
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	4,605,800			
	b	Less: accumulated depreciation . . . . .	10b	2,077,728	2,363,252	10c	2,528,072
	11	Investments—publicly traded securities . . . . .			29,699,714	11	27,737,218
	12	Investments—other securities. See Part IV, line 11 . . . . .			0	12	0
	13	Investments—program-related. See Part IV, line 11 . . . . .			0	13	0
	14	Intangible assets . . . . .			0	14	0
	15	Other assets. See Part IV, line 11 . . . . .			5,426,707	15	3,684,251
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			156,947,989	16	162,225,980	
Liabilities	17	Accounts payable and accrued expenses . . . . .			4,759,813	17	4,112,992
	18	Grants payable . . . . .			1,259,593	18	2,889,723
	19	Deferred revenue . . . . .			0	19	0
	20	Tax-exempt bond liabilities . . . . .			0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			1,250,788	25	1,887,627
	26	Total liabilities. Add lines 17 through 25 . . . . .			7,270,194	26	8,890,342
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets . . . . .			101,114,379	27	105,495,463
28		Temporarily restricted net assets . . . . .			43,966,046	28	43,465,893
29		Permanently restricted net assets . . . . .			4,597,370	29	4,374,282
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds . . . . .				30	
31		Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
32		Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
33		Total net assets or fund balances . . . . .			149,677,795	33	153,335,638
34	Total liabilities and net assets/fund balances . . . . .			156,947,989	34	162,225,980	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	526,069,039
2	Total expenses (must equal Part IX, column (A), line 25)	2	520,101,183
3	Revenue less expenses Subtract line 2 from line 1	3	5,967,856
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	149,677,795
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,310,013
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	153,335,638

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

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. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
AmeriCares Foundation Inc

Employer identification number  
06-1008595

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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 that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,011,003,360	1,194,350,712	794,563,561	662,889,899	524,509,518	4,187,317,050
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,011,003,360	1,194,350,712	794,563,561	662,889,899	524,509,518	4,187,317,050
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,594,611,060
6 Public Support. Subtract line 5 from line 4						2,592,705,990

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,011,003,360	1,194,350,712	794,563,561	662,889,899	524,509,518	4,187,317,050
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,185,501	1,370,027	707,762	1,089,351	1,061,594	6,414,235
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	632,003	881,253	699,307	819,265	1,015,201	4,047,029
11 Total support (Add lines 7 through 10)						4,197,778,314
12 Gross receipts from related activities, etc (See instructions )					12	1,842,813
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	61 764 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	60 784 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIIPart III

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

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

Facts And Circumstances Test

Explanation



Additional Data

Software ID:  
Software Version:  
EIN: 06-1008595  
Name: AmeriCares Foundation Inc

Form 990, Special Condition Description:

Special Condition Description
-------------------------------

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Elizabeth P Allen Director	1 0	X								
Carol B Bauer Director	1 0	X								
C Robert Henrikson Director	1 0	X								
John L Kelly Director	1 0	X								
Paul J Kuehner Director	1 0	X								
Jerry P Leaman Director	1 0	X								
Robert G Leary Director	1 0	X								
Alma Jane Macauley Vice Chairman	1 0	X		X						
C Dean Maglaris Chairman	1 0	X		X						
Joseph W Merrill Director	1 0	X								
Beverly L Schuch Director	1 0	X								
Fred Weisman Director	1 0	X								
James Wheat III Director	1 0	X								
Stephen Winter MD Director	1 0	X								
Joseph J Rucci Jr Director and Secretary	1 0	X		X						
Curtis R Welling Director, President & C E O	40 0	X		X				272,860	0	40,668
Kevin Gilrain Senior V P , Human Resources	40 0			X				163,890	0	27,017
Christoph Gorder Senior Vice Presedent	40 0			X				176,804	0	35,983
Rachel Granger V P - Emergency Response	40 0			X				118,506		15,718
Jennifer Grey V P , Individual Philanthropy	40 0			X				127,918		17,335
Ella Gudwin V P - Emergency Response	40 0			X				100,704		33,537
Geoff Kneisel Vice President	40 0			X				106,704		29,657
Gary Leeds Vice President/Controller	40 0			X				139,296	0	8,955
Diana Maguire V P - Institutional Relations	40 0			X				118,592		13,811
Carolyn O'Brien Senior V P - Develpoment	40 0			X				142,174	0	25,543

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Dr Purvish Parikh Vice President	40 0			X						22,025
William Post Vice President - Treasurer	30 0			X				80,084		7,990
Katherine Sears Senior V P Finance and Tech/C	40 0			X				211,616	0	38,090
Carol Shattuck Senior V P - Communications	40 0			X				173,671	0	28,636
Lee Weiner V P - Direct Response	40 0			X				128,655	0	22,700
Adam Zayan V P - Global Partnerships	40 0			X				141,970	0	32,842
Frank Bia Medical Director	40 0					X		175,747	0	37,283
Steve Bardos IT Specialist	40 0					X		118,440		
Melissa Woolford Director leadership gifts	40 0					X		108,888		7,146
Andrea Vakos director major gifts	40 0					X		101,513		36,066
Martha Kennard Director GIK Process MGMT	40 0					X		105,515		6,946

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization AmeriCares Foundation Inc	Employer identification number 06-1008595
---	--

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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 contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part 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)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

Complete lines 2a–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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

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, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

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 section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

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

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii)

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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

- 3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIV and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- |    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIV

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

- |  | (a)Current Year | (b)Prior Year | (c)Two Years Back | (d)Three Years Back | (e)Four Years Back |
|--|-----------------|---------------|-------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     | 1,340,176       | 1,177,237     | 1,028,266         | 1,196,255           |                    |
| b Contributions . . . . .                                  |                 |               |                   |                     |                    |
| c Investment earnings or losses . . . . .                  | -46,642         | 162,939       | 148,971           | -167,989            |                    |
| d Grants or scholarships . . . . .                         |                 |               |                   |                     |                    |
| e Other expenditures for facilities and programs . . . . . |                 |               |                   |                     |                    |
| f Administrative expenses . . . . .                        |                 |               |                   |                     |                    |
| g End of year balance . . . . .                            | 1,293,534       | 1,340,176     | 1,177,237         | 1,028,266           |                    |
- 2

Provide the estimated percentage of the year end balance held as
- a

Board designated or quasi-endowment ▶
- b

Permanent endowment ▶ 100 000 %
- c

Term endowment ▶
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .
- b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- |        |     |    |
|--------|-----|----|
|        | Yes | No |
| 3a(i)  | Yes |    |
| 3a(ii) |     | No |
| 3b     |     |    |
- 4

Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .		808,271	265,047	543,224
c Leasehold improvements . . . . .		2,118,187	703,255	1,414,932
d Equipment . . . . .		1,679,342	1,109,426	569,916
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				2,528,072



Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	526,069,039
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	520,101,183
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,967,856
4	Net unrealized gains (losses) on investments	4	-454,590
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,855,423
9	Total adjustments (net) Add lines 4 - 8	9	-2,310,013
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,657,843

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	525,211,284
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	-454,590
b	Donated services and use of facilities . . . . .	2b	542,174
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	-945,339
e	Add lines 2a through 2d . . . . .	2e	-857,755
3	Subtract line 2e from line 1 . . . . .	3	526,069,039
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	526,069,039

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	521,553,441
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	542,174
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	910,084
e	Add lines 2a through 2d . . . . .	2e	1,452,258
3	Subtract line 2e from line 1 . . . . .	3	520,101,183
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	520,101,183

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
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 recognize 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 2012 and 2011, 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 2009, 2010, 2011, and 2012 are still open to audit for both federal and state purposes.
RECONCILIATION OF NET ASSETS	FORM 990, SCHEDULE D, PART XI, LINE 8	CHANGES IN SPLIT INTEREST AGREEMENTS (\$1,855,423)
REVENUE ON BOOKS NOT ON RETURN	FORM 990, SCHEDULE D, PART XII, LINE 2	CHANGES IN SPLIT INTEREST AGREEMENTS (\$1,855,423) SPECIAL EVENTS EXPENSE \$539,897 COST OF GOODS SOLD \$370,187 ----- TOTAL (\$945,339)
EXPENSES ON BOOKS NOT ON RETURN	FORM 990, SCHEDULE D, PART XIII, LINE 2	SPECIAL EVENTS EXPENSE \$539,897 COST OF GOODS SOLD \$370,187 ----- TOTAL \$910,084
Form 990, Schedule D, Part XI		The Americares Foundation, Inc. files a consolidated audited financial statement with its subsidiary, Americares Free Clinics, Inc. The reconciliation in part XI 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). Americares Foundation's change in net assets for the year is \$3,657,843.

SCHEDULE F  
(Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
AmeriCares Foundation Inc

Employer identification number  
06-1008595

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States
- 3 Activites per Region (Use Part V if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(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 region/investments in region
Central America and the Caribbean	2	73	Program Services	DISASTER RELIEF/DVLPMT	155,780,040
East Asia and the Pacific	1	2	Program Services	DISASTER RELIEF/DVLPMT	27,593,884
Europe (Including Iceland and Greenland)	0	0	Program Services	DISASTER RELIEF/DVLPMT	3,826,699
Middle East and North Africa	0	0	Program Services	DISASTER RELIEF/DVLPMT	12,038,664
North America	0	0	Program Services	DISASTER RELIEF/DVLPMT	711,279
Russia and the Newly Independent States	0	0	Program Services	DISASTER RELIEF/DVLPMT	22,312,271
South America	0	0	Program Services	DISASTER RELIEF/DVLPMT	40,445,233
South Asia	1	3	Program Services	DISASTER RELIEF/DVLPMT	12,332,150
Sub-Saharan Africa	0	0	Program Services	DISASTER RELIEF/DVLPMT	34,274,924
3a Sub-total	4	78			309,315,144
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	4	78			309,315,144

[illegible]**Schedule F (Form 990) 2011**



Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Use Part V 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)
Medical Outreach	Cent America/Caribbean	322	10,686,230			MEDICINE	FAIR MKT VAL
MEDICAL OUTREACH	East Asia/Pacific	109	4,645,716			MEDICINE	FAIR MKT VAL
MEDICAL OUTREACH	Europe/Iceland/Greenland	8	683,261			MEDICINE	FAIR MKT VAL
MEDICAL OUTREACH	Middle East/North Africa	7	121,601			MEDICINE	FAIR MKT VAL
MEDICAL OUTREACH	North America	21	671,760			MEDICINE	FAIR MKT VAL
MEDICAL OUTREACH	Russia	2	30,925			MEDICINE	FAIR MKT VAL
MEDICAL OUTREACH	South America	101	4,078,945			MEDICINE	FAIR MKT VAL
MEDICAL OUTREACH	South Asia	30	1,175,218			MEDICINE	FAIR MKT VAL
MEDICAL OUTREACH	Sub-Saharan Africa	214	9,065,818			MEDICINE	FAIR MKT VAL
EMERGENCY RESPONSE	Cent America/Caribbean	148	8,210,372			MEDICINE	FAIR MKT VAL
EMERGENCY RESPONSE	Europe/Iceland/Greenland	2	558,921			MEDICINE	FAIR MKT VAL
EMERGENCY RESPONSE	Sub-Saharan Africa	1	131,003			MEDICINE	FAIR MKT VAL

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

## Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

[illegible]

Additional Data

Software ID:  
Software Version:  
EIN: 06-1008595  
Name: AmeriCares Foundation Inc

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Cent America/Caribbean	Prepositioning	10,088	Wire			
		Cent America/Caribbean	ER Health Care	180,000	Wire			
		Cent America/Caribbean	Health Worker Project	180,000	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Cent America/Caribbean	Cholera/Diarrheal Diseases	48,806	Wire			
		Cent America/Caribbean	Nutrition for Children	42,528	Wire			
		Cent America/Caribbean	Food & Hygiene	38,300	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(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)
		Cent America/Caribbean	Vaccination Initiative	27,927	Wire			
		Cent America/Caribbean	Diabetes Day 2011	16,083	Wire			
		Cent America/Caribbean	Prepositioning	15,544	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Cent America/Caribbean	Prepositioning	10,003	Wire			
		Cent America/Caribbean	Food Assistance	10,000	Wire			
		Cent America/Caribbean	Cold Storage Unit	10,000	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Cent America/Caribbean	Food & Hygiene	10,000	Wire			
		Cent America/Caribbean	Prepositioning	10,000	Wire			
		Cent America/Caribbean	Prepositioning	9,688	Wire			



Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Cent America/Caribbean	Vaccination Initiative	9,436	Wire			
		Cent America/Caribbean	Cholera Treatment/Hospital Espoir	7,750	Wire			
		Cent America/Caribbean	Peer Mentor Workshop	7,500	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Cent America/Caribbean	Adolescent Girls Initiative	7,418	Wire			
		Cent America/Caribbean	Empowering Women	7,000	Wire			
		East Asia/Pacific	Medical Equip Procure	20,450	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia/Pacific	Momiji/Group Home	527,592	Wire			
		East Asia/Pacific	Reconstruction - Dental Clinics	404,234	Wire			
		East Asia/Pacific	Temporary Office/Senshinkai	317,322	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia/Pacific	Psychosocial/Gardening	314,957	Wire			
		East Asia/Pacific	Psych/Gardening	282,394	Wire			
		East Asia/Pacific	Winter necessities	250,378	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV , appraisal, other)
		East Asia/Pacific	O gatsu Dental Clinic	221,386	Wire			
		East Asia/Pacific	Mobile Dental Units	215,000	Wire			
		East Asia/Pacific	Psychosocial/Coping	142,992	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		East Asia/Pacific	Stress Prevention/Food	102,815	Wire			
		East Asia/Pacific	Psychosocial Support for Single Mothers	68,761	Wire			
		East Asia/Pacific	ER Training/Mental Health	66,777	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		East Asia/Pacific	Mental Health Care	56,211	Wire			
		East Asia/Pacific	Psych Support Aid Workers	50,000	Wire			
		East Asia/Pacific	Child Rearing	31,700	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia/Pacific	Hot meals/psychosocial	29,854	Wire			
		East Asia/Pacific	Disaster Clean Up	24,609	Wire			
		East Asia/Pacific	Disaster Clean up	20,000	Wire			



Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		East Asia/Pacific	Water	10,000	Wire			
		East Asia/Pacific	Psychosocial Support	6,000	Wire			
		South America	Equipment Procurement	25,642	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Mental Health Care	19,417	Wire			
		South Asia	Clinic Renovations	41,747	Wire			
		South Asia	Clinic Renovation	23,507	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		South Asia	Clinic Renovation	12,764	Wire			
		South Asia	Prepositioning	10,000	Wire			
		South Asia	Prepositioning	10,000	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		South Asia	Prepositioning	10,761	Wire			
		South Asia	Prepositioning	10,000	Wire			
		South Asia	Flood Assistance	10,000	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		South Asia	Prepositioning	10,000	Wire			
		South Asia	Prepositioning	9,869	Wire			
		Sub-Saharan Africa	Nutrition/children	73,103	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Lab Equipment	30,000	Wire			
		Sub-Saharan Africa	Health Workers Safety	60,020	Wire			
		Sub-Saharan Africa	Inventory Mgmt	26,494	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		Sub-Saharan Africa	Obstetric Fistula 2011/12	22,092	Wire			
		Sub-Saharan Africa	Health Worker/Inventory Mgmt	22,013	Wire			
		Cent America/Caribbean	EMERGENCY RESPONSE			2,934,740	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		Cent America/Caribbean	EMERGENCY RESPONSE			349,872	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	EMERGENCY RESPONSE			277,060	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	EMERGENCY RESPONSE			199,494	Med Suppl	Fair Mkt Val



Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		Cent America/Caribbean	EMERGENCY RESPONSE			187,656	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	EMERGENCY RESPONSE			142,654	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	EMERGENCY RESPONSE			50,402	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		Cent America/Caribbean	EMERGENCY RESPONSE			38,425	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	EMERGENCY RESPONSE			29,132	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	EMERGENCY RESPONSE			17,042	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		Cent America/Caribbean	EMERGENCY RESPONSE			16,754	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	EMERGENCY RESPONSE			10,380	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	EMERGENCY RESPONSE			9,947	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Cent America/Caribbean	EMERGENCY RESPONSE			9,924	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	EMERGENCY RESPONSE			6,434	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	ON-GOING SUPPORT			36,493,006	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		Cent America/Caribbean	ON-GOING SUPPORT			22,991,196	Med Suppl	Fair Mkt Val
		CENTRAL AMERICA AND THE	ON-GOING SUPPORT			17,111,987	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	ON-GOING SUPPORT			14,446,814	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		Cent America/Caribbean	ON-GOING SUPPORT			14,413,993	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	ON-GOING SUPPORT			6,457,751	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	ON-GOING SUPPORT			4,444,857	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		Cent America/Caribbean	ON-GOING SUPPORT			4,344,756	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	ON-GOING SUPPORT			4,080,022	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	ON-GOING SUPPORT			3,128,238	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Cent America/Caribbean	ON-GOING SUPPORT			54,802	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY RESPONSE			358,995	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY RESPONSE			169,438	Med Suppl	Fair Mkt Val



Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		Cent America/Caribbean	POST-EMERGENCY RESPONSE			134,051	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY RESPONSE			80,678	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY RESPONSE			63,645	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		Cent America/Caribbean	POST-EMERGENCY RESPONSE			57,925	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY RESPONSE			48,044	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY RESPONSE			35,670	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		Cent America/Caribbean	POST-EMERGENCY RESPONSE			25,712	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY RESPONSE			22,061	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY RESPONSE			17,566	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		Cent America/Caribbean	POST-EMERGENCY RESPONSE			16,360	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY RESPONSE			16,097	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY RESPONSE			11,585	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		Cent America/Caribbean	POST-EMERGENCY RESPONSE			10,125	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY RESPONSE			9,003	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY RESPONSE			8,392	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		Cent America/Caribbean	POST-EMERGENCY RESPONSE			6,261	Med Suppl	Fair Mkt Val
		East Asia/Pacific	EMERGENCY RESPONSE			607,923	Med Suppl	Fair Mkt Val
		East Asia/Pacific	EMERGENCY RESPONSE			201,338	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		East Asia/Pacific	ON-GOING SUPPORT			9,852,665	Med Suppl	Fair Mkt Val
		East Asia/Pacific	ON-GOING SUPPORT			6,845,724	Med Suppl	Fair Mkt Val
		East Asia/Pacific	ON-GOING SUPPORT			1,423,619	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		EAST ASIA AND THE PACIFI	ON-GOING SUPPORT			262,374	Med Suppl	Fair Mkt Val
		East Asia/Pacific	ON-GOING SUPPORT			21,417	Med Suppl	Fair Mkt Val
		East Asia/Pacific	ON-GOING SUPPORT			19,566	Med Suppl	Fair Mkt Val



Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		East Asia/Pacific	POST-EMERGENCY RESPONSE			49,731	Med Suppl	Fair Mkt Val
		East Asia/Pacific	POST-EMERGENCY RESPONSE			21,402	Med Suppl	Fair Mkt Val
		Europe/Iceland/Greenland	ON-GOING SUPPORT			2,203,638	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		Europe/Iceland/Greenland	ON-GOING SUPPORT			350,917	Med Suppl	Fair Mkt Val
		Europe/Iceland/Greenland	ON-GOING SUPPORT			219,291	Med Suppl	Fair Mkt Val
		Europe/Iceland/Greenland	ON-GOING SUPPORT			206,738	Med Suppl	Fair Mkt Val

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		Europe/Iceland/Greenland	ON-GOING SUPPORT			96,279	Med Suppl	Fair Mkt Val
		Europe/Iceland/Greenland	ON-GOING SUPPORT			39,555	Med Suppl	Fair Mkt Val
		Middle East/North Africa	EMERGENCY RESPONSE			227,339	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		Middle East/North Africa	ON-GOING SUPPORT			3,781,118	Med Suppl	Fair Mkt Val
		Middle East/North Africa	ON-GOING SUPPORT			3,650,686	Med Suppl	Fair Mkt Val
		Middle East/North Africa	ON-GOING SUPPORT			2,808,552	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		Middle East/North Africa	ON-GOING SUPPORT			597,733	Med Suppl	Fair Mkt Val
		Middle East/North Africa	ON-GOING SUPPORT			131,287	Med Suppl	Fair Mkt Val
		Middle East/North Africa	ON-GOING SUPPORT			73,764	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		Russia	ON-GOING SUPPORT			16,669,478	Med Suppl	Fair Mkt Val
		Russia	ON-GOING SUPPORT			5,158,968	Med Suppl	Fair Mkt Val
		Russia	ON-GOING SUPPORT			298,161	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		South America	EMERGENCY RESPONSE			11,823	Med Suppl	Fair Mkt Val
		South America	ON-GOING SUPPORT			20,925,092	Med Suppl	Fair Mkt Val
		South America	ON-GOING SUPPORT			8,704,705	Med Suppl	Fair Mkt Val

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		South America	ON-GOING SUPPORT			2,504,418	Med Suppl	Fair Mkt Val
		South America	ON-GOING SUPPORT			289,792	Med Suppl	Fair Mkt Val
		South America	POST-EMERGENCY RESPONSE			3,102,879	Med Suppl	Fair Mkt Val



**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	POST-EMERGENCY RESPONSE			889,490	Med Suppl	Fair Mkt Val
		South Asia	EMERGENCY RESPONSE			24,723	Med Suppl	Fair Mkt Val
		South Asia	EMERGENCY RESPONSE			14,933	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	ON-GOING SUPPORT			3,185,921	Med Suppl	Fair Mkt Val
		South Asia	ON-GOING SUPPORT			1,895,340	Med Suppl	Fair Mkt Val
		South Asia	ON-GOING SUPPORT			1,511,570	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	ON-GOING SUPPORT			952,428	Med Suppl	Fair Mkt Val
		South Asia	ON-GOING SUPPORT			781,099	Med Suppl	Fair Mkt Val
		South Asia	ON-GOING SUPPORT			185,640	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	ON-GOING SUPPORT			145,047	Med Suppl	Fair Mkt Val
		South Asia	ON-GOING SUPPORT			120,198	Med Suppl	Fair Mkt Val
		South Asia	ON-GOING SUPPORT			113,892	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	ON-GOING SUPPORT			101,389	Med Suppl	Fair Mkt Val
		South Asia	ON-GOING SUPPORT			42,495	Med Suppl	Fair Mkt Val
		South Asia	ON-GOING SUPPORT			42,463	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	ON-GOING SUPPORT			33,930	Med Suppl	Fair Mkt Val
		South Asia	ON-GOING SUPPORT			32,347	Med Suppl	Fair Mkt Val
		South Asia	ON-GOING SUPPORT			31,784	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	ON-GOING SUPPORT			28,416	Med Suppl	Fair Mkt Val
		South Asia	ON-GOING SUPPORT			27,302	Med Suppl	Fair Mkt Val
		South Asia	ON-GOING SUPPORT			26,354	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	ON-GOING SUPPORT			25,788	Med Suppl	Fair Mkt Val
		South Asia	ON-GOING SUPPORT			23,239	Med Suppl	Fair Mkt Val
		South Asia	ON-GOING SUPPORT			22,201	Med Suppl	Fair Mkt Val



Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	ON-GOING SUPPORT			22,151	Med Suppl	Fair Mkt Val
		South Asia	ON-GOING SUPPORT			16,466	Med Suppl	Fair Mkt Val
		South Asia	ON-GOING SUPPORT			14,329	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	ON-GOING SUPPORT			14,135	Med Suppl	Fair Mkt Val
		South Asia	ON-GOING SUPPORT			12,910	Med Suppl	Fair Mkt Val
		South Asia	ON-GOING SUPPORT			12,216	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	ON-GOING SUPPORT			12,133	Med Suppl	Fair Mkt Val
		South Asia	ON-GOING SUPPORT			10,099	Med Suppl	Fair Mkt Val
		South Asia	ON-GOING SUPPORT			9,811	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	ON-GOING SUPPORT			8,803	Med Suppl	Fair Mkt Val
		South Asia	ON-GOING SUPPORT			8,265	Med Suppl	Fair Mkt Val
		South Asia	ON-GOING SUPPORT			7,315	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	ON-GOING SUPPORT			6,968	Med Suppl	Fair Mkt Val
		South Asia	ON-GOING SUPPORT			6,919	Med Suppl	Fair Mkt Val
		South Asia	POST-EMERGENCY RESPONSE			32,000	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	POST-EMERGENCY RESPONSE			7,566	Med Suppl	Fair Mkt Val
		Sub-Saharan Africa	EMERGENCY RESPONSE			1,374,161	Med Suppl	Fair Mkt Val
		Sub-Saharan Africa	EMERGENCY RESPONSE			339,531	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	EMERGENCY RESPONSE			222,775	Med Suppl	Fair Mkt Val
		Sub-Saharan Africa	EMERGENCY RESPONSE			75,241	Med Suppl	Fair Mkt Val
		Sub-Saharan Africa	EMERGENCY RESPONSE			42,060	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	EMERGENCY RESPONSE			13,024	Med Suppl	Fair Mkt Val
		Sub-Saharan Africa	ON-GOING SUPPORT			7,690,770	Med Suppl	Fair Mkt Val
		Sub-Saharan Africa	ON-GOING SUPPORT			4,602,968	Med Suppl	Fair Mkt Val



Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	ON-GOING SUPPORT			2,682,111	Med Suppl	Fair Mkt Val
		Sub-Saharan Africa	ON-GOING SUPPORT			2,557,067	Med Suppl	Fair Mkt Val
		Sub-Saharan Africa	ON-GOING SUPPORT			2,308,282	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	ON-GOING SUPPORT			604,738	Med Suppl	Fair Mkt Val
		Sub-Saharan Africa	ON-GOING SUPPORT			497,651	Med Suppl	Fair Mkt Val
		Sub-Saharan Africa	ON-GOING SUPPORT			385,909	Med Suppl	Fair Mkt Val

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	ON-GOING SUPPORT			194,377	Med Suppl	Fair Mkt Val
		Sub-Saharan Africa	ON-GOING SUPPORT			62,751	Med Suppl	Fair Mkt Val
		Sub-Saharan Africa	ON-GOING SUPPORT			42,907	Med Suppl	Fair Mkt Val

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
AmeriCares Foundation Inc

Employer identification number  
06-1008595

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and e-mail solicitations

f ☐ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
BRICKMILL MARKETING INC	DIRECT MAIL		No	2,493,519	150,000	2,343,519
DONOR DIGITAL INC	INTERNET		No	1,901,639	191,500	1,710,139
DONOR SERVICES INC	TELEPHONE		No	1,938,303	82,995	1,855,308
Mal Warwick	Direct mail		No	2,493,519	76,500	2,417,019
Total . . . . . ▶				8,826,980	500,995	8,325,985

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II

**Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		<u>Airlift benefit</u>	<u>30th Anniversar</u>	<u>1</u>	(Add col (a) through	
		(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts . . . . .	1,380,816	309,950	15,350	1,706,116
	2	Less Charitable contributions . . . . .	1,010,262	144,673	11,284	1,166,219
3	Gross income (line 1 minus line 2) . . . . .	370,554	165,277	4,066	539,897	
Direct Expenses	4	Cash prizes . . . . .				
	5	Non-cash prizes . . . . .				
	6	Rent/facility costs . . . . .	212,439	39,400	3,950	255,789
	7	Food and beverages . . . . .	95,925	105,428		201,353
	8	Entertainment . . . . .	8,945	13,850		22,795
	9	Other direct expenses . . . . .	53,245	6,599	116	59,960
	10	Direct expense summary Add lines 4 through 9 in column (d). . . . . ►				( 539,897 )
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ►				

Part III

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No
7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ►					( )
8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ►					

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a

Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b

If "No," Explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10a

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

b

If "Yes," Explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Schedule G (Form 990 or 990-EZ) 2011

- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

<div>a</div> <div>The organization's facility</div>	<div>13a</div>	
<div>b</div> <div>An outside facility</div>	<div>13b</div>	

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

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

Identifier	ReturnReference	Explanation
Schedule G, Part I - Fundraising Consultants		The amounts paid by Americares to the fundraising consultants listed in Schedule G are reported (as required by the Form 990) on a fiscal year basis. These consultants may be represented in Part VII, Section B as top highly paid independent contractors. The amounts reported in Part VII are reported on a calendar-year basis, therefore they may differ from amounts reported on schedule G. per all contracts, expenses are budgeted and approved separately from consulting fees. Expenses in FY 2012 were: Brickmill Marketing \$39,750 - Professional Fundraising Expenses Brickmill Marketing \$313,386 - Non-professional Fundraising Expenses Donor Services \$201,591 - Professional fundraising Expenses Donordigital \$84,647 - Professional Fundraising Expenses Mal Warwick \$65,625 - Professional Fundraising Expenses

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As Filed Data -

DLN: 93493014009143

Schedule I  
(Form 990)

OMB No 1545-0047

2011

Open to Public  
Inspection

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

Name of the organization  
AmeriCares Foundation Inc

Employer identification number  
06-1008595

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

282

3

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

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) 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 medicines to patients	96000		129,010,612	fmv	prescription meds
(2) Medical outreach in the united states	64		1,097,960	fmv	medical supplies

Part IV

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

Identifier	Return Reference	Explanation
GRANTS AND ASSISTANCE	FORM 990, SCHEDULE I, PART I	LINE 2- AmeriCares' monitoring activities focus specifically on the activities within the scope of the project being funded Monitoring activities include a regular schedule of narrative reporting on grant related activities as well as regular financial reports on spending against the proposed budget In addition, AmeriCares may conduct site visits to the project site as required or deemed necessary



Software ID:  
Software Version:  
EIN: 06-1008595  
Name: AmeriCares Foundation Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
International Planned Parenthood Fed125 Maiden Lane 9th Floor New York, NY 10038	13-1845455	501 (c)(3)	240,110				HAGN
Giao DiemPO Box 2188 Garden Grove, CA 92842	33-0495124	501 (c)(3)	201,321				Pediatric Nutrition

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Haitian Health Foundation 97 Sherman Street Norwich, CT 06360	06-1135999	501 (c)(3)	100,000				Maternal Health
BCFS Health & Human Services 1506 Bexar Crossing San Antonio, TX 08232	74-1260710	501 (c)(3)	98,000				Preparedness/Medical Shelter

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Cobleskill Middleburgh & Schoharie CSD155 Washington Avenue Cobleskill, NY 12043	15-0624299	501 (c)(3)	90,790				PsychoSocial - 3 Schools
Northwest Alabama Mental Health Center1100 7th Avenue Jasper, AL 35501	63-0524073	501 (c)(3)	81,188				Case Mgmt/Affected Persons

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Love a Child Inc 12411 Commerce Lakes Drive Fort Myers, FL 33913	59-2672303	501 (c)(3)	67,200				Medical Outreach
Friends of the Free Clinic Social Welfare 904 S 10th Suite A St Joseph, MO 64503	44-6000455	501 (c)(3)	60,000				Medical Services/Uninsured

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GlasswingFDR Station P O Box 445 New York, NY 10150	26-1456470	501 (c)(3)	54,000				Capacity Building
Birmingham Baptist Association750 Montclair Road Birmingham, AL 35222	63-1052457	501 (c)(3)	50,000				Case Management Program

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ACCESS Family Care530 Maiden Lane Joplin, MO 34801	43-1752799	501 (c)(3)	44,474				Dental Service/Children
Economic Security Corp-SW Area302 Joplin Street Joplin, MO 64801	43-0834199	501 (c)(3)	40,810				Enhancement-Health Services NOT BE ABLE TO AFFORD THEM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Christian Appalachian Project Inc2610 Palumbo Drive Lexington, KY 60509	61-0661137	501 (c)(3)	37,400				Counseling Initiative
Memphis Health Center Inc (HC)360 EH Crump Blvd Memphis, TX 38126	62-0818892	501 (c)(3)	37,231				Generator

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March2Recovery334 E Broadway LOUISVILLE, KY 40202	61-0444680	501 (c)(3)	33,333				Case Mgmt
Wake Health Services Inc2620 New Bern Avenue Raleigh,NC 27610	56-1004791	501 (c)(3)	32,440				Generator



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Christian Appalachian Project Inc2610 Palumbo Drive Lexington, KY 60509	61-0661137	501 (c)(3)	29,154				Shelter Capacity
Lutheran Social Services of S Dakota705 E 41st St Sioux Falls, SD 57105	46-0224731	501 (c)(3)	29,000				Case Mgmt

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Capstone Rural Health Center5947 Highway 269 Parrish,AL 35580	63-1276483	501 (c)(3)	20,656				Generator
Cap Haitian Health NetHaiti Help Med 3145 Cecekua Dr Apopka,FL 32703	20-0263595	501 (c)(3)	10,000				Capacity Building

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Giao DiemPO Box 2188 Garden Grove, CA 92842	33-0495124	501 (c)(3)	10,000				Quan Tri Nutrition
Global Disaster Immediate Response Team42 Vineyard Drive Stratham, NH 03885	27-2365534	501 (c)(3)	10,000				EMS Capacity- Les Cayes, Haiti

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Hope for Haiti1021 5th Avenue North Naples, FL 34102	95-1644609	501 (c)(3)	10,000				Increase Access to Health Care
Asia America Initiative1523 16th Street NW Washington, DC 20036	20-1879258	501 (c)(3)	9,000				Flood Relief/Mindanao

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ACCESS Family Care530 Maiden Lane Joplin, MO 64801	43-1752799	501 (c)(3)	8,942				Power Supply
University of California500 Parnassus Ave San Francisco, CA 94143	94-6002123	501 (c)(3)	7,386				Availability Survey/Medicine Prices

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St Boniface Haiti Foundation400 North Main St Randolph, MA 02368	04-3067595	501 (c)(3)	7,169				Equipment
North Alabama Medical Reserve Corps3330 L and N Drive Suite I Huntsville, AL 35801	26-2908932	501 (c)(3)	7,000				Preparedness Training/Autism

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PUBLIC HEALTH SEATTLE KING COUNTYCentral Pharmacy Seattle, WA 98121	91-6001327	501 (c)(3)		186,565	Fair Mkt Val	Med Suppl	EMERGENCY RESPONSE
ACS Community LIFT Medical Services5045 West 1st Ave Denver, CO 80219	52-0643036	501 (c)(3)		94,077	Fair Mkt Val	Med Suppl	EMERGENCY RESPONSE

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COLLEGE HEIGHTS CHRISTIAN CHURCH4311 East Newman Rd Joplin, MO 64801	43-1276651	501 (c)(3)		81,759	Fair Mkt Val	Med Suppl	EMERGENCY RESPONSE
WOODBURN MISSIONARY CHURCH1004 McDonald Chapel Rd Birmingham, AL 35224	23-7429639	501 (c)(3)		74,499	Fair Mkt Val	Med Suppl	EMERGENCY RESPONSE



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CHRISTIAN APPALACHIAN PROJECT6550 US 321 South Hagerhill,KY 41222	61-0661137	501 (c)(3)		48,853	Fair Mkt Val	Med Suppl	EMERGENCY RESPONSE
TACOMA-PIERCE COUNTY HEALTH DEPARTMENT3629 South D Street Tacoma,WA 98418	91-1488160	501 (c)(3)		44,776	Fair Mkt Val	Med Suppl	EMERGENCY RESPONSE

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FEEDING AMERICA 35 East Wacker Drive Chicago, IL 60601	36-3673599	501 (c)(3)		40,554	Fair Mkt Val	Med Suppl	EMERGENCY RESPONSE
SNOHOMISH HEALTH DISTRICT 3020 Rucker Avenue Everett, WA 98201	91-1866899	501 (c)(3)		29,850	Fair Mkt Val	Med Suppl	EMERGENCY RESPONSE

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CHILDFUND INTERNATIONAL Oaks Volunteer Fire Department Oaks, OK 74359	54-0536100	501 (c)(3)		26,609	Fair Mkt Val	Med Suppl	EMERGENCY RESPONSE
KY EMERGENCY MANAGEMENT AND NATIONAL GUARD 2500 Flemingsburg Road Morehead, KY 40351	35-9990000	501 (c)(3)		24,642	Fair Mkt Val	Med Suppl	EMERGENCY RESPONSE

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SALVATION ARMY 615 Slaters Lane Alexandria, VA 22313	13-2923701	501 (c)(3)		17,982	Fair Mkt Val	Med Suppl	EMERGENCY RESPONSE
CHELAN DOUGLAS HEALTH DISTRICT 200 Valley Mall Parkway East Wenatchee, WA 98802	91-1590156	501 (c)(3)		14,925	Fair Mkt Val	Med Suppl	EMERGENCY RESPONSE

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Mattawa Community Medical Clinic210 Government Road Mattawa, WA 99349	91-1499763	501 (c)(3)		14,904	Fair Mkt Val	Med Suppl	EMERGENCY RESPONSE
SALVATION ARMY 615 Slaters Lane Alexandria, VA 22313	13-2923701	501 (c)(3)		14,319	Fair Mkt Val	Med Suppl	EMERGENCY RESPONSE

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San Juan County Health & Community ServicesP O Box 607 Friday Harbor, WA 98250	91-6001360	501 (c)(3)		13,041	Fair Mkt Val	Med Suppl	EMERGENCY RESPONSE
WOMENS HEALTH CONNECTIONS404 N Magnolia Palestine, TX 75801	20-0776090	501 (c)(3)		11,456	Fair Mkt Val	Med Suppl	EMERGENCY RESPONSE

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GRAYS HARBOR COUNTY PUBLIC HEALTH2109 Sumner Avenue Aberdeen, WA 98520	91-3001320	501 (c)(3)		11,194	Fair Mkt Val	Med Suppl	EMERGENCY RESPONSE
NASH COUNTY HEALTH DEPARTMENT214 South Barnes Street Nashville, NC 27856	56-6000323	501 (c)(3)		8,874	Fair Mkt Val	Med Suppl	EMERGENCY RESPONSE

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Thurston County Public Health and Social Services 412 Lilly Road NE Olympia, WA 98501	91-6001375	501 (c)(3)		7,463	Fair Mkt Val	Med Suppl	EMERGENCY RESPONSE
Cowlitz Family Health Center 1057 12th Avenue Longview, WA 98632	91-0896241	501 (c)(3)		7,452	Fair Mkt Val	Med Suppl	EMERGENCY RESPONSE



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Asotin County Health District431 Elm Street Clarkston, WA 99403	26-4483600	501 (c)(3)		5,597	Fair Mkt Val	Med Suppl	EMERGENCY RESPONSE
FEEDING AMERICA35 East Wacker Drive Chicago, IL 60601	36-3673599	501 (c)(3)		6,025,599	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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CHRISTIAN APPALACHIAN PROJECT6550 US 321 South Hagerhill, KY 41222	61-0661137	501 (c)(3)		2,056,284	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
AmeriCares Free Clinics Inc88 Hamilton Avenue Stamford, CT 06902	06-1422741	501 (c)(3)		656,498	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Faith Family Clinic 700 South Zarzamora San Antonio, TX 78207	26-3791828	501 (c)(3)		390,795	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
M-POWER Ministries Health Center 4022 4th Ave South Birmingham, AL 35222	31-1639601	501 (c)(3)		310,721	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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COMMUNITY CLINIC OF SHELBYVILLE BEDFORD CO 200 Dover St Suite 203 Shelbyville, TN 37160	34-1974609	501 (c)(3)		292,597	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Johnstown Free Medical Clinic340 MAIN STREET 3RD WALNUT Johnstown, PA 15901	23-2922409	501 (c)(3)		248,040	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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FAMILY RESOURCE CENTEROn Your Feet Inc San Diego, CA 92105	35-2329448	501 (c)(3)		247,844	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Open Door Health Center1350 SW 4 St Homestead, FL 33030	83-0375996	501 (c)(3)		245,284	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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DR GARY BURNSTEIN COMMUNITY HEALTH CLINIC90 W UNIVERSITY Pontiac, MI 48342	32-0015321	501 (c)(3)		223,660	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Mission Arlington Medical Clinic210 W South Arlington, TX 76010	75-2724385	501 (c)(3)		217,510	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Raphael Community Free Clinic Inc 1807 Water Street Kerrville, TX 78028	74-2819628	501 (c)(3)		197,930	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Conway Interfaith Clinic 830 North Creek Conway, AR 72032	41-2058756	501 (c)(3)		194,483	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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University Medical Center at Brackenridge601 E 15th Street Austin, TX 78701	74-1109643	501 (c)(3)		194,427	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Wasatch Homeless Health Care Inc404 South 400 West Salt Lake City, UT 84101	87-0569356	501 (c)(3)		184,352	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT



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Safe Harbor Free Clinic9631 269th St NW Stanwood, WA 98292	26-3825107	501 (c)(3)		181,360	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Ellensburg Community Health Clinic110 W 6th Ave Ellensburg, WA 98926	65-1185178	501 (c)(3)		181,349	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Union Gospel Mission Clinic1300 N 1st street Yakima, WA 98901	23-7050061	501 (c)(3)		177,131	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Leflore County Health Center706 Hwy 82 West Greenwood, MS 38930	20-0069223	501 (c)(3)		174,494	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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A PROMISE TO HELP1332 Winola Lane Birmingham, AL 35235	26-4401185	501 (c)(3)		174,334	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Traverse Health Clinic3147 Logan Valley Rd Traverse City, MI 49684	30-0224028	501 (c)(3)		158,980	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Etowah Free Community Clinic 423 S 3rd Street Gadsden,AL 35901	82-0562064	501 (c)(3)		157,317	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Health and Hope Clinic Inc9999 Chemstrand Rd Pensacola,FL 32514	26-4336638	501 (c)(3)		156,527	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Chippewa Valley Free Clinic836 Richard Dr Eau Claire, WI 54701	39-1840231	501 (c)(3)		145,868	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Rock Springs Clinic219 Rock Springs Road Milner, GA 30257	26-4485460	501 (c)(3)		145,195	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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IBN SINA FOUNDATION 11226 S WILCREST DR HOUSTON,TX 77099	76-0698464	501 (c)(3)		144,220	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
LA CLINICA CRISTIANA 3200 Woodward Av Muscle Shoals,AL 35661	20-1624284	501 (c)(3)		142,441	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Delta Health AlliancePO Box 277 Stoneville, MS 38776	47-0915576	501 (c)(3)		141,666	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Caring Hands Health Clinic34-C Courthouse Square Cleveland, GA 30528	64-0950194	501 (c)(3)		140,575	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Bread of Healing Clinic1821 N 16th St Milwaukee, WI 53205	81-0669867	501 (c)(3)		136,592	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Virginia B Andes Volunteer Communtiy21450 Gibraltar Drive Port Charlotte, FL 33952	65-0958642	501 (c)(3)		128,293	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Coordinated Health Services Inc2110 Broad Street Augusta, GA 30904	58-2060572	501 (c)(3)		121,983	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Grand Prairie Wellness Center 1710 Small Street Grand Prairie,TX 75050	75-2877107	501 (c)(3)		119,503	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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The Clinic143 Church St Phoenixville, PA 19460	23-3072363	501 (c)(3)		117,538	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
PEOPLES HEALTH WELLNESS CLINIC 553 North Main Street Barre, VT 05641	03-0343290	501 (c)(3)		116,924	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Georgia Farmworker Health Program920 South West ST Bainbridge, GA 39819	58-6000359	501 (c)(3)		115,989	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Medical Outreach Ministries1401 E SOUTH BLVD Montgomery, AL 36116	63-1204645	501 (c)(3)		115,692	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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San Jose Clinic 2615 Fannin St Houston, TX 77002	76-0373703	501 (c)(3)		113,854	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
HEAL Inc2600 Martin Luther King Jr Blv Atlanta, GA 30314	26-3990559	501 (c)(3)		113,451	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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NASSAU UNIVERSITY MEDICAL CENTER 2201 Hempstead Turnpike East Meadow, NY 11554	11-3465609	501 (c)(3)		111,939	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
WHATCOM COUNTY HEALTH DEPARTMENT 1500 N State Street Bellingham, WA 98225	91-6001383	501 (c)(3)		111,860	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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WOMENS HEALTH CONNECTIONS404 N Magnolia Palestine,TX 75801	20-0776090	501 (c)(3)		111,091	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
New Orleans Dream Center1137 Saint Charles Avenue New Orleans, LA 70130	30-0591534	501 (c)(3)		110,283	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Lee County Volunteers in Medicine1154 Lee Boulevard Lehigh Acres, FL 33936	01-0941498	501 (c)(3)		106,152	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Grace Medical Clinic211 S 8th St Mayfield, KY 42066	61-1351519	501 (c)(3)		104,671	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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first baptist church medicaldental clinic 1607 cherry street vicksburg, MS 39180	64-0356253	501 (c)(3)		102,216	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Hope Clinic of Garland808 W Ave A Garland, TX 75040	75-2960314	501 (c)(3)		101,915	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT



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HEART TO HEART 1021 Pacific Avenue Kansas City, KS 66102	48-1108359	501 (c)(3)		96,692	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Ministries of Jesus 1100 E I-35 Frontage Road Edmond, OK 73034	73-1622804	501 (c)(3)		95,341	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Snake River Community Clinic 215 10th Street Lewiston,ID 83501	31-1726460	501 (c)(3)		94,777	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
ST MARYS HEALTH CENTER1302 DRAYTON ST SAVANNAH,GA 31401	58-2282758	501 (c)(3)		92,671	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Community Care Center for Forsyth Co Inc2135 New Walkertown Rd Winston Salem,NC 27101	58-1403699	501 (c)(3)		87,868	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Agape Clinic at Grace United Methodist Church 4105 Junius Street Dallas,TX 75246	14-1847977	501 (c)(3)		83,849	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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New Life Pentecostal Medical Clinic for the Uninsu183 N Schuyler Ave Kankakee, IL 60901	45-4183388	501 (c)(3)		81,852	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Goodwin Community Health Center Inc dba CMAP2605 Parkwood Dr Brunswick, GA 31520	01-0576945	501 (c)(3)		81,360	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Smith Medical Clinic Inc116 Baskervill Drive Pawleys Island, SC 29585	57-0786699	501 (c)(3)		80,591	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
A Community Clinic Inc335 Market Street Sunbury, PA 17801	20-4051982	501 (c)(3)		78,878	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Community Care Clinic of Highlands-Cashiers Inc52 Aunt Dora Drive Highlands, NC 28741	65-1251915	501 (c)(3)		76,821	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Children and Community Health Center120 S Central Expressway McKinney, TX 75070	20-0637782	501 (c)(3)		75,495	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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YAKIMA HEALTH DISTRICT1210 Ahtanum Ridge Drive Yakima, WA 98903	91-6001391	501 (c)(3)		74,626	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
SALT LAKE VALLEY HEALTH DEPARTMENT2001 South State Street Salt Lake City, UT 84190	87-6000316	501 (c)(3)		74,522	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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ACS Community LIFT5045 West 1st Ave Denver, CO 80219	52-0643036	501 (c)(3)		72,732	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Church Hill Free Clinic401 Richmond Street Church Hill, TN 37642	62-1391365	501 (c)(3)		72,026	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT



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Sacred Heart Community Clinic620 Round Rock West 8 Round Rock, TX 78681	27-2901548	501 (c)(3)		71,053	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Compassionate Care of Shelby County Inc 124 N Ohio Ave Sidney, OH 45365	20-8479583	501 (c)(3)		70,047	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Good Samaritan House Free Community Health Center213 N Main St Dearing, GA 30808	32-0126528	501 (c)(3)		68,640	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Volunteers In Medicine Clinic2260 Marcola Road Springfield, OR 97477	93-1276816	501 (c)(3)		66,464	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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HealthQuest of Union County415 E Franklin Street Monroe, NC 28112	56-2117596	501 (c)(3)		65,807	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
CATHERINES HEALTH CENTER1211 Lafayette Ave NE Grand Rapids, MI 49505	20-3572418	501 (c)(3)		65,597	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Greater Texoma Health Clinic900 N Armstrong Ave Denison, TX 75020	81-0584983	501 (c)(3)		65,402	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
YAVAPAI COUNTY COMMUNITY HEALTH CENTER1090 Commerce Drive Prescott, AZ 86301	86-6000561	501 (c)(3)		65,348	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Christian Community Clinic of Jackson County 1420A McLain Street Newport, AR 72112	27-1913982	501 (c)(3)		64,148	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
The Way Free Medical Clinic Inc 479 Houston St Green Cove Springs, FL 32043	76-0828154	501 (c)(3)		64,067	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Harmony Health Clinic201 E Roosevelt Little Rock, AR 72206	20-5691313	501 (c)(3)		63,991	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
BECKLEY HEALTH RIGHT INC111 Randolph Street Beckley, WV 25801	55-0774466	501 (c)(3)		63,223	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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HEALING HANDS MINISTRIES INC 7475 Skillman Dallas, TX 75231	65-1259379	501 (c)(3)		62,026	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
NORTH BROWARD HOSPITAL DISTRICT1600 S Andrews Avenue Fort Lauderdale, FL 33316	59-6012065	501 (c)(3)		58,981	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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GOOD HEALTH CLINIC INC91555 OSEAS HWY 2 Tavernier, FL 33070	04-3745805	501 (c)(3)		58,822	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Detroit Health Care for the Homeless 15400 W McNichols Detroit, MI 48235	38-2724796	501 (c)(3)		57,619	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT



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Etowah Baptist Charity Pharmacy 18901 E Etowah Rd Noble, OK 73068	73-1637087	501 (c)(3)		56,204	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
GEORGIA HIGHLANDS MEDICAL SERVICES260 Elm Street Cumming, GA 30040	53-1338038	501 (c)(3)		55,968	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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GOOD SAMARITAN HEALTH CLINIC MARIETTA1605 Roberta Drive SW Marietta, GA 30008	32-0045238	501 (c)(3)		55,968	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Pima County Health Department3950 S Country Club Tucson, AZ 85714	86-6000543	501 (c)(3)		55,943	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Magis Clinic Siena/Francis House Omaha,NE 68102	47- 0376583	501 (c)(3)		55,632	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
RotaCare Inc875 Jerusalem Ave Uniondale,NY 11530	11- 3135331	501 (c)(3)		55,540	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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City Square2835 Grand Ave Dallas, TX 75215	79-2332948	501 (c)(3)		53,084	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
The Open Door Clinic130 W Central Chippewa Falls, WI 54729	20-3673759	501 (c)(3)		51,948	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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FernCare Free Clinic Inc459 E Nine Mile Road Ferndale, MI 48220	32-0246843	501 (c)(3)		51,903	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
MetroWest Free Medical Program 105 HUDSON RD Sudbury, MA 01776	04-3822273	501 (c)(3)		49,292	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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TACOMA-PIERCE COUNTY HEALTH DEPARTMENT3629 South D Street Tacoma,WA 98418	91-1488160	501 (c)(3)		44,776	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
The Kitchen Clinic 1630 N Jefferson Ave Springfield,MO 65803	43-1384531	501 (c)(3)		44,404	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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THE PEOPLES CITY MISSION FREE MEDICAL CLINIC110 Q Street Lincoln,NE 68512	26-3819766	501 (c)(3)		44,330	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
La State University in Eunice2048 Johnson Highway Eunice,LA 70535	72-6000848	501 (c)(3)		44,016	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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HeartBright Foundation Inc2923 South Tryon Charlotte, NC 28203	45-0496759	501 (c)(3)		43,541	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Lake Area Free Clinic856B Armour Rd Oconomowoc, WI 53066	39-2006388	501 (c)(3)		41,970	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT



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The Bridge Clinic PO Box 16024 Loves Park, IL 61132	27-3097955	501 (c)(3)		41,644	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Free Medical Clinic of Darlington County 203 Grove Street Darlington, SC 29532	58-2445265	501 (c)(3)		41,284	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SNOHOMISH HEALTH DISTRICT 3020 Rucker Avenue Everett, WA 98201	91-1866899	501 (c)(3)		40,734	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
The Olympia Free Clinic 108 State Ave NW Olympia, WA 98501	27-1606329	501 (c)(3)		39,088	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Bethesda Health Clinic409 West Ferguson Tyler, TX 75702	26-0036674	501 (c)(3)		38,034	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Lafayette Community Healthcare Clinic1317 Jefferson Street Lafayette, LA 70501	72-1221982	501 (c)(3)		37,731	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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BENTON FRANKLIN HEALTH DISTRICT 7102 Okanogan Place Kennewick, WA 99336	91-1018182	501 (c)(3)		37,313	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
BUNCOMBE COUNTY HEALTH DEPARTMENT 35 Woodfin Street Asheville, NC 28801	56-6000279	501 (c)(3)		37,313	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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BROWARD HEALTH SEVENTH AVENUE FAMILY HEALTH 200 NW 7th Avenue Fort Lauderdale, FL 33311	60-5912065	501 (c)(3)		37,313	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Unity Health Care - Minnesota Avenue Health Center3924 Minnesota Avenue NE Washington, DC 20019	52-1572431	501 (c)(3)		37,313	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER 1121 Linden Street Cape Girardeau, MO 63702	43-1426014	501 (c)(3)		37,313	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
UTAH COUNTY HEALTH DEPARTMENT 151 South University Avenue Provo, UT 84601	87-6000312	501 (c)(3)		37,312	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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OCEAN COUNTY HEALTH DEPARTMENT175 Sunset Avenue Toms River, NJ 08754	22-3061367	501 (c)(3)		37,261	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Health Ministry of the Southern Tier300 Nasser Civic Senter Corning, NY 14830	51-0432450	501 (c)(3)		37,121	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Edward R Leahy Jr Center Clinic for the Uninsured800 Linden Street Scranton, PA 18510	24-0795495	501 (c)(3)		35,133	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Lake County Free Clinic54 South State St Suite 302 Painesville, OH 44077	34-1081191	501 (c)(3)		35,118	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT



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Commonwealth Clinic 10930 Hull Street Road Midlothian, VA 23112	03-0450006	501 (c)(3)		34,618	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Trinity Clinic507 4th Street Calvin, OK 74531	73-1325401	501 (c)(3)		33,581	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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BEAR RIVER HEALTH DEPARTMENT655 East 1300 North Logan,UT 84341	87-0109001	501 (c)(3)		33,255	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Capstone Rural Health Center5947 Hwy 269 Parrish,AL 35580	63-1276483	501 (c)(3)		32,743	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Caring Place Clinic 901 W Broad St Mansfield, TX 76063	27-0537258	501 (c)(3)		32,407	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Malta House of Care Inc 19 Woodland Street Hartford, CT 06105	20-3562424	501 (c)(3)		31,958	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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SUFFOLK COUNTY DEPARTMENT OF HEALTH225 Rabro Drive East Hauppauge, NY 11788	11-1704595	501 (c)(3)		31,612	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Manna Ministries Inc 120 Street A Picayune, MS 39466	20-1788094	501 (c)(3)		30,991	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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World Reach inc DBA Bethesda Health Center133 Stetson dr Charlotte, NC 28262	56-2015959	501 (c)(3)		30,378	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
The Community Free Clinic528 A Lake Concord Rd Concord, NC 28025	58-2131301	501 (c)(3)		29,931	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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ST LUKES CLINIC 132 Seymour Ave Jackson, MI 49202	32-0038675	501 (c)(3)		27,960	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
FREE MEDICAL CLINIC 47 W LONG AVENUE DUBOIS, PA 15801	25-1804763	501 (c)(3)		27,601	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Mamou Health Resources Inc300 South Street Mamou, LA 70554	72-0949444	501 (c)(3)		27,260	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Ubi Caritas4450 Highland Avenue Beaumont, TX 77705	76-0558225	501 (c)(3)		27,120	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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North Shore Community Health dba Gloucester Family302 Washington St Gloucester, MA 01930	04-2610447	501 (c)(3)		26,228	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
South Central Public Health District1020 Washington St N Twin Falls, ID 83301	82-0335043	501 (c)(3)		25,338	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT



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Union Gospel MissionCLINIC Union Gospel Mission dallas,TX 75232	75-6003612	501 (c)(3)		25,172	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Shelby Community Health Center1640 E State Rd 44 Shelbyville,IN 46176	30-0174146	501 (c)(3)		23,464	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Brockton Neighborhood Health center63 Main Street Brockton, MA 02301	04-3165044	501 (c)(3)		22,964	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Good Samaritan Health Clinic of Pasco INC5334 Aspen St New Port Richey, FL 34652	59-3072334	501 (c)(3)		22,633	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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LINN COUNTY PUBLIC HEALTH 501 13th Street NW Cedar Rapids, IA 52405	42-6004338	501 (c)(3)		22,388	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Dispensary of Hope 566 Mainstream Drive Nashville, TN 37228	20-8973035	501 (c)(3)		22,387	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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CENTRAL UTAH PUBLIC HEALTH 70 Westview Dr Richfield, UT 84701	87-0629869	501 (c)(3)		22,372	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Health Access Inc 489 Washington Avenue Clarksburg, WV 26301	55-0715066	501 (c)(3)		22,334	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Richmond Area High Blood Pressure Center 1200 West Cary Street Richmond, VA 23220	52-1303481	501 (c)(3)		21,927	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Cabrini Clinic1234 Porter Street Detroit, MI 48226	38-3129349	501 (c)(3)		20,931	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Catherine McAuley Clinic5514 Hohman Ave Hammond, IN 46320	35-1835133	501 (c)(3)		20,504	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
FORSYTH COUNTY DEPT OF PUBLIC HEALTH799 N Highland Avenue WinstonSalem, NC 27101	56-6000450	501 (c)(3)		20,315	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Family Health Centers Inc2215 Portland Avenue Louisville, KY 40212	61-0716483	501 (c)(3)		20,115	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Greenville Free Medical Clinic600 Arlington Avenue Greenville, SC 29601	57-0855205	501 (c)(3)		19,635	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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SET Family Medical Clinics825 east Pkikes Peak Ave Colorado Springs, CO 80903	84-1183335	501 (c)(3)		19,423	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Partnering for Health501 Howard Ave Suite 204B Altoona, PA 16601	25-1842308	501 (c)(3)		19,404	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT



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ROCK ISLAND COUNTY HEALTH DEPARTMENT2112 25th Avenue Rock Island,IL 61201	36-6006649	501 (c)(3)		18,657	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Polk County Health Department1907 Carpenter Ave Des Moines,IA 50314	42-6004519	501 (c)(3)		18,657	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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DAVIS COUNTY HEALTH DEPARTMENT22 South State Street Clearfield, UT 84015	87-6000297	501 (c)(3)		18,657	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
MCHENRY COUNTY DEPARTMENT OF HEALTH2200 N Seminary Avenue Woodstock, IL 60098	36-6006623	501 (c)(3)		18,656	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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JEFFERSON COUNTY HEALTH DEPARTMENT405 Main Street Hillsboro, MO 63050	43-1390883	501 (c)(3)		18,656	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
The Neighborhood Christian Clinic1929 W Fillmore Phoenix, AZ 85009	86-0839580	501 (c)(3)		18,367	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Western Stark Free Clinic820 Amherst Road NE Massillon, OH 44646	34-1887206	501 (c)(3)		18,323	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Harrisonburg Rockingham Free Clinic25 West Water Street Harrisonburg, VA 22801	54-1568909	501 (c)(3)		18,286	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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GRAHAM COUNTY HEALTH DEPARTMENT826 W Main Street Safford,AZ 85546	86-6000458	501 (c)(3)		18,138	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
POLK COUNTY HEALTH DEPARTMENT1907 Carpenter Ave Des Moines,IA 50314	42-6004519	501 (c)(3)		18,138	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Eunice Community Health Center450 Moosa Blvd Ste E Eunice, LA 70535	27-0213992	501 (c)(3)		18,080	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
The Floating Hospital4140 27th St Long Island City, NY 11101	13-1624169	501 (c)(3)		17,687	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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ACCESS FAMILY HEALTH SERVICES63450 Hwy 25 North Smithville, MS 38870	64-0612902	501 (c)(3)		17,181	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Shepherds Care Medical Clinic304 B Pony Road Zebulon, NC 27597	26-2757593	501 (c)(3)		17,132	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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WV HEALTH RIGHT INC1520 Washington St CHARLESTON, WV 25311	31-1066881	501 (c)(3)		17,076	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
OCEAN HEALTH INITIATIVES INC 101 2nd Street Lakewood, NJ 08701	06-1691342	501 (c)(3)		16,791	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT



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Access Community Health Centers 2901 W Beltline Highway Madison, WI 53713	39-1391134	501 (c)(3)		16,791	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Healthcare for the Homeless - Houston 2505 Fannin Street Houston, TX 77002	76-0647934	501 (c)(3)		16,081	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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CommunityHealth 2611 W Chicago Ave Chicago, IL 60622	36-3931793	501 (c)(3)		15,991	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
St Josephs Westside Family Health Center 216 Seymour Street Syracuse, NY 13204	15-0532254	501 (c)(3)		15,737	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Health Partners Inc 3070 Crain Highway Waldorf, MD 20601	52-1767044	501 (c)(3)		15,646	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Commonwealth Clinic dba Love of Jesus Health Clinic 10930 Hull Street Road Midlothian, VA 23112	03-0450006	501 (c)(3)		15,004	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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SUFFOLK DOH AMITYVILLE1080 Sunrise Hwy Amityville, NY 11701	11- 6000464	501 (c)(3)		14,925	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT507 N Nanum Street Ellensburg, WA 98926	91- 6001349	501 (c)(3)		14,925	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Winton Hills Medical and Health Center5275 Winneste Avenue Cincinnati, OH 45232	23-7241323	501 (c)(3)		14,925	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
The Medina Health Ministry970 E Washington Street Medina, OH 44256	30-0092944	501 (c)(3)		14,823	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Joy-Southfield Community Health Center18917 Joy Road Detroit, MI 48154	38-3622930	501 (c)(3)		14,373	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Heart Ministry Center2222 Binney Street Omaha, NE 68110	81-0614816	501 (c)(3)		14,205	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Oasis of Hope Center522 Leonard St NW Grand Rapids, MI 49504	20-2781312	501 (c)(3)		14,190	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Peoples Clinic3110 Goulden Port Huron, MI 48060	38-3274342	501 (c)(3)		14,045	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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ACS Community LIFT Medical Services5045 West 1st Ave Denver, CO 80219	52-0643036	501 (c)(3)		13,628	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
The Free Medical Clinic of Greater Cleveland12201 Euclid Ave Cleveland, OH 44146	23-7078501	501 (c)(3)		13,540	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT



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LINN COMMUNITY CARE1201 3rd Avenue SE Cedar Rapids, IA 52403	20-2405575	501 (c)(3)		13,060	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Regional Community Health Care Center Foundation249 Mill Street Hagerstown, MD 21740	52-1772594	501 (c)(3)		12,500	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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River Valley Christian Clinic 1714 State Hwy 22 Dardanelle, AR 72834	20-5193973	501 (c)(3)		12,412	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Orangeburg-Calhoun Free Medical Clinic860 Holly Street Orangeburg, SC 29115	26-3762573	501 (c)(3)		12,402	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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I Care San Antonio 1 Haven for Hope Way San Antonio, TX 78207	74-2690192	501 (c)(3)		11,720	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
La Clinica de la Esperanza2679 Maury Street Des Moines, IA 50317	42-0680452	501 (c)(3)		11,420	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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WEBER MORGAN HEALTH DEPARTMENT477 23rd St Ogden,UT 84401	87-6000308	501 (c)(3)		11,194	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
BRENTWOOD FAMILY HEALTH CENTER1869 Brentwood Road Brentwood,NY 11717	11-1704595	501 (c)(3)		11,194	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Allegany County Department of Health 7 Court Street Belmont, NY 14813	16- 6002554	501 (c)(3)		11,194	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
TIPPECANOE COUNTY HEALTH DEPARTMENT629 North 6th Street Lafayette, IN 47901	35- 6000202	501 (c)(3)		11,194	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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HOMETOWN HEALTH CENTER 1044 State Street Schenectady, NY 12307	14-1636222	501 (c)(3)		11,194	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Lowell Health Department 341 Pine Street Lowell, MA 01851	04-6001396	501 (c)(3)		11,178	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Linn County Health Department635 S Main Street Brookfield, MO 64628	43-1268666	501 (c)(3)		11,178	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
NIAGARA COUNTY HEALTH DEPARTMENT1001 11th Street Niagara Falls, NY 14301	16-6002564	501 (c)(3)		11,090	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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YORK COUNTY COMMUNITY HEALTH CAREPO Box 72 Sanford, ME 04073	01- 6020406	501 (c)(3)		11,090	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Mercy Health Center Inc767 Oglethorpe Ave Athens, GA 30606	58- 2603523	501 (c)(3)		10,304	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT



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The Dr Albert B Cleage Sr Memorial Health Cent700 Seward Street Detroit, MI 48202	11-3754940	501 (c)(3)		9,909	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
SCOTT COUNTY HEALTH DEPARTMENT1461 N Gardner Street Scottsburg, IN 47170	35-6000195	501 (c)(3)		9,802	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Dade County Health Department413 w water street greenfield, MO 65661	43-1266535	501 (c)(3)		9,690	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
FRAMINGHAM BOARD OF HEALTH150 Concord Street Framingham, MA 01702	04-6001151	501 (c)(3)		9,328	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT3140 N Street Lincoln, NE 68510	47-6006256	501 (c)(3)		9,328	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Greater Greenwood United Ministry Free Medical Cln1404 Edgefield Street Greenwood, SC 29384	57-1012393	501 (c)(3)		8,985	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Wheeling Health Right Inc61-29th St Wheeling, WV 26003	31-1149085	501 (c)(3)		8,922	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
The Good Samaritan Clinic of Jackson County 538 Scotts Creek Road Sylva, NC 28779	56-2266536	501 (c)(3)		8,816	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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PARTNERS FOR HEALING INC109 West Blackwell Tullahoma,TN 37388	62-1834800	501 (c)(3)		7,734	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Volunteers In Medicine Inc2140 North 4th Street St Charles, MO 63301	43-1791543	501 (c)(3)		7,704	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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BETHESDA FREE HEALTH CLINIC OF DIBERVILLE10701 Boney Ave DIBERVILLE, MS 39540	27-3534168	501 (c)(3)		7,619	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
COLUMBIA BASIN HEALTH ASSOCIATION140 E Main Street Othello, WA 99344	91-0896701	501 (c)(3)		7,463	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Webster County Health Department 330 1st Ave N Fort Dodge, IA 50501	42-6004677	501 (c)(3)		7,463	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
EAST CENTRAL DISTRICT HEALTH DEPARTMENT2282 East 32nd Avenue Columbus, NE 68601	47-0835183	501 (c)(3)		7,463	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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ONE WORLD COMMUNITY HEALTH CENTERS INC4920 S 30th Street Omaha, NE 68107	47-0548990	501 (c)(3)		7,463	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Ralls County Health Department405 W 1st New London, MO 63459	43-0980364	501 (c)(3)		7,463	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT



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BELMONT COUNTY HEALTH DEPARTMENT 68501 Bannock Road St Clairsville, OH 43950	34-6000234	501 (c)(3)		7,462	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
CLEVELAND COUNTY HEALTH DEPARTMENT 315 E Grover Street Shelby, NC 28150	56-6000288	501 (c)(3)		7,462	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Arlington Free Clinic 2921 South 11th Street Arlington, VA 22204	54-1671883	501 (c)(3)		7,462	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Waimanalo Health Center 41-1347 Kalanianaʻole Hwy Waimanalo, HI 96795	99-0273205	501 (c)(3)		7,462	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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SOUTH BROOKHAVEN HEALTH CENTER- WEST365 E Main Street Patchogue, NY 11772	11-6000464	501 (c)(3)		7,462	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
SUMMIT COUNTY HEALTH DEPARTMENT85 North 50 East Coalville,UT 84017	87-6000295	501 (c)(3)		7,452	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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CAMP AMERIKIDS 88 Hamilton Ave Stamford, CT 06902	06-1431690	501 (c)(3)		7,433	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Good Samaritan Clinic 418 Grand Park Drive Parkersburg, WV 26105	55-0708491	501 (c)(3)		7,401	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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ARLINGTON FREE CLINIC2921 South 11th Street Arlington, VA 22204	54-1671883	501 (c)(3)		7,255	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
CORTLAND COUNTY HEALTH DEPARTMENT60 Central Avenue Cortland, NY 13045	15-6000452	501 (c)(3)		7,255	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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ERIE COUNTY HEALTH DEPARTMENT503 Kensington Avenue Buffalo, NY 14202	16-6002558	501 (c)(3)		7,255	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
NAVAJO COUNTY PUBLIC HEALTH600 N 9th Place Show Low, AZ 85901	86-6000541	501 (c)(3)		7,255	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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DUBUQUE VISITING NURSE ASSOCIATION1454 Iowa Street Dubuque,IA 52001	42-0680410	501 (c)(3)		7,255	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
SPRINGFIELD-GREENE COUNTY HEALTH DEPARTMENT660 South Scenic Springfield, MO 65802	44-6000268	501 (c)(3)		7,255	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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Conejo Free Clinic 80 East Hillcrest Drive Thousand Oaks, CA 91360	95-3177953	501 (c)(3)		7,098	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
St Thomas Clinic 600 Paul Hand Boulevard Franklin, IN 46131	35-1449379	501 (c)(3)		7,071	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT



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Social Welfare Board904 S 10th St Joseph, MO 64503	44-6000455	501 (c)(3)		6,650	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
GOOD HEALTH CLINIC INC91555 OSEAS HWY 2 Tavernier, FL 33070	04-3745805	501 (c)(3)		6,299	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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KUUMBA COMMUNITY HEALTH INC4910 Valley View Blvd Roanoke, VA 24012	54- 1937835	501 (c)(3)		5,966	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
NEIGHBORHOOD INVOLVEMENT CLINIC2431 Hennepin Ave S Minneapolis, MN 55405	41- 0956858	501 (c)(3)		5,804	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

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ST LUKES FREE MEDICAL CLINIC 162 N Dean St Spartanburg, SC 29302	57-0943232	501 (c)(3)		5,783	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
COMMUNITY HEALTH CLINIC OF JOPLIN 701 S Joplin Ave Joplin, MO 64801	43-1643962	501 (c)(3)		5,744	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTH CAROLINA ASSOCIATION OF FREE CLINIC240 Tucker Avenue Winston Salem, NC 27104	56-2062170	501 (c)(3)		5,650	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
Rice Lake Area Free Clinic - VIM1035 N Mail Street Rice Lake, WI 54868	27-0453241	501 (c)(3)		5,626	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Live Oak Clinic of Brazosport796 S Brazosport Blvd Clute, TX 77531	30-0395491	501 (c)(3)		5,247	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT
HAYWOOD COUNTY COUNTY HEALTH DEPARTMENT2177 Asheville Road Waynesville, NC 28786	56-6001524	501 (c)(3)		5,224	Fair Mkt Val	Med Suppl	ON-GOING SUPPORT

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
AmeriCares Foundation Inc

Employer identification number  
06-1008595

Part I

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		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only 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		
a	The organization?	5a	No
b	Any related organization?	5b	No
	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		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
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 Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Curtis R Welling	(i)	272,860	0	0	16,500	24,168	313,528	
	(ii)	0	0	0	0	0	0	
(2) Kevin Gilrain	(i)	163,890	0	0	9,888	17,129	190,907	
	(ii)	0	0	0	0	0	0	
(3) Christoph Gorder	(i)	176,804	0	0	10,815	25,168	212,787	
	(ii)	0	0	0	0	0	0	
(4) Carolyn O'Brien	(i)	142,174	0	0	8,568	16,975	167,717	
	(ii)	0	0	0	0	0	0	
(5) Katherine Sears	(i)	211,616	0	0	12,900	25,190	249,706	
	(ii)	0	0	0	0	0	0	
(6) Carol Shattuck	(i)	173,671	0	0	10,506	18,130	202,307	
	(ii)	0	0	0	0	0	0	
(7) Lee Weiner	(i)	128,655	0	0	0	22,700	151,355	
	(ii)	0	0	0	0	0	0	
(8) Adam Zayan	(i)	141,970	0	0	8,652	24,190	174,812	
	(ii)	0	0	0	0	0	0	
(9) Frank Bia	(i)	175,747	0	0	10,815	26,468	213,030	
	(ii)	0	0	0	0	0	0	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
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SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
AmeriCares Foundation Inc

Employer identification number  
06-1008595

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		1,626,924	MARKET PRICE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	61	814,419	MARKET PRICE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	35,481	9,568,426	COST/WHOLESALE PRICE
20 Drugs and medical supplies . . . . .	X	497,236	487,411,301	COST/WHOLESALE PRICE
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
HYGIENE				
25 Other ► ( ITEMS ) . . . . .	X	318,948	3,721,059	COST/WHOLESALE PRICE
26 Other ► ( ) . . . . .				
27 Other ► ( ) . . . . .				
28 Other ► ( ) . . . . .				

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

2967

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		Yes	No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part III

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

Identifier	Return Reference	Explanation
Form 990, Schedule M, Line 32b		To the extent that Americares receives non-cash contributions in the form of donated securities, Americares will use its own investment broker to sell those donated securities

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization AmeriCares Foundation Inc	<b>Employer identification number</b>  06-1008595
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Identifier	Return Reference	Explanation
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 Audit Committee of the Board of Directors for review and comment. Comments are addressed and the form is distributed to the entire Board of Directors.

Identifier	Return Reference	Explanation
Conflict of Interest Policy	Form 990, Part VI, Line 12	<p>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 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.</p>

Identifier	Return Reference	Explanation
Process for determining compensation	Form 990, Part VI, Line 15	The Board of Directors determines compensation of the CEO, who receives the same compensation as when he started with AmeriCares in 2002. He has not accepted any annual increases or adjustments to his compensation, although in November 2008, and again in April 2009, he did accept a reduction in compensation as part of an organization-wide action. The Organization's Chief Executive determines the compensation of other senior staff and may utilize available market data, salary survey results and other available tools to substantiate decisions.

Identifier	Return Reference	Explanation
Public disclosure of documents	Form 990, Part VI, Line 19	The taxpayer makes its Form 990 available to the public by retaining a copy at its place of business and on its website. The Form 990 is likewise published on the internet at <a href="http://www.guidestar.org">www.guidestar.org</a> . 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.

Identifier	Return Reference	Explanation
Other changes in net assets	Form 990, Part XII, Line 5	Split interest agreement (\$1,855,423) Unrealized loss on investments (\$454,590) ----- Total (\$2,310,013)

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
AmeriCares Foundation Inc

Employer identification number  
06-1008595

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) AmeriCares Free Clinics Inc 88 Hamilton Avenue Stamford, CT 06902 06-1422741	Health care	CT	501(c)(3)	7	na	Yes	



**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**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)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

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?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

Yes

1q

No

1r

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICARES FREE CLINICS INC	B	693,159	FMV
(2) AMERICARES FREE CLINICS INC	B	156,980	CASH
(3) AMERICARES FREE CLINICS INC	P	65,439	FMV
(4)			
(5)			
(6)			

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.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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