

**AMERICARES  
FOUNDATION, INC.**

Amended Form 990 for the  
Year Ended June 30, 2022

Public Disclosure Copy

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

Form header section containing organization name (AMERICARES FOUNDATION, INC.), address (88 HAMILTON AVENUE, STAMFORD, CT), and identification numbers.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include mission statement, governance metrics, revenue (Total: 1,371,372,637), expenses (Total: 1,410,988,353), and net assets (Total: 310,749,290).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block containing officer signature (Richard K. Trowbridge, Jr.), preparer signature (Scott Thompsett), and firm information (Grant Thornton LLP).

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

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>AMERICARES FOUNDATION, INC.</b>	Taxpayer identification number (TIN)  <b>06-1008595</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>88 HAMILTON AVENUE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>STAMFORD, CT 06902-3105</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

RICHARD K. TROWBRIDGE, JR.

• The books are in the care of ▶ **88 HAMILTON AVENUE - STAMFORD, CT 06902-3105**

Telephone No. ▶ **203-658-9500**

Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until     **MAY 15, 2023**    , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning     **JUL 1, 2021**    , and ending     **JUN 30, 2022**    .

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 1,291,808,270. including grants of \$ 1,222,730,420. ) (Revenue \$ 0. ) SEE SCHEDULE O

4b (Code: ) (Expenses \$ 75,946,842. including grants of \$ 59,456,441. ) (Revenue \$ 0. ) SEE SCHEDULE O

4c (Code: ) (Expenses \$ 16,996,258. including grants of \$ 3,024,936. ) (Revenue \$ 1,311,925. ) SEE SCHEDULE O

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

4e Total program service expenses 1,384,751,370.



**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 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? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational activities.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (24); 1b Enter the number of voting members included on line 1a, above, who are independent (23); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 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 (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on 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? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTINE SQUIRES PRESIDENT/CEO	40.00 1.00	X		X				476,587.	0.	78,506.
(2) M. RASHAD MASSOUD MD, MPH, FACP SENIOR VP, CPO	40.00 1.00			X				328,512.	0.	58,107.
(3) RICHARD K. TROWBRIDGE, JR. CFO, TREASURER, SVP, GIK OPERATIONS	40.00 1.00			X				283,143.	0.	57,753.
(4) JENNY GOLDSTEIN SVP & CHIEF DEVELOPMENT OFFICER	40.00 0.00			X				256,266.	0.	56,292.
(5) JED SELKOWITZ SVP & CHIEF MARKETING OFFICER	40.00 0.00			X				281,046.	0.	18,374.
(6) MEGIN WOLFMAN SVP, STRATEGY & COS	40.00 1.00			X				231,195.	0.	54,505.
(7) GABRIELA SALVADOR MD, MPH SVP, GL OPERATIONS	40.00 0.00			X				225,945.	0.	53,707.
(8) KEVIN GILRAIN SENIOR VP HUMAN RESOURCES	0.00 0.00						X	269,184.	0.	0.
(9) MATT MOSNER GEN. COUNS. (OFFICER AS OF 10/2021)	40.00 0.00			X				205,791.	0.	41,617.
(10) STEPHANIE KAUFFMAN DEP. SVP, STRAT. PTRN. (THRU 4/2022)	40.00 0.00					X		196,981.	0.	48,442.
(11) VISH JAIN DEPUTY SVP, IT AND FACILITIES	40.00 0.00					X		201,079.	0.	13,511.
(12) JULIE VARUGHESE CHIEF MEDICAL OFFICER	40.00 0.00					X		187,036.	0.	13,036.
(13) NANCY OTTERSTROM SENIOR DIRECTOR, GRANTS MANAGEMENT	40.00 0.00					X		169,656.	0.	23,159.
(14) SUSAN WILLET SR. DIR., CONTROLLER (THRU 2/2022)	40.00 0.00					X		178,174.	0.	12,076.
(15) ELANA LOPEZ CHIEF PEOPLE (OFFICER AS OF 10/2021)	40.00 0.00			X				129,849.	0.	28,177.
(16) JENNIFER M. NAUMANN ASSISTANT SECRETARY	40.00 1.00			X				73,357.	0.	25,492.
(17) ROBERT M. BAYLIS VICE CHAIRMAN	1.00 0.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PERCIVAL BARRETTO-KO DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) JEFFREY T. BECKER VICE CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(20) TIM BOSEK DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) KATHERINE CLOSE, MD DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) ROBERTA CONROY DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) ELIZABETH F. FRANK DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) STEPHEN GALLUCCI DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) TONY GOLDWYN DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) SUSAN GROSSMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								3,693,801.	0.	582,754.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,693,801.	0.	582,754.

**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 **60**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE HARRINGTON AGENCY, LLC, 212 SOUTH CHESTER ROAD, SWARTHMORE, PA 19081	FUNDRAISING COUNSEL	2,745,839.
RWT PRODUCTION LLC, 5624 BELLINGTON AVENUE, SPRINGFIELD, VA 22151	PRINTING AND MAILING	1,533,879.
ANNE LEWIS STRATEGIES, LLC, 650 MASSACHUSETTS AVE, NW, STE 505, HUMANITARIAN SOFTWARE LLC	MARKETING & ADVERTISING	1,170,268.
PO BOX 1170, CLEMSON, SC 29633	IT CONSULTANT	590,813.
MARKETING FOR CHANGE CO. 37 HILL AVE., SUITE D, ORLANDO, FL 32801	CONSULTANT-RESEARCH	486,750.

**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 **11**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b> 103,119.					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b> 1,938,333.					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 13,732,334.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> 1,350,232,732.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 1,258,047,980.					
	<b>h Total.</b> Add lines 1a-1f .....		1,366,006,518.				
Program Service Revenue	<b>2 a</b> PATIENT SVC. REVENUE	<b>Business Code</b> 621400	1,311,925.	1,311,925.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		1,311,925.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,380,487.			1,380,487.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real 188,168.				
			(ii) Personal				
			<b>6b</b> Less: rental expenses ... 193,594.				
	<b>c</b> Rental income or (loss) .....	<b>6c</b> -5,426.					
	<b>d</b> Net rental income or (loss) .....		-5,426.			-5,426.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities 31,417,623.				
			(ii) Other				
			<b>7b</b> Less: cost or other basis and sales expenses .....	<b>7b</b> 29,017,526.			
	<b>c</b> Gain or (loss) .....	<b>7c</b> 2,400,097.					
	<b>d</b> Net gain or (loss) .....		2,400,097.			2,400,097.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 1,938,333. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>	61,090.				
<b>8b</b> Less: direct expenses .....			<b>8b</b> 210,887.				
<b>c</b> Net income or (loss) from fundraising events .....				-149,797.			-149,797.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
		<b>9b</b> Less: direct expenses .....	<b>9b</b>				
		<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>	1,358,494.					
		<b>10b</b> Less: cost of goods sold .....	<b>10b</b> 1,283,102.				
		<b>c</b> Net income or (loss) from sales of inventory .....		75,392.			75,392.
Miscellaneous Revenue	<b>11 a</b> EL SALVADOR CAFETERIA	<b>Business Code</b> 900099	253,999.			253,999.	
	<b>b</b> EL SALVADOR/COLOMBIA	900099	10,018.			10,018.	
	<b>c</b> _____						
	<b>d</b> All other revenue .....	900099	89,424.			89,424.	
	<b>e Total.</b> Add lines 11a-11d .....		353,441.				
<b>12 Total revenue.</b> See instructions .....		1,371,372,637.	1,311,925.	0.	4,054,194.		



**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	166,250,528.	166,250,528.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	772,227,246.	772,227,246.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	346,734,023.	346,734,023.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,695,244.	621,414.	1,254,131.	819,699.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	191,460.	191,460.		
<b>7</b> Other salaries and wages .....	25,195,213.	15,610,663.	5,077,544.	4,507,006.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,012,459.	606,685.	218,591.	187,183.
<b>9</b> Other employee benefits .....	6,789,068.	4,669,575.	1,090,153.	1,029,340.
<b>10</b> Payroll taxes .....	1,688,239.	813,883.	471,349.	403,007.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	2,368,290.	1,783,697.	317,672.	266,921.
<b>b</b> Legal .....	281,442.	175,535.	76,279.	29,628.
<b>c</b> Accounting .....	247,466.	44,374.	203,092.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	3,385,149.			3,385,149.
<b>f</b> Investment management fees .....	142,221.		142,221.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,139,783.	2,384,107.	324,738.	430,938.
<b>12</b> Advertising and promotion .....	1,911,930.	112,259.	63.	1,799,608.
<b>13</b> Office expenses .....	428,153.	389,394.	4,281.	34,478.
<b>14</b> Information technology .....	2,416,867.	1,290,967.	304,102.	821,798.
<b>15</b> Royalties .....	5,000.			5,000.
<b>16</b> Occupancy .....	2,371,283.	1,946,182.	28,017.	397,084.
<b>17</b> Travel .....	1,751,876.	1,603,561.	75,289.	73,026.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	200,386.	62,446.	50,353.	87,587.
<b>20</b> Interest .....	422.	34.	388.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	571,774.	417,591.	90,620.	63,563.
<b>23</b> Insurance .....	556,367.	393,269.	82,888.	80,210.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> COST OF EXPIRED GOODS	48,466,836.	48,466,836.		
<b>b</b> POSTAGE AND FREIGHT	17,319,703.	16,484,918.	11,056.	823,729.
<b>c</b> MISCELLANEOUS	2,639,925.	1,470,723.	391,701.	777,501.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,410,988,353.	1,384,751,370.	10,214,528.	16,022,455.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	33,941.	<b>1</b>	554,613.
	<b>2</b> Savings and temporary cash investments .....	17,043,651.	<b>2</b>	27,912,190.
	<b>3</b> Pledges and grants receivable, net .....	7,768,279.	<b>3</b>	12,858,421.
	<b>4</b> Accounts receivable, net .....	2,148,586.	<b>4</b>	3,351,316.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	289,963,462.	<b>8</b>	226,827,974.
	<b>9</b> Prepaid expenses and deferred charges .....	6,412,366.	<b>9</b>	7,149,420.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 9,303,789.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 6,894,267.		
	<b>11</b> Investments - publicly traded securities .....	2,982,271.	<b>10c</b>	2,409,522.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	50,102,340.	<b>11</b>	46,844,245.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,935,223.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	380,390,119.	<b>15</b>	3,200,908.	
		<b>16</b>	331,108,609.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	8,415,252.	<b>17</b>	14,526,654.
	<b>18</b> Grants payable .....	891,844.	<b>18</b>	1,007,326.
	<b>19</b> Deferred revenue .....	75,279.	<b>19</b>	26,847.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	8,255,951.	<b>25</b>	4,798,492.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	17,638,326.	<b>26</b>	20,359,319.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	110,135,730.	<b>27</b>	79,694,251.
	<b>28</b> Net assets with donor restrictions .....	252,616,063.	<b>28</b>	231,055,039.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	362,751,793.	<b>32</b>	310,749,290.
	<b>33</b> Total liabilities and net assets/fund balances .....	380,390,119.	<b>33</b>	331,108,609.

Form 990 (2021)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,371,372,637.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,410,988,353.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-39,615,716.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	362,751,793.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-11,450,464.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-936,323.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	310,749,290.

**Part XII Financial Statements and Reporting**

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

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

Form **990** (2021)

**SCHEDULE A  
(Form 990)**

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.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

<b>Name of the organization</b> AMERICARES FOUNDATION, INC.	<b>Employer identification number</b> 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 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1042283235.	973,977,098.	1438445654.	1229643718.	1366006518.	6050356223.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1042283235.	973,977,098.	1438445654.	1229643718.	1366006518.	6050356223.
<b>5</b> 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) .....						3056578218.
<b>6 Public support.</b> Subtract line 5 from line 4.						2993778005.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	1042283235.	973,977,098.	1438445654.	1229643718.	1366006518.	6050356223.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1,189,036.	1,467,594.	1,435,551.	1,209,228.	1,568,655.	6,870,064.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	1,468,057.	1,477,410.	1,340,871.	1,538,906.	1,773,025.	7,598,269.
<b>11 Total support.</b> Add lines 7 through 10						6064824556.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	5,389,887.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	49.36 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	48.58 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.



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

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

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

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

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

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

**Part VI**

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

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

SPECIAL EVENTS

2017 AMOUNT: \$ 152,000.

2018 AMOUNT: \$ 128,160.

2019 AMOUNT: \$ 134,560.

2020 AMOUNT: \$ 8,625.

2021 AMOUNT: \$ 61,090.

SALES OF INVENTORY

2017 AMOUNT: \$ 1,105,452.

2018 AMOUNT: \$ 1,135,435.

2019 AMOUNT: \$ 996,403.

2020 AMOUNT: \$ 1,275,951.

2021 AMOUNT: \$ 1,358,494.

MISCELLANEOUS

2017 AMOUNT: \$ 210,605.

2018 AMOUNT: \$ 213,815.

2019 AMOUNT: \$ 209,908.

2020 AMOUNT: \$ 254,330.

2021 AMOUNT: \$ 353,441.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990 or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>AMERICARES FOUNDATION, INC.</b>	<b>Employer identification number</b>  06-1008595
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 407,986,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 323,384,697.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 89,701,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 49,413,749.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 37,674,579.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 34,149,285.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>AMERICARES FOUNDATION, INC.</b>	<b>Employer identification number</b>  06-1008595
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 30,983,734.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 30,762,221.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>AMERICARES FOUNDATION, INC.</b>	<b>Employer identification number</b>  06-1008595
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	<u>MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS</u> <hr/> <hr/> <hr/>	\$ <u>407,986,225.</u>	<u>06/30/22</u>
2	<u>MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS</u> <hr/> <hr/> <hr/>	\$ <u>323,384,697.</u>	<u>06/30/22</u>
3	<u>MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS</u> <hr/> <hr/> <hr/>	\$ <u>89,701,540.</u>	<u>06/30/22</u>
4	<u>MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS</u> <hr/> <hr/> <hr/>	\$ <u>49,413,749.</u>	<u>06/30/22</u>
5	<u>MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS</u> <hr/> <hr/> <hr/>	\$ <u>37,674,579.</u>	<u>06/30/22</u>
6	<u>MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS</u> <hr/> <hr/> <hr/>	\$ <u>34,149,285.</u>	<u>06/30/22</u>

Name of organization  AMERICARES FOUNDATION, INC.	Employer identification number  06-1008595
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS <hr/> <hr/> <hr/>	\$ 30,983,734.	06/30/22
8	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS <hr/> <hr/> <hr/>	\$ 30,762,221.	06/30/22
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____



Name of organization  AMERICARES FOUNDATION, INC.	Employer identification number  06-1008595
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on 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 (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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? .....

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)? .....

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12,208,794.	5,686,992.	4,521,288.	1,748,813.	1,566,608.
b Contributions	2,025,000.	4,555,746.	1,125,000.	2,851,375.	225,000.
c Net investment earnings, gains, and losses	-2,520,310.	2,164,185.	58,848.	85,278.	133,053.
d Grants or scholarships					
e Other expenditures for facilities and programs		172,000.		158,000.	170,000.
f Administrative expenses	36,241.	26,129.	18,144.	6,178.	5,848.
g End of year balance	11,677,243.	12,208,794.	5,686,992.	4,521,288.	1,748,813.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  83.0000 %
  - b Permanent endowment  14.0000 %
  - c Term endowment  3.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   | X   |    |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		175,000.		175,000.
b Buildings		1,212,421.	751,691.	460,730.
c Leasehold improvements		2,633,273.	2,343,613.	289,660.
d Equipment		5,283,095.	3,798,963.	1,484,132.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,409,522.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT INTEREST AGREEMENTS	4,786,930.
(3) CAPITALIZED LEASE	11,562.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,798,492.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	1,361,420,114.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-11,450,464.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	888,903.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-936,324.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	-11,497,885.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	1,372,917,999.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	142,221.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-1,687,583.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-1,545,362.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	1,371,372,637.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	1,413,422,618.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	888,903.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,687,583.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	2,576,486.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	1,410,846,132.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	142,221.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	142,221.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	1,410,988,353.

**Part XIII Supplemental Information.**

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

PART V, LINE 4:

ENDOWMENT FUNDS

THE AMERICARES FOUNDATION ENDOWMENT IS INTENDED TO SUPPORT THE GENERAL

CHARITABLE MISSION OF THE ORGANIZATION. THE FOUNDATION INTENDS THAT THE

PRINCIPAL IN THE TEMPORARILY RESTRICTED AND PERMANENT ENDOWMENTS SHOULD

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

BE USED TO SUPPORT VARIOUS CHARITABLE PROGRAMS.

MANAGEMENT OF AMERICARES HAS REMOVED PLANNED GIVING GIFTS FROM ITS ANNUAL

OPERATING BUDGET AND HAS ESTABLISHED GUIDELINES FOR ALLOCATING THESE GIFTS

ON AN ANNUAL BASIS BETWEEN THE MANAGEMENT-DIRECTED QUASI ENDOWMENT, AN

INNOVATION FUND, AND STRATEGIC INITIATIVES OR OPERATING FUNDS. THESE

**Part XIII** Supplemental Information (continued)

GUIDELINES ARE REVIEWED AT THE END OF EACH FISCAL YEAR DEPENDENT ON THE  
LEVEL OF PLANNED GIVING GIFTS AND THE FINANCIAL RESULTS FOR THE FISCAL  
YEAR. MANAGEMENT INFORMS THE BOARD OF DIRECTORS OF THESE DECISIONS. IN TAX  
YEARS ENDING 2019 AND 2018, RESPECTIVELY, MANAGEMENT DESIGNATED \$1.1  
MILLION AND \$2.7 MILLION OF GIFTS WITHOUT DONOR RESTRICTIONS FOR LONG-TERM  
INVESTMENT IN THE QUASI-ENDOWMENT (I.E. WITHOUT DONOR RESTRICTIONS).  
MANAGEMENT HAS ACCESS TO SUCH FUNDS AND MAY USE THEM WITHOUT A RESOLUTION  
FROM THE BOARD OF DIRECTORS.

PART X, LINE 2:

INCOME TAXES

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

AMERICARES IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3),  
THOUGH THEY ARE SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE,  
UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. AMERICARES HAS  
PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT  
STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING  
AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO  
IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS.  
AMERICARES HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX

Schedule D (Form 990) 2021

**Part XIII** Supplemental Information (continued)

POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL

STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGES IN SPLIT-INTEREST AGREEMENT	-859,657.
LOSS ON FOREIGN CURRENCY	-76,667.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-936,324.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSE RECLASSIFIED TO OFFSET RENTAL INCOME	-193,594.
DIRECT FUNDRAISING EXPENSE RECLASSIFIED TO OFFSET SPECIAL	
EVENT REVENUE	-210,887.
COST OF GOODS SOLD	-1,283,102.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-1,687,583.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE RECLASSIFIED TO OFFSET RENTAL INCOME	193,594.
DIRECT FUNDRAISING EXPENSE RECLASSIFIED TO OFFSET SPECIAL	
EVENT REVENUE	210,887.
COST OF GOODS SOLD	1,283,102.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,687,583.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization <b>AMERICARES FOUNDATION, INC.</b>	Employer identification number 06-1008595
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA / CARIBBEAN	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	7,559,736.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	752,307.
EUROPE	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	561,874.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	1,008,799.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	1,964,306.
SOUTH AMERICA	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	4,889,356.
NORTH AMERICA	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	216,843.
SOUTH ASIA	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	401,850.
<b>3 a</b> Subtotal .....	0	0			17,355,071.
<b>b</b> Total from continuation sheets to Part I .....	17	383			349,668,726.
<b>c Totals</b> (add lines 3a and 3b) .....	17	383			367,023,797.

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

Schedule F (Form 990) 2021



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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	2,934,705.
CENTRAL AMERICA / CARIBBEAN	2	132	GRANTMAKING		118,013,598.
EAST ASIA AND THE PACIFIC	1	31	GRANTMAKING		3,672,635.
EUROPE	1	12	GRANTMAKING		703,956.
MIDDLE EAST AND NORTH AFRICA	0	1	GRANTMAKING		21,055,842.
NORTH AMERICA	0	1	GRANTMAKING		8,416,220.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		88,086,229.
SOUTH AMERICA	11	157	GRANTMAKING		25,602,623.
SOUTH ASIA	0	4	GRANTMAKING		11,322,269.
SUB-SAHARAN AFRICA	2	45	GRANTMAKING		69,860,649.
<b>Totals</b> .....	17	383			349,668,726.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARBBEAN	EARTHQUAKE RELIEF	63,980.	WIRE	0.		
		CENTRAL AMERICA AND THE CARBBEAN	EARTHQUAKE RELIEF	51,251.	WIRE	0.		
		CENTRAL AMERICA AND THE CARBBEAN	FEDERAL AWARD, NUTRITION	25,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARBBEAN	EARTHQUAKE RELIEF	21,500.	WIRE	0.		
		CENTRAL AMERICA AND THE CARBBEAN	EARTHQUAKE RELIEF	18,214.	WIRE	0.		
		CENTRAL AMERICA AND THE CARBBEAN	A2M SUPPORT	10,302.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	NUTRITION	135,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	BREAST CANCER	75,000.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ► 218

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

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	EARTHQUAKE RELIEF	34,438.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY - PARTNER SUPPORT	204,600.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	COVID RESPONSE	50,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY - PARTNER SUPPORT	11,941.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY - PARTNER SUPPORT	10,400.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	300,015.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	200,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	148,625.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	55,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	50,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	50,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	50,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	FEDERAL AWARD, WOMEN AND CHILDREN'S HEALTH	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	10,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	9,996.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	9,903.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	9,800.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	9,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	9,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS	7,160.	WIRE	0.		
		SOUTH AMERICA	A2M SUPPORT	7,247.	WIRE	0.		
		SOUTH AMERICA	A2M SUPPORT	7,000.	WIRE	0.		
		SOUTH AMERICA	A2M SUPPORT	7,000.	WIRE	0.		



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	A2M SUPPORT	5,798.	WIRE	0.		
		SOUTH AMERICA	COVID RESPONSE	20,750.	WIRE	0.		
		SOUTH AMERICA	A2M SUPPORT	8,000.	WIRE	0.		
		SOUTH ASIA	COVID RESPONSE	2,000,000.	WIRE	0.		
		SOUTH ASIA	COVID RESPONSE	1,877,834.	WIRE	0.		
		SOUTH ASIA	COVID RESPONSE	1,000,000.	WIRE	0.		
		SOUTH ASIA	PARTNER SUPPORT	310,811.	WIRE	0.		
		SOUTH ASIA	COVID RESPONSE	308,394.	WIRE	0.		
		SOUTH ASIA	URBAN HEALTH	190,043.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	URBAN HEALTH	107,597.	WIRE	0.		
		SOUTH ASIA	PARTNER SUPPORT	80,808.	WIRE	0.		
		SOUTH ASIA	PARTNER SUPPORT	67,488.	WIRE	0.		
		SOUTH ASIA	EMERGENCY - PARTNER SUPPORT	61,151.	WIRE	0.		
		SOUTH ASIA	PROGRAM - PARTNER SUPPORT	50,063.	WIRE	0.		
		SOUTH ASIA	COVID RESPONSE	50,000.	WIRE	0.		
		SOUTH ASIA	PARTNER SUPPORT	40,893.	WIRE	0.		
		SOUTH ASIA	COVID RESPONSE	36,950.	WIRE	0.		
		SOUTH ASIA	EARTHQUAKE RELIEF	35,000.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	PARTNER SUPPORT	29,146.	WIRE	0.		
		SOUTH ASIA	PARTNER SUPPORT	27,664.	WIRE	0.		
		SOUTH ASIA	PARTNER SUPPORT	25,000.	WIRE	0.		
		SOUTH ASIA	EMERGENCY - PARTNER SUPPORT	10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	A2M SUPPORT	71,068.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM - PARTNER SUPPORT	63,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	CYCLONE RELIEF	55,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	A2M SUPPORT	50,046.	WIRE	0.		
		SUB-SAHARAN AFRICA	A2M SUPPORT	50,046.	WIRE	0.		

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	COVID RESPONSE	49,586.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, NUTRITION AND WOMEN AND CHILDREN'S HEALTH	25,650.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, NUTRITION AND WOMEN AND CHILDREN'S HEALTH	25,023.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, NUTRITION AND WOMEN AND CHILDREN'S HEALTH	25,023.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, NUTRITION AND WOMEN AND CHILDREN'S HEALTH	18,767.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, NUTRITION AND WOMEN AND CHILDREN'S HEALTH	18,767.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, NUTRITION AND WOMEN AND CHILDREN'S HEALTH	17,955.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, NUTRITION AND WOMEN AND CHILDREN'S HEALTH	17,955.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, NUTRITION AND WOMEN AND CHILDREN'S HEALTH	17,955.	WIRE	0.		

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FEDERAL AWARD, NUTRITION AND WOMEN AND CHILDREN'S HEALTH	16,494.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, NUTRITION AND WOMEN AND CHILDREN'S HEALTH	14,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, NUTRITION AND WOMEN AND CHILDREN'S HEALTH	11,546.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, NUTRITION AND WOMEN AND CHILDREN'S HEALTH	11,546.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, NUTRITION AND WOMEN AND CHILDREN'S HEALTH	11,546.	WIRE	0.		
		SUB-SAHARAN AFRICA	A2M SUPPORT	7,874.	WIRE	0.		
		SUB-SAHARAN AFRICA	A2M SUPPORT	6,800.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, NUTRITION AND WOMEN AND CHILDREN'S HEALTH	6,256.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, NUTRITION AND WOMEN AND CHILDREN'S HEALTH	6,256.	WIRE	0.		

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FEDERAL AWARD, NUTRITION AND WOMEN AND CHILDREN'S HEALTH	5,985.	WIRE	0.		
		CENTRAL AMERICSA AND THE CARIBBEAN	ONGOING	0.		458,656.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICSA AND THE CARIBBEAN	ONGOING	0.		300,485.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICSA AND THE CARIBBEAN	ONGOING	0.		667,695.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICSA AND THE CARIBBEAN	ONGOING	0.		7,080,046.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICSA AND THE CARIBBEAN	ONGOING	0.		12,128,908.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICSA AND THE CARIBBEAN	ONGOING	0.		4,483,369.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICSA AND THE CARIBBEAN	ONGOING	0.		7,305,095.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICSA AND THE CARIBBEAN	ONGOING	0.		176,314.	MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICSA AND THE CARIBBEAN	ONGOING	0.		6,535.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICSA AND THE CARIBBEAN	ONGOING	0.		481,827.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICSA AND THE CARIBBEAN	ONGOING	0.		134,387.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICSA AND THE CARIBBEAN	ONGOING	0.		28,231.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICSA AND THE CARIBBEAN	ONGOING	0.		17,952.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		126,725.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		168,635.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		63,061.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		224,229.	MEDICAL SUPPLIES	FMV

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE	ONGOING	0.		382,605.	MEDICAL SUPPLIES	FMV
		EUROPE	ONGOING	0.		219,928.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST & NORTH AFRICA	ONGOING	0.		88,921.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST & NORTH AFRICA	ONGOING	0.		1,247,678.	MEDICAL SUPPLIES	FMV
		NORTH AMERICA	ONGOING	0.		8,416,220.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDNT STATES	ONGOING	0.		1,549,501.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDNT STATES	ONGOING	0.		8,148.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		1,151,132.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		877,533.	MEDICAL SUPPLIES	FMV



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ONGOING	0.		256,581.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		852,141.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		175,233.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		606,977.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ONGOING	0.		85,228.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ONGOING	0.		406,173.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ONGOING	0.		37,979.	MEDICAL SUPPLIES	FMV
		SUB-SAHARA AFRICA	ONGOING	0.		349,033.	MEDICAL SUPPLIES	FMV
		SUB-SAHARA AFRICA	ONGOING	0.		387,184.	MEDICAL SUPPLIES	FMV

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARA AFRICA	ONGOING	0.		494,487.	MEDICAL SUPPLIES	FMV
		SUB-SAHARA AFRICA	ONGOING	0.		1,271,192.	MEDICAL SUPPLIES	FMV
		SUB-SAHARA AFRICA	ONGOING	0.		94,222.	MEDICAL SUPPLIES	FMV
		SUB-SAHARA AFRICA	ONGOING	0.		2,046,830.	MEDICAL SUPPLIES	FMV
		SUB-SAHARA AFRICA	ONGOING	0.		920,831.	MEDICAL SUPPLIES	FMV
		SUB-SAHARA AFRICA	ONGOING	0.		19,571.	MEDICAL SUPPLIES	FMV
		SUB-SAHARA AFRICA	ONGOING	0.		49,964.	MEDICAL SUPPLIES	FMV
		SUB-SAHARA AFRICA	ONGOING	0.		115,122.	MEDICAL SUPPLIES	FMV
		SUB-SAHARA AFRICA	ONGOING	0.		126,703.	MEDICAL SUPPLIES	FMV

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARA AFRICA	ONGOING	0.		53,172.	MEDICAL SUPPLIES	FMV
		SUB-SAHARA AFRICA	ONGOING	0.		2,651,774.	MEDICAL SUPPLIES	FMV
		SUB-SAHARA AFRICA	ONGOING	0.		155,040.	MEDICAL SUPPLIES	FMV
		SUB-SAHARA AFRICA	ONGOING	0.		1,702,552.	MEDICAL SUPPLIES	FMV
		SUB-SAHARA AFRICA	ONGOING	0.		148,377.	MEDICAL SUPPLIES	FMV
		SUB-SAHARA AFRICA	ONGOING	0.		149,931.	MEDICAL SUPPLIES	FMV
		SUB-SAHARA AFRICA	ONGOING	0.		779,386.	MEDICAL SUPPLIES	FMV
		SUB-SAHARA AFRICA	ONGOING	0.		118,923.	MEDICAL SUPPLIES	FMV
		SUB-SAHARA AFRICA	ONGOING	0.		329,659.	MEDICAL SUPPLIES	FMV

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARA AFRICA	ONGOING	0.		9,397,767.	MEDICAL SUPPLIES	FMV
		SUB-SAHARA AFRICA	ONGOING	0.		946,812.	MEDICAL SUPPLIES	FMV
		SUB-SAHARA AFRICA	ONGOING	0.		966,684.	MEDICAL SUPPLIES	FMV
		SUB-SAHARA AFRICA	ONGOING	0.		4,127,697.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		8,666,040.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		30,629,935.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		3,895,171.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ERR	0.		8,355,693.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		20,613,370.	MEDICAL SUPPLIES	FMV

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		6,058,941.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ERR	0.		227,595.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ERR	0.		358,981.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		4,038,918.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		1,271,587.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		6,231.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		35,621.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		35,694.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		2,562,349.	MEDICAL SUPPLIES	FMV

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE	ONGOING	0.		101,432.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ERR	0.		1,582,539.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ERR	0.		151,141.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ERR	0.		291,419.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		1,351,895.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ERR	0.		511,901.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ERR	0.		610,115.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		13,865,225.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ERR	0.		30,531.	MEDICAL SUPPLIES	FMV

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	ERR	0.		1,000,632.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ERR	0.		5,856.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ERR	0.		24,891,288.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ERR	0.		6,127,037.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ERR	0.		4,282,968.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ERR	0.		11,153,099.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ERR	0.		28,427,723.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ERR	0.		10,393,143.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ON GOING	0.		864,607.	MEDICAL SUPPLIES	FMV

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ON GOING	0.		15,399,904.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ON GOING	0.		4,524,904.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ON GOING	0.		2,644,627.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ERR	0.		1,355,310.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ERR	0.		258,771.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ERR	0.		58,938.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ERR	0.		110,344.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ON GOING	0.		895,454.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ON GOING	0.		7,455,604.	MEDICAL SUPPLIES	FMV



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ON GOING	0.		1,908,808.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ON GOING	0.		13,134,845.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ON GOING	0.		2,035,576.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ERR	0.		5,806.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ON GOING	0.		4,173,093.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ON GOING	0.		218,919.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ERR	0.		46,449.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ON GOING	0.		2,818,695.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ERR	0.		8,709.	MEDICAL SUPPLIES	FMV

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ON GOING	0.		200,141.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ERR	0.		407,439.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ON GOING	0.		4,653,721.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ON GOING	0.		3,735,523.	MEDICAL SUPPLIES	FMV

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

SCHEDULE F, PART I, LINE 2

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

AMERICARES TRACKS EVERY DONATION AS IT ENTERS AND LEAVES OUR WAREHOUSES

AND REQUIRES REPORTING OF EACH RECEIVING PARTNER ORGANIZATION, WHICH

INCLUDE DETAILED CONFIRMATION OF RECEIPT AND QUARTERLY UPDATES ON

DISTRIBUTION. INDIVIDUAL LICENSED HEALTH CARE PROVIDERS RECEIVING

DONATIONS THROUGH OUR MEDICAL OUTREACH PROGRAM MUST PROVIDE A REPORT

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

OTHER INFORMATION. HEALTH PARTNERS THAT RECEIVE FUNDING FROM AMERICARES

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

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

OUTCOME OF THE FUNDED PROJECT OR ACTIVITY. AMERICARES STAFF ALSO

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

FUNDING. TARGETED HEALTH INITIATIVES SUCH AS THOSE DESCRIBED IN THE

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

ASSESSMENTS.

SCHEDULE F, PART IV, LINE 3

AMERICARES FOUNDATION HAS TWO RELATED TAX-EXEMPT SUBSIDIARIES THAT IT

EFFECTIVELY CONTROLS: AMERICARES FOUNDATION TANZANIA AND AMERICAS

LIMITED (MALAWI).

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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			
THE HARRINGTON AGENCY, LLC - 329 DICKINSON AVENUE,	FUNDRAISING COUNSEL		X	13,451,448.	3,385,149.	10,066,299.
<b>Total</b>				13,451,448.	3,385,149.	10,066,299.

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

AL, AK, AZ, AR, CA, CO, CT, DE, 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, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY  
DC

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		AIRLIFT BENEFIT (event type)	AN EVENING FOR UKRAINE (event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	1,986,203.	13,220.		1,999,423.
	<b>2</b> Less: Contributions .....	1,927,963.	10,370.		1,938,333.
	<b>3</b> Gross income (line 1 minus line 2) .....	58,240.	2,850.		61,090.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	28,323.	3,950.		32,273.
	<b>7</b> Food and beverages .....	7,950.			7,950.
	<b>8</b> Entertainment .....	45,432.			45,432.
	<b>9</b> Other direct expenses .....	125,232.			125,232.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				210,887.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-149,797.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
	<b>2</b> Cash prizes .....				
Direct Expenses	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

PART I - FUNDRAISING CONSULTANTS

THE AMOUNTS PAID BY AMERICARES TO THE FUNDRAISING CONSULTANTS LISTED IN

THE 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 END BASIS, THEREFORE THEY MAY

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

ARE BUDGETED AND APPROVED SEPARATELY FROM CONSULTING FEES.



**Part IV** Supplemental Information (continued)

PART I - REGISTERED STATES

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
12TH STREET HEALTH AND WELLNESS CENTER - 4301 W. MARKHAM - LITTLE ROCK, AR 72205	71-6046242	501(C)(3)	0.	56,743.	FMV	MEDICAL ASSISTANCE	ONGOING
A COMMUNITY CLINIC, INC 344 MARKET STREET SUNBURY, PA 17801	20-4051982	501(C)(3)	0.	15,977.	FMV	MEDICAL ASSISTANCE	ONGOING
ACACIA MEDICAL MISSION 1781 E. AMMANN RD. BULVERDE, TX 78163	90-0401594	501(C)(3)	0.	8,527.	FMV	MEDICAL ASSISTANCE	ONGOING
ADVANTAGE BEHAVIORAL HEALTH SYSTEMS - 240 MITCHELL BRIDGE RD - ATHENS, GA 30606	58-2112427	CORP	0.	844,252.	FMV	MEDICAL ASSISTANCE	ONGOING
ADVENTHEALTH WATERMAN COMMUNITY CLINIC - 2300 KURT STREET - EUSTIS, FL 32726	59-3140669	501(C)(3)	0.	105,575.	FMV	MEDICAL ASSISTANCE	ONGOING
AFRICAN SERVICES COMMITTEE 429 WEST 127TH ST NEW YORK, NY 10027	13-3749744	501(C)(3)	0.	60,198.	FMV	MEDICAL ASSISTANCE	ONGOING

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 593.

**3** Enter total number of other organizations listed in the line 1 table ▶ 42.

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGAPE CLINIC 4104 JUNIUS STREET DALLAS, TX 75246	14-1847977	501(C)(3)	0.	5,785,286.	FMV	MEDICAL ASSISTANCE	ONGOING
ALABAMA FREE CLINICS 212 COURTHOUSE SQUARE BAY MINETTE, AL 36507	63-1247879	501(C)(3)	0.	392,325.	FMV	MEDICAL ASSISTANCE	ONGOING
ALC PREGNANCY RESOURCE CENTER 711 HENRY CLAY SHELBYVILLE, KY 40065	20-1410531	501(C)(3)	0.	11,526.	FMV	MEDICAL ASSISTANCE	ONGOING
ALL FOR HEALTH, HEALTH FOR ALL 1735 N. NELLIS BLVD STE G LAS VEGAS, NV 89115	95-4773684	501(C)(3)	0.	6,801.	FMV	MEDICAL ASSISTANCE	ONGOING
ALLIANCE COMMUNITY HEALTH CENTER 115 CHRISTOPHER COLUMBUS DRIVE JERSEY CITY, NJ 07302	22-1831695	501(C)(3)	0.	411,850.	FMV	MEDICAL ASSISTANCE	ONGOING
AMERICARES FREE CLINIC OF BRIDGEPORT - 115 HIGHLAND AVENUE - BRIDGEPORT, CT 06604	06-1422741	501(C)(3)	0.	1,228,871.	FMV	MEDICAL ASSISTANCE	ONGOING
ANCHOR MENTAL HEALTH, INC. 1001 LAWRENCE STREET, NE WASHINGTON, DC 20017	52-0824835	501(C)(3)	0.	97,849.	FMV	MEDICAL ASSISTANCE	ONGOING
ANDERSON FREE CLINIC 414 N FANT ST ANDERSON, SC 29621	57-0787584	501(C)(3)	0.	16,866.	FMV	MEDICAL ASSISTANCE	ONGOING
ANDREWS CENTER 2323 WEST FRONT STREET TYLER, TX 75702	75-1281410	501(C)(3)	0.	483,077.	FMV	MEDICAL ASSISTANCE	ONGOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARCARE DBA KENTUCKYCARE 423 SOUTH 28TH STREET PADUCAH, KY 42001	58-1666179	501(C)(3)	20,000.	77,341.	FMV	MEDICAL ASSISTANCE	EMERGENCY
ARLINGTON FREE CLINIC 2921 SOUTH 11TH STREET ARLINGTON, VA 22204	54-1671883	501(C)(3)	0.	919,697.	FMV	MEDICAL ASSISTANCE	ONGOING
ARTHUR NAGEL COMMUNITY CLINIC 1116 12TH STREET, UNIT #3 BANDERA, TX 78003	77-0697361	501(C)(3)	0.	711,032.	FMV	MEDICAL ASSISTANCE	ONGOING
ARUBAH COMMUNITY CLINIC 1021 W. MAIN ST COLLINSVILLE, OK 74021	27-3865132	501(C)(3)	0.	91,783.	FMV	MEDICAL ASSISTANCE	ONGOING
AUSTIN TRAVIS COUNTY INTEGRAL CARE/INTEGRAL CARE - 5015 SOUTH IH 35 - AUSTIN, TX 78744	74-1547909	501(C)(3)	0.	149,782.	FMV	MEDICAL ASSISTANCE	ONGOING
AVENAL COMMUNITY HEALTH CENTER 555 E. ST. LEMOORE, CA 93245	77-0425496	501(C)(3)	0.	17,125.	FMV	MEDICAL ASSISTANCE	ONGOING
AVICENNA COMMUNITY HEALTH CENTER 201 KENYON RD CHAMPAIGN, IL 61820	27-0267757	501(C)(3)	0.	27,317.	FMV	MEDICAL ASSISTANCE	ONGOING
AVICENNA FREE CLINIC 1838 FRANKFORD AVE PANAMA CITY, FL 32405	82-2554695	501(C)(3)	0.	933,104.	FMV	MEDICAL ASSISTANCE	ONGOING
AVITA COMMUNITY PARTNERS 915 INTERSTATE RIDGE DR GAINESVILLE, GA 30501	58-2109706	115	0.	33,673.	FMV	MEDICAL ASSISTANCE	ONGOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AZ PACH 2902 W CLARENDON AVE PHOENIX, AZ 85017	46-0650798	501(C)(3)	0.	52,134.	FMV	MEDICAL ASSISTANCE	ONGOING
AZZARELLI OUTREACH CLINIC 341 N ST JOSEPH AVE KANKAKEE, IL 60901	36-2312493	501(C)(3)	0.	1,667,665.	FMV	MEDICAL ASSISTANCE	ONGOING
BAAL PARAZIM WELLNESS, INC. 3353 SOUTH MORGAN STREET CHICAGO, IL 60608	46-5746945	501(C)(3)	0.	104,474.	FMV	MEDICAL ASSISTANCE	ONGOING
BAPTIST COMMUNITY HEALTH SERVICES 4960 ST. CLAUDE NEW ORLEANS, LA 70117	45-3792193	501(C)(3)	0.	44,078.	FMV	MEDICAL ASSISTANCE	ONGOING
BAPTIST HEALTH FOLLOW UP CARE 151 NW 11TH STREET SUITE E400 HOMESTEAD, FL 33030	85-2514662	501(C)(3)	0.	299,254.	FMV	MEDICAL ASSISTANCE	ONGOING
BARTZ-ALTADONNA COMMUNITY HEALTH CENTER - 43322 GINGHAM AVE. - LANCASTER, CA 93535	27-3261289	501(C)(3)	0.	53,579.	FMV	MEDICAL ASSISTANCE	ONGOING
BEACON CLINIC FOR HEALTH AND HOPE 248 SENECA ST. (REAR) HARRISBURG, PA 17110	46-3507570	501(C)(3)	0.	41,988.	FMV	MEDICAL ASSISTANCE	ONGOING
BECKLEY HEALTH RIGHT INC 111 RANDOLPH STREET BECKLEY, WV 25801	55-0774466	501(C)(3)	0.	10,587.	FMV	MEDICAL ASSISTANCE	ONGOING
BEERSHEBA SPRINGS MEDICAL CLINIC 19592 STATE HIGHWAY 56 BEERSHEBA SPRINGS, TN 37305	26-4579813	501(C)(3)	0.	1,299,785.	FMV	MEDICAL ASSISTANCE	ONGOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELLA HEALTH AND WELLNESS INC 2000 VAN NESS AVENUE SAN FRANCISCO, CA 94109	36-4883171	501(C)(3)	0.	8,062.	FMV	MEDICAL ASSISTANCE	ONGOING
BERGEN VOLUNTEER MEDICAL INITIATIVE - 75 ESSEX STREET, #100 - HACKENSACK, NJ 07601	20-2633437	501(C)(3)	0.	5,958.	FMV	MEDICAL ASSISTANCE	ONGOING
BETHANY FIRST NAZARENE CHURCH 6789 NW 39TH EXPRESSWAY BETHANY, OK 73008	73-0643163	501(C)(3)	0.	181,784.	FMV	MEDICAL ASSISTANCE	ONGOING
BETHESDA COMMUNITY CLINIC, INC 111 MOUNTAIN BROOK DR STE 100 CANTON, GA 30115	27-4923001	501(C)(3)	0.	332,520.	FMV	MEDICAL ASSISTANCE	ONGOING
BETHESDA HEALTH CLINIC 409 WEST FERGUSON TYLER, TX 75702	26-0036674	501(C)(3)	0.	550,891.	FMV	MEDICAL ASSISTANCE	ONGOING
BILLINGS URBAN INDIAN HEALTH AND WELLNESS CENTER - 1230 NORTH 30TH STREET - BILLINGS, MT 59101	81-0512124	501(C)(3)	0.	13,358.	FMV	MEDICAL ASSISTANCE	ONGOING
BLACK HAWK GRUNDY MENTAL HEALTH CENTER - 3251 WEST 9TH STREET - WATERLOO, IA 50702	42-0733463	501(C)(3)	0.	45,458.	FMV	MEDICAL ASSISTANCE	ONGOING
BLUE RIDGE FREE CLINIC 833 MLK JR WAY HARRISONBURG, VA 22801	86-1418555	501(C)(3)	0.	14,085.	FMV	MEDICAL ASSISTANCE	ONGOING
BLUEBONNET TRAILS COMMUNITY SERVICES - 1009 N. GEORGETOWN ST. - ROUND ROCK, TX 78664	74-2795332	501(C)(3)	0.	127,184.	FMV	MEDICAL ASSISTANCE	ONGOING

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BLUFFTON JASPER VOLUNTEERS IN MEDICINE - 29 PLANTATION PARK DR - BLUFFTON, SC 29910	32-0298086	501(C)(3)	0.	16,967.	FMV	MEDICAL ASSISTANCE	ONGOING
BOLINGBROOK CHRISTIAN HEALTH CENTER - 151 E BRIARCLIFF RD - BOLINGBROOK, IL 60440	36-4401468	501(C)(3)	0.	957,029.	FMV	MEDICAL ASSISTANCE	ONGOING
BREAD OF HEALING CLINIC 1821 N 16TH ST MILWAUKEE, WI 53205	81-0669867	501(C)(3)	0.	346,599.	FMV	MEDICAL ASSISTANCE	ONGOING
BRIDGES TO HEALTH 119 S WASHINGTON ST MARION, IN 46952	20-5405181	501(C)(3)	0.	68,442.	FMV	MEDICAL ASSISTANCE	ONGOING
BRIDGES, A COMMUNITY SUPPORT SYSTEM - 949 BRIDGEPORT AVENUE - MILFORD, CT 06460	06-0867978	501(C)(3)	0.	7,405.	FMV	MEDICAL ASSISTANCE	ONGOING
BROAD STREET CLINIC 534 N. 35TH STREET, SUITE K MOREHEAD CITY, NC 28557	56-1853604	501(C)(3)	0.	13,451.	FMV	MEDICAL ASSISTANCE	ONGOING
BROTHER BILLS HELPING HAND 3906 N. WESTMORELAND RD. DALLAS, TX 75212	75-6027740	501(C)(3)	25,000.	445,789.	FMV	MEDICAL ASSISTANCE	ONGOING
BROWARD HEALTH NORTH HOSPITAL RETAIL PHARMACY - 201 E SAMPLE ROAD - POMPANO BEACH, FL 33064	59-6012065	501(C)(3)	0.	1,280,958.	FMV	MEDICAL ASSISTANCE	ONGOING
BROWNSVILLE MEDICAL CENTER INC. 2400 NW 54TH STREET MIAMI, FL 33142	20-3856290	501(C)(3)	0.	839,713.	FMV	MEDICAL ASSISTANCE	ONGOING

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BUDDHIST TZU CHI MEDICAL CENTER 1000 S. GARFIELD ALHAMBRA, CA 91801	95-4457939	501(C)(3)	0.	713,910.	FMV	MEDICAL ASSISTANCE	ONGOING
CABRINI CLINIC 1234 PORTER STREET DETROIT, MI 48226	38-3129349	501(C)(3)	0.	550,660.	FMV	MEDICAL ASSISTANCE	ONGOING
CACHE VALLEY COMMUNITY HEALTH CENTER - 517 WEST 100 NORTH SUITE #110 - PROVIDENCE, UT 84332	81-0587644	501(C)(3)	0.	424,831.	FMV	MEDICAL ASSISTANCE	ONGOING
CACTUS HEALTH SERVICES 700 N MAIN ST FORT STOCKTON, TX 79735	16-1663081	501(C)(3)	0.	241,328.	FMV	MEDICAL ASSISTANCE	ONGOING
CAIRN HEALTH, INC. 1514 N. BROADWAY AVE WICHITA, KS 67214	48-0891620	501(C)(3)	0.	16,894.	FMV	MEDICAL ASSISTANCE	ONGOING
CAMILLUS HEALTH CONCERN 336 NW 5TH ST MIAMI, FL 33128	65-0063921	501(C)(3)	0.	206,684.	FMV	MEDICAL ASSISTANCE	ONGOING
CAMINO COMMUNITY DEVELOPMENT CORPORATION INC - 133 STETSON DR. - CHARLOTTE, NC 28262	56-2015959	501(C)(3)	0.	387,851.	FMV	MEDICAL ASSISTANCE	ONGOING
CAMPBELL UNIVERSITY COMMUNITY CARE CLINIC - 129 TT LANIER ST - BUIES CREEK, NC 27506	68-0620773	501(C)(3)	0.	29,160.	FMV	MEDICAL ASSISTANCE	ONGOING
CAMUY HEALTH SERVICES, INC. 63 CAMUY, PR 00627	66-0428652	501(C)(3)	0.	42,950.	FMV	MEDICAL ASSISTANCE	ONGOING

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CAPITAL CITY RESCUE MISSION FREE CLINIC - 259 SOUTH PEARL ST - ALBANY, NY 12202	56-2663290	501(C)(3)	0.	87,216.	FMV	MEDICAL ASSISTANCE	ONGOING
CARE BEYOND THE BOULEVARD INC 3617 N 112TH TERRACE KANSAS CITY, KS 66109	83-1122028	501(C)(3)	0.	34,478.	FMV	MEDICAL ASSISTANCE	ONGOING
CARIDAD CENTER 8645 W BOYNTON BEACH BOULEVARD BOYNTON BEACH, FL 33472	65-0149423	501(C)(3)	0.	447,650.	FMV	MEDICAL ASSISTANCE	ONGOING
CARIN CLINIC 5150 ALLISON ST ARVADA, CO 80002	84-1331444	501(C)(3)	0.	9,035.	FMV	MEDICAL ASSISTANCE	ONGOING
CARROLL COUNTY HEALTH DEPARTMENT 101 WEST MAIN ST DELPHI, IN 46923	35-6000130	501(C)(3)	0.	66,862.	FMV	MEDICAL ASSISTANCE	ONGOING
CASA JUAN DIEGO 4818 ROSE STREET HOUSTON, TX 77007	76-0003018	501(C)(3)	0.	6,272.	FMV	MEDICAL ASSISTANCE	ONGOING
CASS COUNTY HEALTH DEPARTMENT 1616 SMITH STREET LOGANSFORT, IN 46947	35-6000131	115	0.	98,139.	FMV	MEDICAL ASSISTANCE	ONGOING
C-ASSIST 30260 CHERRY HILL ROAD GARDEN CITY, MI 48135	81-3386484	501(C)(3)	0.	321,232.	FMV	MEDICAL ASSISTANCE	ONGOING
CATHERINES HEALTH CENTER 1211 LAFAYETTE AVE NE GRAND RAPIDS, MI 49505	20-3572418	501(C)(3)	0.	37,269.	FMV	MEDICAL ASSISTANCE	ONGOING

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CATHOLIC CHARITIES - NEW BERN NC OFFICE - 502 MIDDLE STREET - NEW BERN, NC 28560-4933	56-0529943	501(C)(3)	0.	26,873.	FMV	MEDICAL ASSISTANCE	ONGOING
CATHOLIC CHARITIES - USA 20 N. 4TH STREET, SUITE 300 WILMINGTON, NC 28401	26-1467328	501(C)(3)	0.	48,940.	FMV	MEDICAL ASSISTANCE	EMERGENCY
CATHOLIC CHARITIES DIOCESE OF ARLINGTON - MOTHER - 9380 FORESTWOOD LANE - MANASSAS, VA 20110	54-0515706	501(C)(3)	0.	14,033.	FMV	MEDICAL ASSISTANCE	ONGOING
CATHOLIC CHARITIES VOLUNTEER MEDICAL CLINIC - 1618 MONROE ST. NW - WASHINGTON, DC 20010	52-0980905	501(C)(3)	0.	97,443.	FMV	MEDICAL ASSISTANCE	ONGOING
CEDAR COUNTY PUBLIC HEALTH 400 CEDAR STREET TIPTON, IA 52772	42-6005281	115	0.	8,010.	FMV	MEDICAL ASSISTANCE	ONGOING
CENTER FOR HAITIAN STUDIES, INC 8260 NE 2ND AVE MIAMI, FL 33138	65-0136723	501(C)(3)	0.	1,345,215.	FMV	MEDICAL ASSISTANCE	ONGOING
CENTER FOR HEALING & HOPE 400 WEST LINCOLN AVENUE GOSHEN, IN 46526	02-0560511	501(C)(3)	0.	350,628.	FMV	MEDICAL ASSISTANCE	ONGOING
CENTRE VOLUNTEERS IN MEDICINE 2520 GREEN TECH DR. STE D STATE COLLEGE, PA 16803	25-1897969	501(C)(3)	0.	20,331.	FMV	MEDICAL ASSISTANCE	ONGOING
CENTRO DE SALUD DE LARES, INC. CARR.#111 KM 1.9 LARES, PR 00669-0379	66-0426506	501(C)(3)	0.	5,927.	FMV	MEDICAL ASSISTANCE	ONGOING

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CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILL - CALLE GUILLERMO RIEFKHOL 99 - PATILLAS, PR 00723	66-0430826	501(C)(3)	0.	182,349.	FMV	MEDICAL ASSISTANCE	ONGOING
CENTRO SAN VICENTE 8061 ALAMEDA AVE. EL PASO, TX 79915	74-2505561	501(C)(3)	0.	82,582.	FMV	MEDICAL ASSISTANCE	ONGOING
CHARIS HEALTH CENTER 2620 N. MOUNT JULIET RD. MOUNT JULIET, TN 37122	35-2298919	501(C)(3)	0.	423,710.	FMV	MEDICAL ASSISTANCE	ONGOING
CHARITABLE PHARMACY OF CENTRAL OHIO - 200 EAST LIVINGSTON AVE - COLUMBUS, OH 43215	27-0147099	501(C)(3)	0.	1,286,118.	FMV	MEDICAL ASSISTANCE	ONGOING
CHARITABLE PHARMACY OF HOPE CLINIC OF ROSS COUNTY - 610 CENTRAL CENTER - CHILLICOTHE, OH 45601	45-2390821	501(C)(3)	0.	559,636.	FMV	MEDICAL ASSISTANCE	ONGOING
CHARLOTTE COMMUNITY HEALTH CLINIC 8401 MEDICAL PLAZA DR CHARLOTTE, NC 28262	56-2274174	501(C)(3)	0.	1,230,069.	FMV	MEDICAL ASSISTANCE	ONGOING
CHIPPEWA VALLEY FREE CLINIC 1030 OAK RIDGE DRIVE EAU CLAIRE, WI 54701	39-1840231	501(C)(3)	0.	50,132.	FMV	MEDICAL ASSISTANCE	ONGOING
CHRISTIAN MEDICAL MINISTRIES 6900 DANIELS PKWY SUITE 29-393 FORT MYERS, FL 33912	47-2641606	501(C)(3)	0.	188,628.	FMV	MEDICAL ASSISTANCE	ONGOING
CHURCH HEALTH SERVICES 115 N CENTER STREET BEAVER DAM, WI 53916	39-1759669	501(C)(3)	0.	27,636.	FMV	MEDICAL ASSISTANCE	ONGOING

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CHURCH HILL FREE CLINIC 401 RICHMOND STREET CHURCH HILL, TN 37642	62-1391365	501(C)(3)	0.	81,542.	FMV	MEDICAL ASSISTANCE	ONGOING
CITY SQUARE 2835 AL LIPSCOMB WAY DALLAS, TX 75215	79-2332948	501(C)(3)	0.	82,498.	FMV	MEDICAL ASSISTANCE	ONGOING
CLAY BEHAVIORAL HEALTH CENTER 3292 COUNTY ROAD 220 MIDDLEBURG, FL 32068	59-2219317	501(C)(3)	0.	262,674.	FMV	MEDICAL ASSISTANCE	ONGOING
CLEARWATER FREE CLINIC 1218 COURT STREET CLEARWATER, FL 33756	59-1852871	501(C)(3)	0.	495,274.	FMV	MEDICAL ASSISTANCE	ONGOING
CLEVELAND COUNTY HEALTH DEPARTMENT 200 S POST RD SHELBY, NC 28152	56-6000288	115	0.	1,338,135.	FMV	MEDICAL ASSISTANCE	ONGOING
CLINICA COLORADO 8300 ALCOTT ST. WESTMINSTER, CO 80031	27-3794068	501(C)(3)	0.	91,708.	FMV	MEDICAL ASSISTANCE	ONGOING
CLINICA TEPATI 1820 J ST. SACRAMENTO, CA 95811	94-2324682	501(C)(3)	0.	132,658.	FMV	MEDICAL ASSISTANCE	ONGOING
COACHELLA VALLEY VOLUNTEERS IN MEDICINE - 82915 AVENUE 48 - INDIO, CA 92201	26-3312826	501(C)(3)	0.	72,384.	FMV	MEDICAL ASSISTANCE	ONGOING
COASTAL COMMUNITY HEALTH SERVICES 106 SHOPPERS WAY, SUITE 101 BRUNSWICK, GA 31525	46-1859206	501(C)(3)	0.	21,181.	FMV	MEDICAL ASSISTANCE	ONGOING

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COMCARE OF SEDGWICK COUNTY 1919 N AMIDON SUITE 206 WICHITA, KS 67203	48-6000798	115	0.	342,374.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMONSHARE 1602 SKIPWITH RD #201 HENRICO, VA 23229	84-2490661	501(C)(3)	0.	22,378.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMONWEALTH HEALTHCARE CORPORATION - 1 LOWER NAVY HILL - SAIPAN, MP 96950	66-0774364	CORP	0.	149,847.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CARE CENTER FOR FORSYTH CO. INC. - 2135 NEW WALKERTOWN RD - WINSTON SALEM, NC 27101	58-1403699	501(C)(3)	0.	3,691,530.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CARE CLINIC OF DARE 425 HEALTH CENTER DRIVE NAGS HEAD, NC 27959	20-2230717	501(C)(3)	10,000.	60,509.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CARE CLINIC OF HIGHLANDS-CASHIERS, INC - 52 AUNT DORA DRIVE - HIGHLANDS, NC 28741	65-1251915	501(C)(3)	0.	184,454.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CARE CLINIC OF ROWAN COUNTY - 315G MOCKSVILLE AVE. - SALISBURY, NC 28144	56-1964773	501(C)(3)	0.	282,379.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CLINIC OF HIGH POINT, INC - 779 N MAIN ST - HIGH POINT, NC 27262	56-1795022	501(C)(3)	0.	7,892.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CLINIC OF SHELBYVILLE BEDFORD CO - 200 DOVER ST SUITE 202 - SHELBYVILLE, TN 37160	34-1974609	501(C)(3)	0.	12,082.	FMV	MEDICAL ASSISTANCE	ONGOING

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COMMUNITY CLINIC OF SOUTHWEST MISSOURI - 701 S. JOPLIN AVE - JOPLIN, MO 64801	43-1643962	501(C)(3)	10,000.	90,014.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CONNECTIONS FREE CLINIC 101 E. FOUNTAIN STREET DODGEVILLE, WI 53533	72-1619112	501(C)(3)	0.	29,589.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY FREE CLINIC OF DECATUR-MORGAN COUNTY - 245 JACKSON ST., SE - DECATUR, AL 35601	72-1526129	501(C)(3)	0.	108,513.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY FREE CLINIC, INC. 249 MILL STREET HAGERSTOWN, MD 21740	52-1772594	501(C)(3)	10,000.	430,313.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH CARE CLINIC 900 N. FRANKLIN NORMAL, IL 61761	37-1316328	501(C)(3)	0.	100,529.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS - 3011 N. MICHIGAN ST. - PITTSBURG, KS 66762	75-3003364	501(C)(3)	0.	22,169.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH CENTER OF WEST PALM BEACH - 5205 GREENWOOD AVENUE, - WEST PALM BEACH, FL 33407	26-3611337	501(C)(3)	0.	106,479.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH CENTERS, INC. 12716 N.E. 36TH STREET SPENCER, OK 73084	73-0930123	501(C)(3)	0.	438,155.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH CLINIC OF HARDIN & LARUE COUNTI - 1113 WOODLAND DR - ELIZABETHTOWN, KY 42701	30-0042070	501(C)(3)	0.	421,717.	FMV	MEDICAL ASSISTANCE	ONGOING

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COMMUNITY HEALTH SERVICE INC. 810 4TH AVE. S. MOORHEAD, MN 56560	41-1000060	501(C)(3)	0.	863,133.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH SERVICES OF ADDISON COUNTY - 100 PORTER DRIVE - MIDDLEBURY, VT 05753	03-0359531	501(C)(3)	0.	10,843.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH SERVICES OF UNION COUNTY INC - 1338-C EAST SUNSET DRIVE - MONROE, NC 28112	46-0495947	501(C)(3)	0.	9,377.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH-IN-PARTNERSHIP SERVICES (CHIPS) - 2431 N. GRAND BLVD. - SAINT LOUIS, MO 63106	43-1589851	501(C)(3)	0.	297,802.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTHWORX 1543 MCGINNIS STREET ALEXANDRIA, LA 71301	72-1444312	501(C)(3)	0.	44,804.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HELPING HANDS HEALTH CLINIC - 34-C COURTHOUSE SQUARE - CLEVELAND, GA 30528	64-0950194	501(C)(3)	0.	317,211.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY MEDICINE FOUNDATION 1131 SALUDA STREET ROCK HILL, SC 29730-5776	57-0891008	501(C)(3)	0.	19,851.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY MEDICINE RXCARE PHARMACY 3595 OLENTANGY RIVER ROAD COLUMBUS, OH 43214	23-7446919	501(C)(3)	0.	11,136.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY VOLUNTEERS IN MEDICINE 300B LAWRENCE DRIVE WEST CHESTER, PA 19380	23-2944553	501(C)(3)	0.	65,415.	FMV	MEDICAL ASSISTANCE	ONGOING

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COMMUNITY WELLNESS OUTREACH 2430 ATLAS ROAD COLUMBIA, SC 29209	86-3673280	501(C)(3)	0.	231,302.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITYHEALTH 2611 W. CHICAGO AVE. CHICAGO, IL 60622	36-3931793	501(C)(3)	0.	118,233.	FMV	MEDICAL ASSISTANCE	ONGOING
COMPASSION CONNECT INC. 12135 SE LINCOLN ST PORTLAND, OR 97216	26-2304524	501(C)(3)	0.	152,426.	FMV	MEDICAL ASSISTANCE	ONGOING
COMPASSIONATE CARE OF SHELBY COUNTY, INC. - 124 N. OHIO AVE - SIDNEY, OH 45365	20-8479583	501(C)(3)	0.	482,017.	FMV	MEDICAL ASSISTANCE	ONGOING
COMPREHENSIVE BEHAVIORAL HEALTH CENTER - 505 SOUTH 8TH STREET - EAST SAINT LOUIS, IL 62201	37-0760015	501(C)(3)	0.	123,338.	FMV	MEDICAL ASSISTANCE	ONGOING
COOS COUNTY FAMILY HEALTH SERVICES 133 PLEASANT ST BERLIN, NH 03570	02-0350051	501(C)(3)	0.	5,763.	FMV	MEDICAL ASSISTANCE	ONGOING
CORPORACION DE SERVICIOS DE SALUD PRIMARIA Y DES - CARR. 140 KM 38.8 - UTUADO, PR 00641	66-0812599	501(C)(3)	0.	14,145.	FMV	MEDICAL ASSISTANCE	ONGOING
CORPORACION DE SERVICIOS MEDICOS PRIMARIOS Y PREVE - CARR. #2 KM86.6 INTERIOR - HATILLO, PR 00659	66-0427194	501(C)(3)	0.	96,866.	FMV	MEDICAL ASSISTANCE	ONGOING-IP
CORPUS CHRISTI METRO MINISTRIES 1919 LEOPARD ST. CORPUS CHRISTI, TX 78408	74-2247261	501(C)(3)	0.	230,866.	FMV	MEDICAL ASSISTANCE	ONGOING

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COSSMA, INC. 600 AVE. EL JIBARO CIDRA, PR 00739	66-0434923	501(C)(3)	6,000.	74,403.	FMV	MEDICAL ASSISTANCE	ONGOING
COVE HOUSE FREE CLINIC 108 E HALSTEAD COPPERAS COVE, TX 76522	74-2764062	501(C)(3)	0.	515,413.	FMV	MEDICAL ASSISTANCE	ONGOING
COVENANT COMMUNITY CARE 5716 MICHIGAN AVE. DETROIT, MI 48210	38-3533998	501(C)(3)	0.	1,243,464.	FMV	MEDICAL ASSISTANCE	ONGOING
CREEKS BEHAVIORAL HEALTH SERVICES 105 EAST ROSS SAPULPA, OK 74066	73-1108774	501(C)(3)	0.	54,135.	FMV	MEDICAL ASSISTANCE	ONGOING
CROSSINGS COMMUNITY CLINIC 10255 N PENN AVE OKLAHOMA CITY, OK 73120	86-1115863	501(C)(3)	0.	67,324.	FMV	MEDICAL ASSISTANCE	ONGOING
CROSSOVER MINISTRY 108 COWARDIN AVE RICHMOND, VA 23224	54-1371067	501(C)(3)	0.	13,386.	FMV	MEDICAL ASSISTANCE	ONGOING
CROSSROADS CLINIC VOLUNTEERS IN MEDICINE - 10714 VETERANS MEMORIAL - LAKE SAINT LOUIS, MO 63367	27-3109107	501(C)(3)	0.	42,202.	FMV	MEDICAL ASSISTANCE	ONGOING
CSUSM SON STUDENT HEALTHCARE PROJECT - 2752 ABEJORRO ST - CARLSBAD, CA 92009	85-0858493	501(C)(3)	0.	7,801.	FMV	MEDICAL ASSISTANCE	ONGOING
DADE COUNTY HEALTH DEPARTMENT 413 W WATER STREET GREENFIELD, MO 65661	43-1266535	115	0.	6,574.	FMV	MEDICAL ASSISTANCE	ONGOING

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DADE COUNTY STREET RESPONSE 5505 NW 7TH AVE MIAMI, FL 33127	84-1958579	501(C)(3)	0.	699,233.	FMV	MEDICAL ASSISTANCE	EMERGENCY, ONGOING
DAHLONEGA PEDIATRICS 1055 GROVE ST NORTH DAHLONEGA, GA 30533	58-0566256	501(C)(3)	0.	100,839.	FMV	MEDICAL ASSISTANCE	ONGOING
DAVIDSON MEDICAL MINISTRIES 420 N SALISBURY ST LEXINGTON, NC 27292	56-1746266	501(C)(3)	0.	597,809.	FMV	MEDICAL ASSISTANCE	ONGOING
DEO CLINIC 218 NORTH FREDRICK ST. DALTON, GA 30721	46-0789000	501(C)(3)	0.	39,055.	FMV	MEDICAL ASSISTANCE	ONGOING
DIVINE GRACE MEDICAL MISSIONARIES 11000 FONDREN RD HOUSTON, TX 77096	27-4000666	501(C)(3)	0.	2,658,232.	FMV	MEDICAL ASSISTANCE	ONGOING
DOWNTOWN PREGNANCY CENTER 525 NORTH ERVAY STREET DALLAS, TX 75201	25-1902817	501(C)(3)	0.	83,712.	FMV	MEDICAL ASSISTANCE	ONGOING
DR GARY BURNSTEIN COMMUNITY HEALTH CLINIC - 45580 WOODWARD AVE - PONTIAC, MI 48341	32-0015321	501(C)(3)	10,000.	27,960.	FMV	MEDICAL ASSISTANCE	ONGOING
DREAM CENTERS WOMEN'S CLINIC 4360 MONTEBELLO DR, SUITE 900 COLORADO SPRINGS, CO 80918	27-4876080	501(C)(3)	0.	865,606.	FMV	MEDICAL ASSISTANCE	ONGOING
DROP IN CENTER NORTH 2328 WILLIAMSON RD ROANOKE, VA 24012	54-0718859	501(C)(3)	0.	152,897.	FMV	MEDICAL ASSISTANCE	ONGOING

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DUPLIN MEDICAL ASSOCIATION 600 SOUTH SYCAMORE STREET ROSE HILL, NC 28458	56-1414420	501(C)(3)	0.	587,918.	FMV	MEDICAL ASSISTANCE	ONGOING
EASTER SEALS OREGON 7300 SW HUNZIKER RD, SUITE 103 PORTLAND, OR 97223	93-0386885	501(C)(3)	10,000.	15,013.	FMV	MEDICAL ASSISTANCE	EMERGENCY
EDISTO INDIAN FREE CLINIC 1125 RIDGE RD RIDGEVILLE, SC 29472	82-1691197	501(C)(3)	0.	1,017,676.	FMV	MEDICAL ASSISTANCE	ONGOING
EDWARD R. LEAHY JR. CENTER CLINIC FOR THE UNINSU - 230 KRESSLER CT - SCRANTON, PA 18503	24-0795495	501(C)(3)	0.	6,252.	FMV	MEDICAL ASSISTANCE	ONGOING
ELLENTON HEALTH CLINIC, PUBLIC HEALTH DISTRICT 8 - 185 NORTH BAKER STREET - ELLENTON, GA 31747	23-7379607	501(C)(3)	0.	524,895.	FMV	MEDICAL ASSISTANCE	ONGOING
EMMANUEL BAPTIST CHURCH CLINIC 350 SUNET DRIVE GRENADA, MS 38901	64-0384300	501(C)(3)	0.	292,341.	FMV	MEDICAL ASSISTANCE	ONGOING
EUNICE COMMUNITY HEALTH CENTER 450 MOOSA BLVD. STE. E EUNICE, LA 70535	27-0213992	501(C)(3)	0.	2,379,499.	FMV	MEDICAL ASSISTANCE	ONGOING
FAITH COMMUNITY HEALTH 610 SOUTH SIXTH STREET BRANSON, MO 65616	94-3467834	501(C)(3)	0.	25,138.	FMV	MEDICAL ASSISTANCE	ONGOING
FAITH COMMUNITY PHARMACY INC 601 WASHINGTON AVE NEWPORT, KY 41071	61-1378914	501(C)(3)	0.	2,493,396.	FMV	MEDICAL ASSISTANCE	ONGOING

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FAITH FAMILY MEDICAL CLINIC 326 21ST AVE N NASHVILLE, TN 37203	62-1816811	501(C)(3)	0.	79,418.	FMV	MEDICAL ASSISTANCE	ONGOING
FAMILY CARE HEALTH CENTERS 401 HOLLY HILLS AVE SAINT LOUIS, MO 63111	23-7076112	501(C)(3)	0.	46,201.	FMV	MEDICAL ASSISTANCE	ONGOING
FAMILY CENTERS HEALTH CARE 111 WILBUR PECK COURT GREENWICH, CT 06830	06-0646656	501(C)(3)	0.	770,298.	FMV	MEDICAL ASSISTANCE	ONGOING
FAMILY HEALTH SERVICES 826 EASTLAND DRIVE TWIN FALLS, ID 83301	82-0371093	501(C)(3)	0.	106,992.	FMV	MEDICAL ASSISTANCE	ONGOING
FAMILY HEALTHCARE OF LORANGER 54002 HWY 1062 LORANGER, LA 70446	47-4060025	CORP	0.	5,675.	FMV	MEDICAL ASSISTANCE	EMERGENCY
FAMILY PLANNING PLUS 4612 WESTBRANCH HWY LEWISBURG, PA 17837	23-2032597	501(C)(3)	10,000.	124,999.	FMV	MEDICAL ASSISTANCE	ONGOING
FAQUIER FREE CLINIC 35 ROCK POINTE LANE WARRENTON, VA 20186	54-1669652	501(C)(3)	0.	6,082.	FMV	MEDICAL ASSISTANCE	ONGOING
FAYETTE CARE CLINIC 1275 HWY 54 WEST FAYETTEVILLE, GA 30214	20-0314897	501(C)(3)	0.	153,129.	FMV	MEDICAL ASSISTANCE	ONGOING
FEED MY SHEEP 613 S. 3RD STREET TEMPLE, TX 76504	74-2724033	501(C)(3)	0.	26,679.	FMV	MEDICAL ASSISTANCE	ONGOING

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FEEDING AMERICA 150 BRADLEY STREET EAST HAVEN, CT 06512	75-1812865	501(C)(3)	0.	221,364.	FMV	MEDICAL ASSISTANCE	EMERGENCY
FINDLEY FOUNDATION INC 10721 W. CAPITOL DRIVE, STE 210 MILWAUKEE, WI 53222	82-3097119	501(C)(3)	10,000.	413,675.	FMV	MEDICAL ASSISTANCE	ONGOING
FIRST BAPTIST CHURCH MEDICAL/DENTAL CLINIC - 1607 CHERRY STREET - VICKSBURG, MS 39180	64-0356253	501(C)(3)	0.	112,293.	FMV	MEDICAL ASSISTANCE	ONGOING
FIU COLLEGE OF MEDICINE MOBILE HEALTH CENTER - 11200 SW 8TH STREET - MIAMI, FL 33199	23-7047106	501(C)(3)	0.	1,180,578.	FMV	MEDICAL ASSISTANCE	ONGOING
FLAGLER COUNTY FREE CLINIC 703 EAST MOODY BLVD. BUNNELL, FL 32110	20-5036975	501(C)(3)	0.	123,713.	FMV	MEDICAL ASSISTANCE	ONGOING
FREE GLAUCOMA CLINIC, INC. 2040 WOODSON RD SAINT LOUIS, MO 63114	82-5212178	501(C)(3)	0.	135,144.	FMV	MEDICAL ASSISTANCE	ONGOING
FREE MEDICAL CLINIC OF DARLINGTON COUNTY - 203 GROVE STREET - DARLINGTON, SC 29532	58-2445265	501(C)(3)	0.	597,860.	FMV	MEDICAL ASSISTANCE	ONGOING
FREE MEDICAL CLINIC OF OAK RIDGE 116 E. DIVISION RD. OAK RIDGE, TN 37830	90-0715369	501(C)(3)	0.	13,557.	FMV	MEDICAL ASSISTANCE	ONGOING
FRIENDS OF HICKORY COUNTY HEALTH DEPARTMENT - 24885 STATE HIGHWAY 254 - HERMITAGE, MO 65668	47-1206725	501(C)(3)	0.	54,008.	FMV	MEDICAL ASSISTANCE	ONGOING

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FUNDACION MANOS JUNTAS 1320 NORTH PENNSYLVANIA AVE OKLAHOMA CITY, OK 73107	73-1523135	501(C)(3)	0.	310,286.	FMV	MEDICAL ASSISTANCE	ONGOING
GAIN, INC. (GREATER ASSISTANCE TO THOSE IN NEED) - 712 W. 3RD STREET - LITTLE ROCK, AR 72201	71-0763418	501(C)(3)	0.	321,434.	FMV	MEDICAL ASSISTANCE	ONGOING
GATEWAY FOUNDATION - CARBONDALE 1080 E. PARK ST CARBONDALE, IL 62901	36-2670036	501(C)(3)	0.	151,902.	FMV	MEDICAL ASSISTANCE	ONGOING
GATEWAY FOUNDATION - SPRINGFIELD AND PEKIN - 2200 LAKE VICTORIA DRIVE - SPRINGFIELD, IL 62703	37-1394445	501(C)(3)	0.	31,191.	FMV	MEDICAL ASSISTANCE	ONGOING
GET UP PROJECT 8101 CAMERON RD AUSTIN, TX 78754	45-4931906	501(C)(3)	0.	51,691.	FMV	MEDICAL ASSISTANCE	ONGOING
GLOUCESTER MATHEWS CARE CLINIC 6031 INDUSTRIAL DR. GLOUCESTER, VA 23061	54-1875619	501(C)(3)	0.	10,346.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOCHLANDCARES 2999 RIVER ROAD WEST GOOCHLAND, VA 23063	54-1967650	501(C)(3)	0.	28,897.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD HEALTH CLINIC, INC 91555 OVERSEAS HWY, STE 2 TAVERNIER, FL 33070	04-3745805	501(C)(3)	10,000.	483,025.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD NEIGHBOR HOUSE 627 EAST FIRST ST DAYTON, OH 45402	31-1374154	501(C)(3)	0.	356,917.	FMV	MEDICAL ASSISTANCE	ONGOING

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GOOD NEWS CLINICS 810 PINE STREET GAINESVILLE, GA 30501	58-2058853	501(C)(3)	0.	628,880.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD NEWS MINISTRIES/ GOOD NEWS HEALTH CLINIC - 2716 EAST WASHINGTON STREET - INDIANAPOLIS, IN 46201	35-0999233	501(C)(3)	0.	32,932.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD SAMARITAN CARE CLINIC 501 W. US HWY. 60 MOUNTAIN VIEW, MO 65548	56-2418664	501(C)(3)	0.	337,560.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD SAMARITAN CLINIC 3880 WATERMELON RD STE A NORTHPORT, AL 35473	63-1199900	501(C)(3)	0.	170,410.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD SAMARITAN HEALTH AND WELLNESS CENTER - 209 WEST STATE LINE ROAD - SOUTH FULTON, TN 38257	45-3745315	501(C)(3)	0.	531,294.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD SAMARITAN HEALTH CENTER 1015 DONALD LEE HOLLOWELL PKWY ATLANTA, GA 30318	58-2373395	501(C)(3)	0.	317,635.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD SAMARITAN HEALTH CLINIC 401 ARNOLD STREET, NE CULLMAN, AL 35055	20-0149215	501(C)(3)	0.	457,591.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD SAMARITAN HEALTH CLINIC OF PASCO, INC - 5334 ASPEN ST. - NEW PORT RICHEY, FL 34652	59-3072334	501(C)(3)	0.	78,684.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD SAMARITAN MEDICAL CLINIC 139 CHURCH ST. CHESTER, SC 29706-2904	82-0549226	501(C)(3)	0.	155,268.	FMV	MEDICAL ASSISTANCE	ONGOING

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GOOD SAMARITAN PHARMACY & HEALTH SERVICES, INC. - 2502 TAMIAMI TRAIL NORTH - NOKOMIS, FL 34275	26-2295558	501(C)(3)	0.	44,119.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD SHEPHERD CLINIC 6392 MURPHY DRIVE MORROW, GA 30260	58-2578581	501(C)(3)	0.	444,569.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD SHEPHERD HEALTHCARE CLINIC OF MUSKOGEE, OKL - 2130 WEST OKMULGEE - MUSKOGEE, OK 74401	73-1581613	501(C)(3)	0.	377,213.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD SHEPHERD MINISTRIES OF OKLAHOMA, INC. - 222 NW 12TH STREET - OKLAHOMA CITY, OK 73103	20-0526892	501(C)(3)	0.	165,399.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD SHEPHERD PHARMACY 266 SOUTH CLEVELAND STREET MEMPHIS, TN 38104	46-3313048	501(C)(3)	0.	266,256.	FMV	MEDICAL ASSISTANCE	ONGOING
GOODWIN COMMUNITY HEALTH 311 ROUTE 108 SOMERSWORTH, NH 03878	02-0304203	501(C)(3)	0.	641,334.	FMV	MEDICAL ASSISTANCE	ONGOING
GRACE COMMUNITY HEALTH CENTER 39 CUMBERLAND GAP PLAZA GRAY, KY 40734	26-1779437	501(C)(3)	0.	35,334.	FMV	MEDICAL ASSISTANCE	ONGOING
GRACE MEDICAL HOME 1417 E CONCORD ST. ORLANDO, FL 32803	26-1817966	501(C)(3)	0.	398,976.	FMV	MEDICAL ASSISTANCE	ONGOING
GRASSROOTS HEALTHCARE FOUNDATION 743 E. TABOR AVE. FAIRFIELD, CA 94533	32-0600776	501(C)(3)	0.	316,302.	FMV	MEDICAL ASSISTANCE	ONGOING

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GREATER KILLEEN FREE CLINIC 718 N 2ND STREET, STE A KILLEEN, TX 76541	74-2724725	501(C)(3)	0.	2,211,620.	FMV	MEDICAL ASSISTANCE	ONGOING
GREATER TEXOMA HEALTH CLINIC 900 N. ARMSTRONG AVE. DENISON, TX 75020	81-0584983	501(C)(3)	0.	188,853.	FMV	MEDICAL ASSISTANCE	ONGOING
GREENVILLE FREE MEDICAL CLINIC 600 ARLINGTON AVENUE GREENVILLE, SC 29601	57-0855205	501(C)(3)	0.	23,949.	FMV	MEDICAL ASSISTANCE	ONGOING
GUADALUPE CLINIC 940 S SAINT FRANCIS WICHITA, KS 67211	20-1285208	501(C)(3)	0.	1,200,484.	FMV	MEDICAL ASSISTANCE	ONGOING
GUIDANCE/CARE CENTER, INC. 3000 41ST STREET OCEAN MARATHON, FL 33050	59-1458324	501(C)(3)	0.	77,774.	FMV	MEDICAL ASSISTANCE	ONGOING
HALEY CENTER 3425 LAKE ALFRED RD WINTER HAVEN, FL 33881	82-5306080	501(C)(3)	0.	303,413.	FMV	MEDICAL ASSISTANCE	ONGOING
HANDS OF HOPE CLINIC, INC. 1010 HOSPITAL DRIVE BLDG B STOCKBRIDGE, GA 30281	42-1591970	501(C)(3)	0.	130,113.	FMV	MEDICAL ASSISTANCE	ONGOING
HARMONY HEALTH CLINIC 201 E. ROOSEVELT RD. LITTLE ROCK, AR 72206	20-5691313	501(C)(3)	0.	88,525.	FMV	MEDICAL ASSISTANCE	ONGOING
HARRINGTON HEALTH CLINIC 310 NW GLISAN ST PORTLAND, OR 97209	85-1642249	501(C)(3)	0.	7,685.	FMV	MEDICAL ASSISTANCE	ONGOING

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HARTVILLE MIGRANT MINISTRIES 3980 SWAMP STREET NE HARTVILLE, OH 44632	34-0899100	501(C)(3)	0.	89,292.	FMV	MEDICAL ASSISTANCE	ONGOING
HAVEN FREE CLINIC 800 HOWARD AVE, 1ST FLOOR NEW HAVEN, CT 06519	06-0646973	501(C)(3)	0.	340,228.	FMV	MEDICAL ASSISTANCE	ONGOING
HEAL THE CITY 609 S. CAROLINA AMARILLO, TX 79106	46-5694050	501(C)(3)	0.	56,883.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALING BRIDGE CLINIC 215 WILLOW BEND RD. PEACHTREE CITY, GA 30269	26-3555799	501(C)(3)	0.	234,252.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALING HANDS HEALTH CENTER 245 MIDWAY MEDICAL PARK BRISTOL, TN 37620	62-1677000	501(C)(3)	0.	7,257.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALING HANDS MINISTRIES INC 8515 GREENVILLE AVENUE, N-112 DALLAS, TX 75243	65-1259379	501(C)(3)	0.	99,133.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTH ACCESS, INC. 489 WASHINGTON AVENUE CLARKSBURG, WV 26301	55-0715066	501(C)(3)	0.	284,623.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTH AND HOPE CLINIC, INC. 1718 E OLIVE RD PENSACOLA, FL 32514	26-4336638	501(C)(3)	0.	1,036,481.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTH BRIGADE 1010 NORTH THOMPSON STREET RICHMOND, VA 23230	54-0927792	501(C)(3)	0.	11,911.	FMV	MEDICAL ASSISTANCE	ONGOING

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HEALTH FOR ALL 3030 EAST 29TH STREET BRYAN, TX 77802	74-2624477	501(C)(3)	0.	20,080.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1596731	501(C)(3)	0.	570,024.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTHCARE FOR THE HOMELESS - HOUSTON - 1934 CAROLINE STREET - HOUSTON, TX 77002	76-0647934	501(C)(3)	0.	64,786.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTHFINDERS COLLABORATIVE 1415 TOWN SQUARE LANE FARIBAULT, MN 55021	20-1805262	501(C)(3)	0.	11,944.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTHNET OF ROCK COUNTY, INC. 113 S FRANKLIN STREET JANESVILLE, WI 53548	39-1778804	501(C)(3)	0.	832,907.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTHREACH COMMUNITY CLINIC 400 EAST STATESVILLE AVE MOORESVILLE, NC 28115	20-1020941	501(C)(3)	0.	337,645.	FMV	MEDICAL ASSISTANCE	ONGOING
HEARTBRIGHT FOUNDATION INC 2101 CAMBRIDGE BELTWAY DRIVE CHARLOTTE, NC 28273	45-0496759	501(C)(3)	0.	168,113.	FMV	MEDICAL ASSISTANCE	ONGOING
HEARTS AND HANDS CLINIC 127 NORTH COLLEGE STREET STATESBORO, GA 30458	26-4597700	501(C)(3)	0.	1,246,460.	FMV	MEDICAL ASSISTANCE	ONGOING
HELPCARE CLINIC 3015 AVE. A KEARNEY, NE 68847	46-5551263	501(C)(3)	0.	7,748.	FMV	MEDICAL ASSISTANCE	ONGOING

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HELPING HAND CLINIC 507 NORTH STEELE ST SANFORD, NC 27330	56-1752295	501(C)(3)	0.	82,487.	FMV	MEDICAL ASSISTANCE	ONGOING
HELPING HANDS HEALTH AND WELLNESS CENTER, INC. - 5100 KARL ROAD - COLUMBUS, OH 43229	20-5937457	501(C)(3)	0.	12,752.	FMV	MEDICAL ASSISTANCE	ONGOING
HENDERSON BEHAVIORAL HEALTH-HILL PROGRAM - 4700 N STATE RD 7 - FORT LAUDERDALE, FL 33319	59-0711167	501(C)(3)	0.	61,527.	FMV	MEDICAL ASSISTANCE	ONGOING
HIGHLANDS HEALTH FREE AND CHARITABLE CLINIC - 315 LOCUST 2ND FLOOR - JOHNSTOWN, PA 15901	23-2922409	501(C)(3)	0.	210,201.	FMV	MEDICAL ASSISTANCE	ONGOING
HIS HANDS FREE MEDICAL CLINIC 1245 2ND AVE SE CEDAR RAPIDS, IA 52403	39-1878606	501(C)(3)	0.	311,517.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE CLINIC 411 EAST JEFFERSON WAXAHACHIE, TX 75165	75-2813621	501(C)(3)	0.	251,575.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE CLINIC 203 NORTH STREET BAYBORO, NC 28515	56-2114681	501(C)(3)	0.	105,764.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE CLINIC AND CARE CENTER 1814 APPLETON ROAD MENASHA, WI 54952-1110	47-3031346	501(C)(3)	0.	157,722.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE CLINIC OF GARLAND 800 S. 6TH STREET, SUITE 100 GARLAND, TX 75040	75-2960314	501(C)(3)	0.	123,043.	FMV	MEDICAL ASSISTANCE	ONGOING

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HOPE CLINIC OF MCKINNEY 103 E. LAMAR ST. MCKINNEY, TX 75069	81-3813928	501(C)(3)	0.	283,538.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE HEALTH CLINIC 1025 SANIBEL WAY LA GRANGE, KY 40031	46-5509958	501(C)(3)	0.	41,154.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE MEDICAL CLINIC 150 BEACH DRIVE DESTIN, FL 32541	26-3811078	501(C)(3)	0.	2,254,799.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE MEDICAL CLINIC 10101 60TH STREET LEXINGTON, OK 73051	73-1338039	501(C)(3)	0.	1,159,324.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE MEDICAL CLINIC 518 HARRIET STREET YPSILANTI, MI 48197-5358	38-2469007	501(C)(3)	0.	20,666.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE MEDICAL/DENTAL CLINIC 111 MEADOWVIEW DRIVE CLEBURNE, TX 76033	75-2953856	501(C)(3)	0.	328,607.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPEHEALTH MANNING FAMILY PRACTICE 12 WEST SOUTH STREET MANNING, SC 29102	57-0984427	501(C)(3)	0.	808,475.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPELIGHT MEDICAL CLINIC 1351 COLLYER ST LONGMONT, CO 80501	46-4657471	501(C)(3)	0.	16,782.	FMV	MEDICAL ASSISTANCE	ONGOING
HOUSTON COUNTY VOLUNTEER MEDICAL CLINIC - 125 RUSSELL PARKWAY - WARNER ROBINS, GA 31088-6164	20-1859450	501(C)(3)	0.	379,563.	FMV	MEDICAL ASSISTANCE	ONGOING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HPM FOUNDATION, INC. 2016 BORINQUEN AVE. SAN JUAN, PR 00915	66-0437924	501(C)(3)	0.	34,888.	FMV	MEDICAL ASSISTANCE	ONGOING
I CARE SAN ANTONIO 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	74-2690192	501(C)(3)	0.	458,508.	FMV	MEDICAL ASSISTANCE	ONGOING
IBN SINA FOUNDATION 11226 S. WILCREST DR HOUSTON, TX 77099	76-0698464	501(C)(3)	0.	946,267.	FMV	MEDICAL ASSISTANCE	ONGOING
IFM COMMUNITY MEDICINE 5501 DELMAR BLVD SAINT LOUIS, MO 63112	43-1863752	501(C)(3)	0.	42,288.	FMV	MEDICAL ASSISTANCE	ONGOING
IMAGO DEI MINISTRIES 132 BLAZING MEADOW ROAD SPRING BRANCH, TX 78070	83-2930036	501(C)(3)	0.	31,410.	FMV	MEDICAL ASSISTANCE	ONGOING
IMPACT CHRISTIAN MINISTRIES CLINIC 115 W. SOLOMON ST. GRIFFIN, GA 30223	27-0344233	501(C)(3)	0.	280,475.	FMV	MEDICAL ASSISTANCE	ONGOING
INFANT WELFARE SOCIETY OF CHICAGO 3600 WEST FULLERTON AVENUE CHICAGO, IL 60647	36-2167752	501(C)(3)	5,000.	86,451.	FMV	MEDICAL ASSISTANCE	ONGOING
INTERFAITH CLINIC 2305 CHAMPAGNOLLE ROAD EL DORADO, AR 71730	71-0236863	501(C)(3)	0.	92,688.	FMV	MEDICAL ASSISTANCE	ONGOING
INTERFAITH COMMUNITY CLINIC 101 PINE MANOR DRIVE CONROE, TX 77385	75-2634623	501(C)(3)	0.	933,191.	FMV	MEDICAL ASSISTANCE	ONGOING

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INTERNATIONAL CHRISTIAN RESOURCES/CUSOM - 129 T.T. LANIER STREET - BUIES CREEK, NC 27506	73-1642066	501(C)(3)	0.	14,523.	FMV	MEDICAL ASSISTANCE	ONGOING
IUSB HEALTH & WELLNESS CENTER 1960 NORTHSIDE BLVD SOUTH BEND, IN 46615	35-6001673	115	0.	43,703.	FMV	MEDICAL ASSISTANCE	ONGOING
JACKSON COUNTY HEALTH DEPARTMENT 801 W. SECOND ST. SEYMOUR, IN 47274	35-6000159	501(C)(3)	0.	30,525.	FMV	MEDICAL ASSISTANCE	ONGOING
JEAN B PURVIS COMMUNITY HEALTH CENTER - 103 BONNIE DRIVE - BUTLER, PA 16002	20-4852135	501(C)(3)	0.	92,129.	FMV	MEDICAL ASSISTANCE	ONGOING
JEFFERSON CENTER FOR MENTAL HEALTH 5801 WEST ALAMEDA AVENUE DENVER, CO 80226	84-0474717	501(C)(3)	0.	678,676.	FMV	MEDICAL ASSISTANCE	ONGOING
JOHN P. MURRAY COMMUNITY CARE CLINIC - 303 YADKIN STREET, STE C - ALBEMARLE, NC 28001	56-2098720	501(C)(3)	0.	185,039.	FMV	MEDICAL ASSISTANCE	ONGOING
KALSIPPEL TRIBE OF INDIANS / CAMAS CENTER CLINIC - 1821 NORTH LECLERC ROAD. - CUSICK, WA 99119	91-0875018	INDIAN TRIBE	0.	6,290.	FMV	MEDICAL ASSISTANCE	ONGOING
KARIS COMMUNITY HEALTH 254 BROAD ST SW CLEVELAND, TN 37311	47-2204923	501(C)(3)	0.	181,189.	FMV	MEDICAL ASSISTANCE	ONGOING
KATAHDIN VALLEY HEALTH CENTER 529 SOUTH PATTEN ROAD PATTEN, ME 04765	23-7411014	501(C)(3)	0.	281,246.	FMV	MEDICAL ASSISTANCE	ONGOING

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KATALASSO FAMILY HEALTH CENTER 38 SOUTH BELVIDERE AVENUE YORK, PA 17401	45-3170905	501(C)(3)	0.	298,002.	FMV	MEDICAL ASSISTANCE	ONGOING
KIDS FIRST HEALTH CARE 4675 E. 69TH AVENUE COMMERCE CITY, CO 80022	84-0799374	501(C)(3)	0.	23,658.	FMV	MEDICAL ASSISTANCE	ONGOING
KNOX COUNTY HEALTH CLINIC 22 WHITE STREET ROCKLAND, ME 04841	01-0528885	501(C)(3)	0.	57,929.	FMV	MEDICAL ASSISTANCE	ONGOING
LA CLINICA CRISTIANA 1915 AVALON AV MUSCLE SHOALS, AL 35661	20-1624284	501(C)(3)	0.	318,006.	FMV	MEDICAL ASSISTANCE	ONGOING
LA CLINICA DEL VALLE FAMILY HEALTH CARE CENTER INC - 931 CHEVY WAY - MEDFORD, OR 97504	94-3096772	501(C)(3)	10,000.	55,266.	FMV	MEDICAL ASSISTANCE	EMERGENCY
LAKE AREA FREE CLINIC 856B ARMOUR RD OCONOMOWOC, WI 53066	39-2006388	501(C)(3)	0.	14,572.	FMV	MEDICAL ASSISTANCE	ONGOING
LAKE COUNTY FREE CLINIC 125 EAST ERIE STREET PAINESVILLE, OH 44077	34-1081191	501(C)(3)	0.	342,564.	FMV	MEDICAL ASSISTANCE	ONGOING
LAKE HEALTH DISTRICT FUND-NORTHEEAST OHIO DRP - 7757 AUBURN ROAD - PAINESVILLE, OH 44077	34-1598598	501(C)(3)	0.	323,664.	FMV	MEDICAL ASSISTANCE	ONGOING
LAKE NORMAN COMMUNITY HEALTH CLINIC - 14230 HUNTERS RD - HUNTERSVILLE, NC 28078	04-3723062	501(C)(3)	0.	6,616.	FMV	MEDICAL ASSISTANCE	ONGOING

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LAKELAND VOLUNTEERS IN MEDICINE 600 W. PEACHTREE ST LAKELAND, FL 33815	52-2351630	501(C)(3)	0.	50,419.	FMV	MEDICAL ASSISTANCE	ONGOING
LAKEVIEW CENTER INC. 1201 W. HERNANDEZ ST PENSACOLA, FL 32501	59-0737872	501(C)(3)	0.	128,981.	FMV	MEDICAL ASSISTANCE	ONGOING
LEBANON VALLEY VOLUNTEERS IN MEDICINE - 711 S 8TH ST - LEBANON, PA 17042	26-3915958	501(C)(3)	0.	66,848.	FMV	MEDICAL ASSISTANCE	ONGOING
LESTONNAC FREE CLINIC 1215 E CHAPMAN ORANGE, CA 92866	95-3499011	501(C)(3)	10,000.	135,565.	FMV	MEDICAL ASSISTANCE	ONGOING
LEWIS & CLARK BEHAVIORIAL HEALTH SERVICES, INC. - 1028 WALNUT STREET - YANKTON, SD 57078	16-1900308	501(C)(3)	0.	206,070.	FMV	MEDICAL ASSISTANCE	ONGOING
LIFE CHOICES MEDICAL CLINIC 3234 NORTHWESTERN SAN ANTONIO, TX 78238	74-2809910	501(C)(3)	0.	1,032,136.	FMV	MEDICAL ASSISTANCE	ONGOING
LIFESPRING HEALTH SYSTEMS 1036 SHARON DRIVE JEFFERSONVILLE, IN 47130	35-1097350	501(C)(3)	0.	58,300.	FMV	MEDICAL ASSISTANCE	ONGOING
LIGHT OF THE WORLD CLINIC, INC. 5333 N. DIXIE HWY FORT LAUDERDALE, FL 33334	65-0266070	501(C)(3)	10,000.	173,058.	FMV	MEDICAL ASSISTANCE	ONGOING
LLOYD F. MOSS FREE CLINIC 1301 SAM PERRY BOULEVARD FREDERICKSBURG, VA 22401	54-1677934	501(C)(3)	0.	7,586.	FMV	MEDICAL ASSISTANCE	ONGOING

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LOGAN COUNTY HEALTH DISTRICT 310 S. MAIN ST BELLEFONTAINE, OH 43311	34-6400797	501(C)(3)	0.	17,650.	FMV	MEDICAL ASSISTANCE	ONGOING
LONGVIEW WELLNESS CENTER, INC. DBA WELLNESS POIN - 1011 E WHALEY ST - LONGVIEW, TX 75601	75-2723993	501(C)(3)	0.	551,371.	FMV	MEDICAL ASSISTANCE	ONGOING
LORAIN COUNTY FREE CLINIC 5040 OBERLIN AVENUE LORAIN, OH 44053	34-1506180	501(C)(3)	0.	99,509.	FMV	MEDICAL ASSISTANCE	ONGOING
LOVE IN ACTION OF THE TRI-CITIES 326 N FERRY ST GRAND HAVEN, MI 49417	38-2856482	501(C)(3)	0.	6,307.	FMV	MEDICAL ASSISTANCE	ONGOING
LTP MEDICAL MOBILE INC DBA THE HEALTH HUT - 310 WEST MISSISSIPPI AVE - RUSTON, LA 71270	27-3764078	501(C)(3)	0.	314,261.	FMV	MEDICAL ASSISTANCE	ONGOING
LUKE 52 CLINIC 9615 MAIN ST SUITE B WHITMORE LAKE, MI 48189	81-2779813	501(C)(3)	0.	26,632.	FMV	MEDICAL ASSISTANCE	ONGOING
LUKE SOCIETY 2718 WOODLAWN STREET DICKINSON, TX 77539	74-2211973	501(C)(3)	0.	197,299.	FMV	MEDICAL ASSISTANCE	ONGOING
LUKE'S HOUSE: A CLINIC FOR HEALING AND HOPE - 2222 SIMON BOLIVAR AVE - NEW ORLEANS, LA 70113	26-0332262	501(C)(3)	0.	41,753.	FMV	MEDICAL ASSISTANCE	ONGOING
MACON VOLUNTEER CLINIC 376 ROGERS AVE MACON, GA 31204	74-3055376	501(C)(3)	0.	21,602.	FMV	MEDICAL ASSISTANCE	ONGOING

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MALTA HOUSE OF CARE, INC 136 FARMINGTON AVENUE HARTFORD, CT 06105	20-3562424	501(C)(3)	0.	272,422.	FMV	MEDICAL ASSISTANCE	ONGOING
MANNA MINISTRIES INC 120 STREET A, SUITE A PICAYUNE, MS 39466	20-1788094	501(C)(3)	8,500.	32,977.	FMV	MEDICAL ASSISTANCE	ONGOING
MANSFIELD MISSION CENTER 901 W BROAD ST MANSFIELD, TX 76063	36-4753862	501(C)(3)	0.	5,320.	FMV	MEDICAL ASSISTANCE	ONGOING
MARION COUNTY PUBLIC HEALTH 2003 N. LINCOLN KNOXVILLE, IA 50138	42-6004844	115	0.	12,209.	FMV	MEDICAL ASSISTANCE	ONGOING
MARTIN LUTHER KING HEALTH CENTER 865 OLIVE STREET SHREVEPORT, LA 71104	72-1079721	501(C)(3)	0.	83,528.	FMV	MEDICAL ASSISTANCE	ONGOING
MATAGORDA EPISCOPAL HEALTH OUTREACH PROGRAM - 111 AVE F - BAY CITY, TX 77414	20-0537948	501(C)(3)	0.	29,381.	FMV	MEDICAL ASSISTANCE	ONGOING
MATTAWA COMMUNITY MEDICAL CLINIC 210 GOVERNMENT ROAD MATTAWA, WA 99349	91-1499763	501(C)(3)	0.	425,262.	FMV	MEDICAL ASSISTANCE	ONGOING
MATTHEW 25 HEALTH AND DENTAL CLINIC - 413 E. JEFFERSON BLVD - FORT WAYNE, IN 46802	35-1484951	501(C)(3)	0.	40,273.	FMV	MEDICAL ASSISTANCE	ONGOING
MATTHEW WALKER COMPREHENSIVE HEALTH CENTER - 1035 14TH AVENUE NORTH - NASHVILLE, TN 37208	62-1035426	501(C)(3)	0.	279,478.	FMV	MEDICAL ASSISTANCE	ONGOING

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MCDONALD COUNTY HEALTH DEPARTMENT 500 OLIN STREET PINEVILLE, MO 64856	44-6000554	115	0.	5,763.	FMV	MEDICAL ASSISTANCE	ONGOING
MCINTOSH TRAIL, CSB 1209 GREENBELT DRIVE GRIFFIN, GA 30224-4507	58-2098758	115	0.	805,126.	FMV	MEDICAL ASSISTANCE	ONGOING
MCKINNEY MEDICAL CENTER 218 QUARTERMAN STREET WAYCROSS, GA 31501	58-2101260	501(C)(3)	0.	556,127.	FMV	MEDICAL ASSISTANCE	ONGOING
MED CENTRO 1015 HOSTOS AVENUE PONCE, PR 00716	66-0292961	501(C)(3)	5,000.	9,360.	FMV	MEDICAL ASSISTANCE	ONGOING
MEDICAL MINISTRIES INC. 633 THOMAS KATE ROAD DORCHESTER, SC 29437	47-2062464	501(C)(3)	0.	363,373.	FMV	MEDICAL ASSISTANCE	ONGOING
MEDICAL MISSIONS FOR CHRIST CLINIC 1974 N. BUSINESS RTE 5 CAMDENTON, MO 65020	20-3637019	501(C)(3)	0.	52,623.	FMV	MEDICAL ASSISTANCE	ONGOING
MEL LEAMAN FREE CLINIC 601 RADIO HILL RD MARION, VA 24354	54-1993876	501(C)(3)	0.	8,841.	FMV	MEDICAL ASSISTANCE	ONGOING
MERCY HEALTH CENTER, INC. 700 OGLETHORPE AVE. ATHENS, GA 30606	58-2603523	501(C)(3)	0.	323,303.	FMV	MEDICAL ASSISTANCE	ONGOING
MERCY MEDICAL CLINIC 615 WASHINGTON STREET SHELBYVILLE, KY 40065	61-1211189	501(C)(3)	0.	13,788.	FMV	MEDICAL ASSISTANCE	ONGOING

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MID-DEL COMMUNITY CLINIC 1145 W I-240 SERVICE RD, SUITE F100 OKLAHOMA CITY, OK 73139	73-1173695	501(C)(3)	0.	17,234.	FMV	MEDICAL ASSISTANCE	ONGOING
MIDDLE FLINT AREA COMMUNITY SERVICE BOARD - 415 N JACKSON ST - AMERICUS, GA 31709	58-2111079	115	0.	277,126.	FMV	MEDICAL ASSISTANCE	ONGOING
MIDDLE PENINSULA NORTHERN NECK CSB 9228 GEORGE WASHINGTON MEM HWY GLOUCESTER, VA 23061	54-0958505	501(C)(3)	0.	36,634.	FMV	MEDICAL ASSISTANCE	ONGOING
MIDLAND COMMUNITY CHILDREN'S CLINIC - 1101 E. FRONT STREET - MIDLAND, TX 79701	75-1875246	501(C)(3)	0.	20,893.	FMV	MEDICAL ASSISTANCE	ONGOING
MIGRANT HEALTH CENTER CALLE RAMON E. BETANCES #392 MAYAGUEZ, PR 00681	66-0427801	501(C)(3)	6,000.	57,210.	FMV	MEDICAL ASSISTANCE	ONGOING
MILAN PUSKAR HEALTH RIGHT 341 SPRUCE STREET MORGANTOWN, WV 26505	31-1118673	501(C)(3)	0.	27,603.	FMV	MEDICAL ASSISTANCE	ONGOING
MINISTRIES OF JESUS 1100 E. I-35 FRONTAGE ROAD EDMOND, OK 73034	73-1622804	501(C)(3)	0.	937,641.	FMV	MEDICAL ASSISTANCE	ONGOING
MISSION ARLINGTON MEDICAL CLINIC 210 W. SOUTH ARLINGTON, TX 76010	75-2724385	501(C)(3)	0.	5,447,436.	FMV	MEDICAL ASSISTANCE	ONGOING
MISSION CLINIC OF PALM SPRINGS INC 4949 S. CONGRESS AVE B-2 PALM SPRINGS, FL 33461	47-3441097	501(C)(3)	0.	597,653.	FMV	MEDICAL ASSISTANCE	ONGOING

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MISSION HOSPITAL- MEDICATION ASSISTANCE PROGRAM - 1 HOSPITAL DRIVE ROOM 2229 - ASHEVILLE, NC 28801	58-1450888	501(C)(3)	0.	202,370.	FMV	MEDICAL ASSISTANCE	ONGOING
MISSION LEXINGTON, INC. 230 S. MARTIN LUTHER KING BLVD LEXINGTON, KY 40508	20-2824933	501(C)(3)	0.	29,727.	FMV	MEDICAL ASSISTANCE	ONGOING
MISSION MEDICAL CENTER 2125 EAST LASALLE STREET COLORADO SPRINGS, CO 80909	68-0506812	501(C)(3)	0.	12,938.	FMV	MEDICAL ASSISTANCE	ONGOING
MISSION OF MERCY 103 W MIDDLE ST GETTYSBURG, PA 17325	86-0704883	501(C)(3)	0.	2,738,043.	FMV	MEDICAL ASSISTANCE	ONGOING
MISSION TRAVIS MERCY 775 WEST BOWIE STREET FORT WORTH, TX 76110	45-3841621	501(C)(3)	0.	78,853.	FMV	MEDICAL ASSISTANCE	ONGOING
MISSION WACO HEALTH CLINIC 1226 WASHINGTON AVE WACO, TX 76701	74-2605621	501(C)(3)	0.	310,543.	FMV	MEDICAL ASSISTANCE	ONGOING
MONTGOMERY COUNTY FREE CLINIC 816 MILL ST CRAWFORDSVILLE, IN 47933	27-1198512	501(C)(3)	0.	188,560.	FMV	MEDICAL ASSISTANCE	ONGOING
MOORE FREE AND CHARITABLE CLINIC, INC. - 211 TRIMBLE PLANT RD. SUITE C - SOUTHERN PINES, NC 28387	01-0781234	501(C)(3)	0.	48,618.	FMV	MEDICAL ASSISTANCE	ONGOING
MORGAN COUNTY MEDICAL CENTER 224 OLD MILL ROAD WARTBURG, TN 37887	62-0913596	501(C)(3)	0.	29,402.	FMV	MEDICAL ASSISTANCE	ONGOING

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MOROVIS COMMUNITY HEALTH CENTER CALLE PATRON #2 MOROVIS, PR 00687	66-0480948	501(C)(3)	0.	197,436.	FMV	MEDICAL ASSISTANCE	ONGOING
MORTON COMPREHENSIVE SERVICES 1334 N LANSING AVE TULSA, OK 74106	73-1177858	501(C)(3)	0.	167,786.	FMV	MEDICAL ASSISTANCE	ONGOING
MOUNTAIN HOME CHRISTIAN CLINIC 421 WADE AVE MOUNTAIN HOME, AR 72653	71-0835511	501(C)(3)	0.	46,825.	FMV	MEDICAL ASSISTANCE	ONGOING
M-POWER MINISTRIES HEALTH CENTER 4022 4TH AVE SOUTH BIRMINGHAM, AL 35222	31-1639601	501(C)(3)	0.	226,591.	FMV	MEDICAL ASSISTANCE	ONGOING
NC MEDASSIST 4428 TAGGART CREEK RD CHARLOTTE, NC 28208	56-2018957	501(C)(3)	0.	1,187,252.	FMV	MEDICAL ASSISTANCE	ONGOING
NEIGHBOR FOR NEIGHBOR 505 E 36TH ST N TULSA, OK 74106	73-0776404	501(C)(3)	0.	87,722.	FMV	MEDICAL ASSISTANCE	ONGOING
NEIGHBORHOOD CLINIC 1323 S YAKIMA AVE TACOMA, WA 98405	91-1318144	501(C)(3)	0.	34,229.	FMV	MEDICAL ASSISTANCE	ONGOING
NEIGHBORHOOD FELLOWSHIP INC 530 W. 49TH STREET INDIANAPOLIS, IN 46208	35-2035206	501(C)(3)	0.	19,423.	FMV	MEDICAL ASSISTANCE	ONGOING
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH NAPLES, FL 34102	59-3546884	501(C)(3)	0.	276,420.	FMV	MEDICAL ASSISTANCE	ONGOING

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NEIGHBORHOOD HEALTH PARTNERS OF INDIANAPOLIS - 7911 MICHIGAN RD - INDIANAPOLIS, IN 46268	84-4269148	501(C)(3)	0.	48,368.	FMV	MEDICAL ASSISTANCE	ONGOING
NEVADA OBSTETRICAL CHARITY CLINIC 1950 PINTO LANE LAS VEGAS, NV 89106	26-4834603	501(C)(3)	0.	304,288.	FMV	MEDICAL ASSISTANCE	ONGOING
NEWHOPE CLINIC 41 S. COURT STREET OWINGSVILLE, KY 40360	61-1363437	501(C)(3)	0.	693,765.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTH CENTRAL DISTRICT HEALTH DEPARTMENT - 422 E DOUGLAS ST - ONEILL, NE 68763	03-0418895	115	0.	6,472.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTH DALLAS SHARED MINISTRIES 2875 MERRELL ROAD DALLAS, TX 75229	75-1908563	501(C)(3)	0.	26,647.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTH HUDSON COMMUNITY ACTION CORPORATION - 800 31ST STREET - UNION CITY, NJ 07087	22-1818699	501(C)(3)	0.	204,358.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTH JEFFERSON COUNTY CLINIC PHARMACY - 1295 PEARL ST - BEAUMONT, TX 77701	74-6000291	115	0.	1,139,014.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTHERN NECK FREE HEALTH CLINIC 51 WILLIAM B. GRAHAM CT. KILMARNOCK, VA 22482	54-1679279	501(C)(3)	0.	34,237.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTHSHORE SCOTTSDALE PHARMACY 6050 STERLING CREEK RD PORTAGE, IN 46368	35-2028588	501(C)(3)	0.	38,628.	FMV	MEDICAL ASSISTANCE	ONGOING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHSIDE CHRISTIAN HEALTH CARE CENTER - 816 MIDDLE STREET - PITTSBURGH, PA 15212	25-1715426	501(C)(3)	0.	40,821.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTHWEST ASSISTANCE MINISTRIES 15555 KUYKENDAHL ROAD HOUSTON, TX 77090	76-0088702	501(C)(3)	0.	26,542.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTHWEST MICHIGAN HEALTH SERVICES 10767 TRAVERSE HIGHWAY TRAVERSE CITY, MI 49684	38-1958790	501(C)(3)	0.	19,744.	FMV	MEDICAL ASSISTANCE	ONGOING
NOVA SCRIPTSCENTRAL 6400 ARLINGTON BLVD FALLS CHURCH, VA 22042	65-1275162	501(C)(3)	0.	202,091.	FMV	MEDICAL ASSISTANCE	ONGOING
OAKLAWN 330 LAKEVIEW DR. GOSHEN, IN 46528	35-1070041	501(C)(3)	0.	320,924.	FMV	MEDICAL ASSISTANCE	ONGOING
OASIS FREE CLINICS 66 BARIBEAU DR. SUITE 5B BRUNSWICK, ME 04011	01-0497587	501(C)(3)	10,000.	112,798.	FMV	MEDICAL ASSISTANCE	ONGOING
OGEMAW HILLS COMMUNITY OF CARING (FREE CLINIC) - 2106 SOUTH GRAY RD - WEST BRANCH, MI 48661	82-4146805	501(C)(3)	0.	6,277.	FMV	MEDICAL ASSISTANCE	ONGOING
OHIO VALLEY HEALTH CENTER 423 SOUTH STREET STEUBENVILLE, OH 43952	20-3924355	501(C)(3)	10,000.	149,310.	FMV	MEDICAL ASSISTANCE	ONGOING
OLDE TOWNE MEDICAL & DENTAL CENTER 5249 OLDE TOWNE ROAD WILLIAMSBURG, VA 23188	54-1663905	501(C)(3)	0.	142,814.	FMV	MEDICAL ASSISTANCE	ONGOING

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ONE HUNDRED ANGELS 3546 E. THOMAS RD PHOENIX, AZ 85018	83-1491716	501(C)(3)	10,000.	33,345.	FMV	MEDICAL ASSISTANCE	EMERGENCY
ONE STOP CLINIC 701 17TH AVE W BRADENTON, FL 34205	59-3340921	501(C)(3)	0.	31,830.	FMV	MEDICAL ASSISTANCE	ONGOING
ONEWORLD COMMUNITY HEALTH CENTERS INC - 4920 S. 30TH STREET, SUITE 103 - OMAHA, NE 68107	47-0548990	501(C)(3)	0.	141,981.	FMV	MEDICAL ASSISTANCE	ONGOING
OPEN ARMS CLINIC 109 BIG A ROAD TOCCOA, GA 30577	20-3296577	501(C)(3)	0.	438,129.	FMV	MEDICAL ASSISTANCE	ONGOING
OPEN ARMS HEALTH CLINIC 3311 LITTLE RD. ARLINGTON, TX 76016	45-0621201	501(C)(3)	0.	1,254,293.	FMV	MEDICAL ASSISTANCE	ONGOING
OPEN CITIES HEALTH CENTER 409 N. DUNLAP STREET SAINT PAUL, MN 55104	36-3381598	501(C)(3)	0.	392,438.	FMV	MEDICAL ASSISTANCE	ONGOING
OPEN DOOR HEALTH CENTER 151 NW 11TH STREET, STE. E202A HOMESTEAD, FL 33030	83-0375996	501(C)(3)	0.	415,614.	FMV	MEDICAL ASSISTANCE	ONGOING
OPEN DOOR HEALTH CLINIC 521 E MOUNTAINVIEW AVE ELLENSBURG, WA 98926	65-1185178	501(C)(3)	0.	13,021.	FMV	MEDICAL ASSISTANCE	ONGOING
OPEN M 941 PRINCETON ST AKRON, OH 44311	34-1046107	501(C)(3)	0.	315,600.	FMV	MEDICAL ASSISTANCE	ONGOING

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ORANGEBURG-CALHOUN FREE MEDICAL CLINIC - 141 CENTRE STREET - ORANGEBURG, SC 29115	26-3762573	501(C)(3)	0.	569,830.	FMV	MEDICAL ASSISTANCE	ONGOING
OZARKS COMMUNITY HEALTH CENTER 18614 JACKSON ST HERMITAGE, MO 65668	20-5822485	501(C)(3)	0.	350,723.	FMV	MEDICAL ASSISTANCE	ONGOING
PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY - 222 SE 8TH AVE. STE 110 - HILLSBORO, OR 97123	93-0386892	501(C)(3)	10,000.	10,328.	FMV	MEDICAL ASSISTANCE	EMERGENCY
PAGE FREE CLINIC 200 MEMORIAL DRIVE LURAY, VA 22835	27-1421176	501(C)(3)	0.	55,753.	FMV	MEDICAL ASSISTANCE	ONGOING
PALMETTO HEALTH COUNCIL, INC. 643 MAIN STREET PALMETTO, GA 30268	58-1307597	501(C)(3)	0.	2,042,949.	FMV	MEDICAL ASSISTANCE	ONGOING
PANCARE OF FLORIDA, INC. 5336 E 10TH STREET MALONE, FL 32445	91-2189932	501(C)(3)	0.	1,027,181.	FMV	MEDICAL ASSISTANCE	ONGOING
PARADISE VALLEY INTERNATIONAL MEDICAL MISSION - 1615 SWEETWATER ROAD, SUITE D - NATIONAL CITY, CA 91950	20-3781653	501(C)(3)	0.	56,660.	FMV	MEDICAL ASSISTANCE	ONGOING
PARKVIEW MEDICAL CLINIC 1205 DR. MARTIN L KING JR. WAY HAINES CITY, FL 33844	01-0790991	501(C)(3)	0.	274,782.	FMV	MEDICAL ASSISTANCE	ONGOING
PARTNERS FOR HEALING INC 109 WEST BLACKWELL TULLAHOMA, TN 37388	62-1834800	501(C)(3)	0.	280,802.	FMV	MEDICAL ASSISTANCE	ONGOING

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PEACE LUTHERAN CHURCH DBA BORDER SERVANT CORPS - 901 AVENIDA DE MESILLA - LAS CRUCES, NM 88005	85-0371098	501(C)(3)	0.	26,250.	FMV	MEDICAL ASSISTANCE	EMERGENCY
PEDIPLACE 502 S. OLD ORCHARD LANE LEWISVILLE, TX 75067	75-2512752	501(C)(3)	0.	32,663.	FMV	MEDICAL ASSISTANCE	ONGOING
PENROSE-ST. FRANCIS HEALTH FOUNDATION SET CLINIC - 2864 S. CIRCLE DRIVE SUITE 450 - COLORADO SPRINGS, CO 80906	84-0902211	501(C)(3)	0.	15,758.	FMV	MEDICAL ASSISTANCE	ONGOING
PEOPLES CLINIC 3111 ELECTRIC AVE PORT HURON, MI 48060	38-3274342	501(C)(3)	0.	18,487.	FMV	MEDICAL ASSISTANCE	ONGOING
PEOPLES HEALTH CLINIC 650 ROUND VALLEY DRIVE PARK CITY, UT 84060	87-0638042	501(C)(3)	0.	27,237.	FMV	MEDICAL ASSISTANCE	ONGOING
PEOPLES HEALTH WELLNESS CLINIC 553 NORTH MAIN STREET BARRE, VT 05641	03-0343290	501(C)(3)	0.	17,624.	FMV	MEDICAL ASSISTANCE	ONGOING
PERSON CENTERED PARTNERSHIPS IN DBA AMARA WELLNE - 5108 REAGAN DRIVE - CHARLOTTE, NC 28206	56-2271889	501(C)(3)	0.	246,131.	FMV	MEDICAL ASSISTANCE	ONGOING
PLAN A HEALTH, INC 1454 MAIN STREET LOUISE, MS 39097	83-2144751	501(C)(3)	0.	467,760.	FMV	MEDICAL ASSISTANCE	ONGOING
POCATELLO FREE CLINIC 1001 N. 7TH AVE. POCATELLO, ID 83201	82-0351133	501(C)(3)	10,000.	149,750.	FMV	MEDICAL ASSISTANCE	ONGOING

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PORTER STARKE SERVICES D.B.A. MARRAM HEALTH CENT - 3229 BROADWAY - GARY, IN 46409	35-1330771	501(C)(3)	0.	138,292.	FMV	MEDICAL ASSISTANCE	ONGOING
PRESBYTERIAN MEDICAL CARE MISSION 1857 PINE ST STE 100 ABILENE, TX 79601	75-1910600	501(C)(3)	0.	689,351.	FMV	MEDICAL ASSISTANCE	ONGOING
PROJECT SOS -SUPPORT OUR SOLDIERS INC. - 2412 DUE WEST DRIVE - THE VILLAGES, FL 32162	27-2932657	501(C)(3)	0.	116,900.	FMV	MEDICAL ASSISTANCE	ONGOING
PROTEUS 1221 CENTER ST DES MOINES, IA 50309	42-1186501	501(C)(3)	0.	292,363.	FMV	MEDICAL ASSISTANCE	ONGOING
PRYMED MEDICAL CARE CARRETERA 149, KM 13 CIALES, PR 00638	66-0428120	501(C)(3)	0.	170,210.	FMV	MEDICAL ASSISTANCE	ONGOING
QUAIL SPRINGS BAPTIST CHURCH MEDICAL CLINIC - 14401 NORTH MAY AVE - OKLAHOMA CITY, OK 73134	73-0706865	501(C)(3)	0.	10,478.	FMV	MEDICAL ASSISTANCE	ONGOING
RAPHAEL COMMUNITY FREE CLINIC, INC. - 1807 WATER STREET - KERRVILLE, TX 78028	74-2819628	501(C)(3)	0.	377,742.	FMV	MEDICAL ASSISTANCE	ONGOING
REDDY FAMILY MEDICAL CLINIC 154 HWY 1008 NAPOLEONVILLE, LA 70390	72-0945191	115	0.	515,429.	FMV	MEDICAL ASSISTANCE	EMERGENCY
RENEWED HOPE HEALTH CLINIC 894 MARSHALL ST. ALLEGAN, MI 49010	16-1760734	501(C)(3)	0.	125,460.	FMV	MEDICAL ASSISTANCE	ONGOING

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RICHLAND HILLS HELPING HANDS MINISTRY - 7100 BLVD 26 - NORTH RICHLAND HILLS, TX 76180	47-5624322	501(C)(3)	0.	139,332.	FMV	MEDICAL ASSISTANCE	ONGOING
RILEY MEDICAL CLINIC/FIRST BAPTIST CHURCH JONESB - 147 CHURCH STREET - JONESBORO, GA 30236	58-0685903	501(C)(3)	0.	319,592.	FMV	MEDICAL ASSISTANCE	ONGOING
RIVER CITY MINISTRY 1021 WASHINGTON NORTH LITTLE ROCK, AR 72114	71-0786539	501(C)(3)	0.	238,269.	FMV	MEDICAL ASSISTANCE	ONGOING
RIVER HILLS COMMUNITY HEALTH CENTER - 201 S MARKET ST - OTTUMWA, IA 52501	42-1489471	501(C)(3)	0.	5,763.	FMV	MEDICAL ASSISTANCE	ONGOING
RIVER VALLEY CHRISTIAN CLINIC 3001 E H STREET RUSSELLVILLE, AR 72802	20-5193973	501(C)(3)	0.	671,755.	FMV	MEDICAL ASSISTANCE	ONGOING
RIVER VALLEY FAMILY HEALTH CENTER 1010 RIO GRANDE AVE MONTROSE, CO 81401	27-3757444	501(C)(3)	0.	312,100.	FMV	MEDICAL ASSISTANCE	ONGOING
ROCK RIVER FREE CLINIC 1541 ANNEX ROAD JEFFERSON, WI 53549	47-0898219	501(C)(3)	0.	104,917.	FMV	MEDICAL ASSISTANCE	ONGOING
ROLETTE COUNTY PUBLIC HEALTH DISTRICT - 114 3RD ST. NE - ROLLA, ND 58367	02-0761623	501(C)(3)	0.	6,905.	FMV	MEDICAL ASSISTANCE	ONGOING
ROPHE FREE CLINIC 4374 W 52ND ST INDIANAPOLIS, IN 46254	81-2339063	501(C)(3)	0.	95,717.	FMV	MEDICAL ASSISTANCE	ONGOING

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ROSE GARDEN CENTER FOR HOPE AND HEALING - 2040 MADISON AVE - COVINGTON, KY 41014	27-2425177	501(C)(3)	0.	164,084.	FMV	MEDICAL ASSISTANCE	ONGOING
ROTACARE INC 15 FLETCHER AVE BOX 1 VALLEY STREAM, NY 11580	11-3135331	501(C)(3)	0.	59,755.	FMV	MEDICAL ASSISTANCE	ONGOING
RURAL HEALTH NETWORK OF MONROE COUNTY - 3706 N ROOSEVELT BLVD SUITE G - KEY WEST, FL 33040	65-0474953	501(C)(3)	0.	6,186.	FMV	MEDICAL ASSISTANCE	ONGOING
RURAL PARISH DENTAL AND MEDICAL CLINIC - 10120 CREST ROAD - CADET, MO 63630	84-3396327	501(C)(3)	0.	71,081.	FMV	MEDICAL ASSISTANCE	ONGOING
RUTHS PLACE 1411 CRAWFORD AVENUE GRANBURY, TX 76048	20-4594680	501(C)(3)	0.	119,217.	FMV	MEDICAL ASSISTANCE	ONGOING
RUTLAND FREE CLINIC 145 STATE STREET RUTLAND, VT 05701	83-0427544	501(C)(3)	0.	35,412.	FMV	MEDICAL ASSISTANCE	ONGOING
SACRED HEART COMMUNITY CLINIC 620 ROUND ROCK WEST DR ROUND ROCK, TX 78681	27-2901548	501(C)(3)	0.	895,894.	FMV	MEDICAL ASSISTANCE	ONGOING
SAFE HARBOR FREE CLINIC 7209 265TH ST. NW #203/204 STANWOOD, WA 98292	26-3825107	501(C)(3)	0.	26,740.	FMV	MEDICAL ASSISTANCE	ONGOING
SAFENETRX PHARMACY 1500 SE 19TH STREET GRIMES, IA 50111	42-1518875	501(C)(3)	0.	33,741.	FMV	MEDICAL ASSISTANCE	ONGOING

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SALEM FREE CLINICS 1300 BROADWAY ST NE SALEM, OR 97301	20-3549992	501(C)(3)	0.	17,593.	FMV	MEDICAL ASSISTANCE	ONGOING
SALINA FAMILY HEALTHCARE CENTER 651 EAST PRESCOTT ROAD SALINA, KS 67401	48-0858197	501(C)(3)	0.	15,462.	FMV	MEDICAL ASSISTANCE	ONGOING
SALT LAKE COUNTY HEALTH DEPARTMENT 2001 S. STATE STREET SALT LAKE CITY, UT 84190	87-6000316	115	0.	143,788.	FMV	MEDICAL ASSISTANCE	ONGOING
SALUD INTEGRAL EN LA MONTANA (SIM) CARR 164. SECTOR EL DESVO NARANJITO, PR 00719	66-0329532	501(C)(3)	0.	25,064.	FMV	MEDICAL ASSISTANCE	ONGOING
SAMARITAN HEALTH AND WELLNESS CENTER, INC. - 643 CAPE CORAL PARKWAY EAST - CAPE CORAL, FL 33904	46-0922358	501(C)(3)	35,000.	11,964.	FMV	MEDICAL ASSISTANCE	ONGOING
SAMARITAN HEALTH CENTER 13 ROSE STREET DANBURY, CT 06810	75-3258057	501(C)(3)	0.	44,277.	FMV	MEDICAL ASSISTANCE	ONGOING
SAMARITAN HEALTH CLINIC OF PICKENS COUNTY - 303 DACUSVILLE HIGHWAY - EASLEY, SC 29640	57-0947115	501(C)(3)	0.	24,019.	FMV	MEDICAL ASSISTANCE	ONGOING
SAMARITAN HOUSE 114 5TH AVE REDWOOD CITY, CA 94063	23-7416272	501(C)(3)	0.	106,021.	FMV	MEDICAL ASSISTANCE	ONGOING
SAMARITAN REGIONAL HEALTH CLINIC 24 NORTH SPRIGG ST CAPE GIRARDEAU, MO 63701	27-5427837	501(C)(3)	0.	520,172.	FMV	MEDICAL ASSISTANCE	ONGOING

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SAMARITANS TOUCH CARE CENTER 3015 HERRING AVE. SEBRING, FL 33870	02-0773338	501(C)(3)	0.	1,924,734.	FMV	MEDICAL ASSISTANCE	ONGOING
SAMUEL DIXON FAMILY HEALTH CENTERS, INC-CANYON C - 27225 CAMP PLENTY ROAD SUITE 4 - CANYON COUNTRY, CA 91351	95-4278726	501(C)(3)	0.	80,402.	FMV	MEDICAL ASSISTANCE	ONGOING
SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION - 4699 MURPHY CANYON RD STE 102 - SAN DIEGO, CA 92123	95-2568714	501(C)(3)	0.	6,457.	FMV	MEDICAL ASSISTANCE	EMERGENCY
SAN JOSE CLINIC 2615 FANNIN ST., SUITE 2703 HOUSTON, TX 77002	76-0373703	501(C)(3)	0.	461,987.	FMV	MEDICAL ASSISTANCE	ONGOING
SAVE THE CHILDREN US 3001 PHILLIPS CEMETERY RD ALGOOD, TN 38506	06-0726487	501(C)(3)	0.	124,223.	FMV	MEDICAL ASSISTANCE	EMERGENCY
SCOTLAND COMMUNITY HEALTH CLINIC 1405-B WEST BLVD LAURINBURG, NC 28352-9170	20-2841940	501(C)(3)	0.	345,879.	FMV	MEDICAL ASSISTANCE	ONGOING
SCOTT COUNTY HEALTH DEPARTMENT 825 HIGHWAY 31 NORTH AUSTIN, IN 47102	00-3118924	115	0.	127,142.	FMV	MEDICAL ASSISTANCE	ONGOING
SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS - 700 EDWARDS AVE - NEW ORLEANS, LA 70123	72-0956468	501(C)(3)	0.	33,069.	FMV	MEDICAL ASSISTANCE	EMERGENCY
SEE INTERNATIONAL 175 CREMONA DRIVE GOLETA, CA 93117	31-1682275	501(C)(3)	0.	130,118.	FMV	MEDICAL ASSISTANCE	ONGOING

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SEMO HEALTH NETWORK 6738 STATE HWY 77 BENTON, MO 63736	43-1253101	501(C)(3)	0.	14,502.	FMV	MEDICAL ASSISTANCE	ONGOING
SHELTER HEALTH SERVICES 534 SPRATT ST. CHARLOTTE, NC 28206	20-3041985	501(C)(3)	0.	56,993.	FMV	MEDICAL ASSISTANCE	ONGOING
SHEPHERDS CLINIC 2800 KIRK AVE. BALTIMORE, MD 21218	52-1739001	501(C)(3)	25,000.	42,762.	FMV	MEDICAL ASSISTANCE	ONGOING
SHERIDAN HEALTH CENTER 31 E WHITNEY STREET SHERIDAN, WY 82801	20-1389307	501(C)(3)	0.	74,884.	FMV	MEDICAL ASSISTANCE	ONGOING
SHIFA CLINIC 1092 JOHNNIE DODDS BLVD MOUNT PLEASANT, SC 29464	04-3810161	501(C)(3)	0.	298,917.	FMV	MEDICAL ASSISTANCE	ONGOING
SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)(3)	0.	204,469.	FMV	MEDICAL ASSISTANCE	ONGOING
SINCLAIR HEALTH CLINIC 301 N. CAMERON ST. WINCHESTER, VA 22601	54-1373296	501(C)(3)	0.	34,685.	FMV	MEDICAL ASSISTANCE	ONGOING
SISTER MAURA BRANNICK HEALTH CENTER - 326 S. CHAPIN ST. - SOUTH BEND, IN 46601	53-0196617	501(C)(3)	0.	251,901.	FMV	MEDICAL ASSISTANCE	ONGOING
SMITH MEDICAL CLINIC, INC 99 BASKERVILL DRIVE PAWLEYS ISLAND, SC 29585	57-0786699	501(C)(3)	0.	38,725.	FMV	MEDICAL ASSISTANCE	ONGOING

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SNAKE RIVER COMMUNITY CLINIC 215 10TH STREET LEWISTON, ID 83501	31-1726460	501(C)(3)	0.	125,759.	FMV	MEDICAL ASSISTANCE	ONGOING
SO OTHERS MIGHT EAT 60 O STREET NW WASHINGTON, DC 20001	23-7098123	501(C)(3)	0.	96,728.	FMV	MEDICAL ASSISTANCE	ONGOING
SOCIAL WELFARE BOARD 904 S. 10TH, SUITE A SAINT JOSEPH, MO 64503	44-6000455	115	25,000.	544,426.	FMV	MEDICAL ASSISTANCE	ONGOING
SOCIETY OF ST. VINCENT DE PAUL 2033 FISH HATCHERY ROAD MADISON, WI 53713	39-0824876	501(C)(3)	0.	25,241.	FMV	MEDICAL ASSISTANCE	ONGOING
SOCIETY OF ST. VINCENT DE PAUL CHARITABLE PHARMA - 5750 PINELAND DRIVE - DALLAS, TX 75231	26-3273175	501(C)(3)	0.	109,901.	FMV	MEDICAL ASSISTANCE	ONGOING
SOUNDVIEW PREGNANCY SERVICES 1975 HEMPSTEAD TPKE EAST MEADOW, NY 11554	11-3001793	501(C)(3)	0.	5,763.	FMV	MEDICAL ASSISTANCE	ONGOING
SOUTH CENTRAL MISSOURI COMMUNITY HEALTH CENTER - 1081 EAST 18TH STREET - ROLLA, MO 65401	26-2522083	501(C)(3)	0.	338,184.	FMV	MEDICAL ASSISTANCE	ONGOING
SOUTH PARK INN MEDICAL CLINIC 263 FARMINGTON AVENUE FARMINGTON, CT 06032	52-1725543	501(C)(3)	0.	162,904.	FMV	MEDICAL ASSISTANCE	ONGOING
SOUTH ROUTT MEDICAL CENTER HEALTH SERVICE DISTRI - 300 MAIN STREET - OAK CREEK, CO 80467	84-6032810	115	0.	135,356.	FMV	MEDICAL ASSISTANCE	ONGOING

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SOUTH SANTA ROSA INTERFAITH MINISTRIES - 4435 GULF BREEZE PARKWY - GULF BREEZE, FL 32563	59-3690750	501(C)(3)	0.	238,362.	FMV	MEDICAL ASSISTANCE	ONGOING
SOUTH TEXAS FAMILY PLANNING & HEALTH CORPORATION - 4455 SOUTH PADRE ISLAND DRIVE - CORPUS CHRISTI, TX 78411	74-1728621	501(C)(3)	0.	123,766.	FMV	MEDICAL ASSISTANCE	ONGOING
SOUTHEAST INC. 16 WEST LONG STREET COLUMBUS, OH 43215	31-0940189	501(C)(3)	0.	108,815.	FMV	MEDICAL ASSISTANCE	ONGOING
SOUTHWEST IOWA MENTAL HEALTH CENTER - 2307 OLIVE ST - ATLANTIC, IA 50022	42-0928938	501(C)(3)	0.	29,020.	FMV	MEDICAL ASSISTANCE	ONGOING
SOUTHWEST UTAH COMMUNITY HEALTH CENTER - 25 NORTH 100 EAST - SAINT GEORGE, UT 84770	35-2163112	501(C)(3)	0.	113,936.	FMV	MEDICAL ASSISTANCE	ONGOING
SPACE COAST VOLUNTEERS IN MEDICINE 2555 JUDGE FRAN JAMIESON WAY MELBOURNE, FL 32940	27-2135914	501(C)(3)	0.	16,405.	FMV	MEDICAL ASSISTANCE	ONGOING
ST CHARLES/MCAULEY CLINIC 5024 N GROVE OKLAHOMA CITY, OK 73122	73-0701035	501(C)(3)	0.	154,632.	FMV	MEDICAL ASSISTANCE	ONGOING
ST LUKE COMMUNITY CLINIC 316 N ROYAL AVE FRONT ROYAL, VA 22630	54-1801220	501(C)(3)	0.	10,306.	FMV	MEDICAL ASSISTANCE	ONGOING
ST PETERSBURG FREE CLINIC 5501 4TH STREET NORTH SAINT PETERSBURG, FL 33703	23-7208280	501(C)(3)	0.	109,278.	FMV	MEDICAL ASSISTANCE	ONGOING

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

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ST VINCENT DE PAUL CHARITABLE PHARMACY - 1146 BANK ST. - CINCINNATI, OH 45214	30-0272954	501(C)(3)	0.	280,286.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. CLARE MEDICAL OUTREACH 1407 YORK ROAD LUTHERVILLE TIMONIUM, MD 21093	52-1681044	501(C)(3)	0.	741,726.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. FRANCIS COMMUNITY FREE CLINIC 1000 N. KOELLER ST. OSHKOSH, WI 54902	39-1334342	501(C)(3)	0.	507,908.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. JOESPH'S NEIGHBORHOOD CENTER 417 SOUTH AVE. ROCHESTER, NY 14620	46-1176792	501(C)(3)	0.	322,794.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. JOHN BOSCO CLINIC, INC. 730 NW 34 STREET MIAMI, FL 33127	65-0435764	501(C)(3)	0.	737,118.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. JOSEPH HEALTH CENTER 510 W. ADAMS ST PLYMOUTH, IN 46563	35-1142669	501(C)(3)	0.	759,313.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. JOSEPH PRIMARY CARE 4057 US-70 BUS. W. CLAYTON, NC 27520	46-5192720	501(C)(3)	0.	434,030.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. LUKES FREE MEDICAL CLINIC 162 N. DEAN ST. SPARTANBURG, SC 29302	57-0943232	501(C)(3)	0.	440,312.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. MARTINS HEALTHCARE INC 1359 SOUTH RANDOLPH STREET GARRETT, IN 46738	20-8609620	501(C)(3)	0.	113,886.	FMV	MEDICAL ASSISTANCE	ONGOING

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ST. MARY'S LEGACY CLINIC 10919 CARMICHAEL ROAD KNOXVILLE, TN 37932	46-2331706	501(C)(3)	0.	62,168.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. MICHAEL'S MEDICAL CLINIC 1005 W. 18TH STREET ANNISTON, AL 36201	82-5246184	501(C)(3)	0.	948,595.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. VINCENT DE PAUL CLINIC 420 WEST WATKINS ROAD PHOENIX, AZ 85003	86-0096789	501(C)(3)	0.	1,228,580.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. VINCENT DE PAUL FREE CLINIC 1004 EAST MAIN STREET MERRILL, WI 54452	45-0508546	501(C)(3)	0.	29,720.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. VINCENT DEPAUL COMMUNITY PHARMACY - 502 GRAMMONT ST - MONROE, LA 71201	90-0014479	501(C)(3)	0.	79,901.	FMV	MEDICAL ASSISTANCE	ONGOING
ST.MARY'S DINING ROOM 545 W. SONORA ST. STOCKTON, CA 95203	94-2687280	501(C)(3)	0.	442,422.	FMV	MEDICAL ASSISTANCE	ONGOING
STAR - STAND TOGETHER AND RECOVER CENTERS, INC. - 2502 E WASHINGTON STREET - PHOENIX, AZ 85034	86-0586210	501(C)(3)	0.	22,136.	FMV	MEDICAL ASSISTANCE	ONGOING
STAYWELL HEALTH CENTER 80 PHOENIX AVENUE WATERBURY, CT 06702	22-3160873	501(C)(3)	0.	42,225.	FMV	MEDICAL ASSISTANCE	ONGOING
STEPS, INC. 1033 N. PINE HILLS ROAD ORLANDO, FL 32808	63-0839630	501(C)(3)	0.	39,852.	FMV	MEDICAL ASSISTANCE	ONGOING

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STILLWATER COMMUNITY HEALTH CENTER 821 SOUTH PINE STREET STILLWATER, OK 74074	73-1502192	501(C)(3)	0.	156,822.	FMV	MEDICAL ASSISTANCE	ONGOING
STREET OUTREACH TEAMS 8642 WOODWARD AVE DETROIT, MI 48202	33-0875386	501(C)(3)	0.	146,883.	FMV	MEDICAL ASSISTANCE	ONGOING
SUMPTEE FREE MEDICAL CLINIC DBA SUMPTEE FREE HEA - 1083 HWY 35 - SAINT STEPHEN, SC 29479	27-1097304	501(C)(3)	0.	86,348.	FMV	MEDICAL ASSISTANCE	ONGOING
SURRY MEDICAL MINISTRIES 951 ROCKFORD STREET MOUNT AIRY, NC 27030	56-1829347	501(C)(3)	0.	545,986.	FMV	MEDICAL ASSISTANCE	ONGOING
SWAIN COUNTY CARING CORNER 81 ACADEMY STREET BRYSON CITY, NC 28713	47-2593010	501(C)(3)	0.	356,700.	FMV	MEDICAL ASSISTANCE	ONGOING
TALBOT HOUSE MINISTRIES OF LAKELAND, INC. - 814 NORTH KENTUCKY AVE. - LAKELAND, FL 33801	85-8012641	501(C)(3)	0.	34,776.	FMV	MEDICAL ASSISTANCE	ONGOING
TAMA COUNTY PUBLIC HEALTH AND HOME CARE - 129 W. HIGH ST - TOLEDO, IA 52342	42-6005285	115	0.	15,933.	FMV	MEDICAL ASSISTANCE	ONGOING
TARZANA TREATMENT CENTERS, INC. 7101 BAIRD AVE RESEDA, CA 91335	94-2219349	501(C)(3)	0.	65,234.	FMV	MEDICAL ASSISTANCE	ONGOING
TEMPLE COMMUNITY CLINIC 1905 CURTIS B ELLIOT DRIVE TEMPLE, TX 76501	74-2634500	501(C)(3)	0.	426,259.	FMV	MEDICAL ASSISTANCE	ONGOING

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THE ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND - 131 S. ROBERTSON STREET, 10TH FLOOR MURPHY - NEW ORLEANS, LA 70112	72-0423889	501(C)(3)	0.	38,285.	FMV	MEDICAL ASSISTANCE	ONGOING-IP
THE ARK 3500 W PETERSON AVE SUITE 302 CHICAGO, IL 60659	23-7164967	501(C)(3)	0.	86,997.	FMV	MEDICAL ASSISTANCE	ONGOING
THE CLINIC 143 CHURCH ST. PHOENIXVILLE, PA 19460	23-3072363	501(C)(3)	0.	161,938.	FMV	MEDICAL ASSISTANCE	ONGOING
THE COMMUNITY FREE CLINIC 528 A LAKE CONCORD RD CONCORD, NC 28025	58-2131301	501(C)(3)	0.	44,568.	FMV	MEDICAL ASSISTANCE	ONGOING
THE EL PASO BAPTIST CLINIC 2700 N. PIEDRAS ST EL PASO, TX 79930	20-3046801	501(C)(3)	0.	71,985.	FMV	MEDICAL ASSISTANCE	ONGOING
THE FLOATING HOSPITAL 21-01 41ST AVENUE LONG ISLAND CITY, NY 11101	13-1624169	501(C)(3)	0.	681,806.	FMV	MEDICAL ASSISTANCE	ONGOING
THE FREE CLINICS OF HENDERSON COUNTY - 841 CASE STREET - HENDERSONVILLE, NC 28792	56-2212024	501(C)(3)	0.	15,580.	FMV	MEDICAL ASSISTANCE	ONGOING
THE FREE MEDICAL CLINIC 1875 HARDEN STREET COLUMBIA, SC 29204	57-0779279	501(C)(3)	0.	63,909.	FMV	MEDICAL ASSISTANCE	ONGOING
THE FRIENDSHIP CLINIC 704 SOUTH LATAH BOISE, ID 83705	20-0184266	501(C)(3)	0.	7,779.	FMV	MEDICAL ASSISTANCE	ONGOING

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THE GOOD SAMARITAN CENTER 140 INDUSTRIAL LOOP, STE 100 FREDERICKSBURG, TX 78624	91-2129853	501(C)(3)	0.	36,037.	FMV	MEDICAL ASSISTANCE	ONGOING
THE NEIGHBORHOOD CHRISTIAN CLINIC 1929 W. FILLMORE PHOENIX, AZ 85009	86-0839580	501(C)(3)	0.	388,552.	FMV	MEDICAL ASSISTANCE	ONGOING
THE SALVATION ARMY NATIONAL HEADQUARTERS - 21457 HAPPYLAND DRIVE - RICHARDSVILLE, VA 22726	22-2406433	501(C)(3)	0.	51,580.	FMV	MEDICAL ASSISTANCE	EMERGENCY
THE SOURCE-AUSTIN 8401 N INTERSTATE 35 AUSTIN, TX 78753	74-2333473	501(C)(3)	0.	22,779.	FMV	MEDICAL ASSISTANCE	ONGOING
THE TEXAS INTL. INSTITUTE OF HEALTH PROFESSIONS - 8121 BROADWAY STREET - HOUSTON, TX 77061	46-1267820	501(C)(3)	0.	2,691,458.	FMV	MEDICAL ASSISTANCE	ONGOING
THE WAY FREE MEDICAL CLINIC, INC. 479 HOUSTON ST. GREEN COVE SPRINGS, FL 32043	76-0828154	501(C)(3)	0.	122,044.	FMV	MEDICAL ASSISTANCE	ONGOING
TOMAGWA 455 SCHOOL STREET #30 TOMBALL, TX 77375	76-0280324	501(C)(3)	0.	289,440.	FMV	MEDICAL ASSISTANCE	ONGOING
TOTAL FAMILY MEDICAL, LLC 22601 HWY 190 ROBERT, LA 70455	46-1385117	CORP	0.	19,742.	FMV	MEDICAL ASSISTANCE	ONGOING
TREASURE COAST COMMUNITY HEALTH, INC - 4675 28TH COURT - VERO BEACH, FL 32967	59-3219191	501(C)(3)	0.	125,009.	FMV	MEDICAL ASSISTANCE	ONGOING

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TRI CITY HEALTH PARTNERSHIP 318 WALNUT STREET SAINT CHARLES, IL 60174	36-4475369	501(C)(3)	0.	73,569.	FMV	MEDICAL ASSISTANCE	ONGOING
TRIANGLE AREA NETWORK - BEAUMONT 1495 N. 7TH STREET BEAUMONT, TX 77702	76-0226835	501(C)(3)	0.	2,240,911.	FMV	MEDICAL ASSISTANCE	ONGOING
TRI-COUNTY HUMAN SERVICES-DETOX STABILIZATION UN - 2725 HWY 60 E - BARTOW, FL 33830	59-1708182	501(C)(3)	0.	8,916.	FMV	MEDICAL ASSISTANCE	ONGOING
UBI CARITAS 4450 HIGHLAND AVE. BEAUMONT, TX 77705	76-0558225	501(C)(3)	0.	276,736.	FMV	MEDICAL ASSISTANCE	ONGOING
UBUNTU BLACK FAMILY WELLNESS COLLECTIVE - 2611 GOVERNOR PRINTZ BLVD - WILMINGTON, DE 19802	84-4324815	501(C)(3)	0.	194,268.	FMV	MEDICAL ASSISTANCE	ONGOING
UCSD ASYLUM SEEKERS SHELTER MEDICAL PROGRAM - 4902 PACIFIC HIGHWAY - SAN DIEGO, CA 92110	95-6006144	501(C)(3)	0.	53,058.	FMV	MEDICAL ASSISTANCE	ONGOING
UNICARE COMMUNITY HEALTH CENTER, INC. - 437 N. EUCLID AVE. - ONTARIO, CA 91762	95-4746420	501(C)(3)	0.	11,139.	FMV	MEDICAL ASSISTANCE	ONGOING
UNION COUNTY HEALTH DEPARTMENT 940 LONDON AVE STE 1100 MARYSVILLE, OH 43040	31-6400087	115	0.	33,541.	FMV	MEDICAL ASSISTANCE	ONGOING
UNION GOSPEL MISSION 3211 IRVING BLVD DALLAS, TX 75247	75-6003612	501(C)(3)	0.	341,957.	FMV	MEDICAL ASSISTANCE	ONGOING

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UNION GOSPEL MISSION CLINIC 1300 N 1ST STREET YAKIMA, WA 98901	23-7050061	501(C)(3)	0.	1,917,703.	FMV	MEDICAL ASSISTANCE	ONGOING
UNISON BEHAVIORAL HEALTH 1007 MARY STREET WAYCROSS, GA 31503	58-2107877	115	0.	8,432.	FMV	MEDICAL ASSISTANCE	ONGOING
UNITED HEALTH PARTNERS (UHP) 110 ROCKLEIGH PLACE HOUSTON, TX 77017	61-1757254	501(C)(3)	10,000.	199,250.	FMV	MEDICAL ASSISTANCE	ONGOING
UNIVERSAL MEDICAL INSTITUTE 700 NW 183RD ST MIAMI, FL 33169	85-0504960	501(C)(3)	0.	412,363.	FMV	MEDICAL ASSISTANCE	ONGOING
UNIVERSITY COMMUNITY HEALTH SERVICES - 601 BENTON AVENUE - NASHVILLE, TN 37204	62-1438461	501(C)(3)	0.	6,044.	FMV	MEDICAL ASSISTANCE	ONGOING
UNIVERSITY OF ARIZONA MOBILE HEALTH PROGRAM - 655 N. ALVERNON WAY - TUCSON, AZ 85711	74-2652689	115	0.	33,349.	FMV	MEDICAL ASSISTANCE	ONGOING
UNIVERSITY OF MIAMI 1601 NW 12 AVE. #4067 MIAMI, FL 33136	59-0624458	501(C)(3)	0.	87,561.	FMV	MEDICAL ASSISTANCE	ONGOING
UNIVERSITY OF UTAH- UTAH NALOXONE 525 E 100 S SALT LAKE CITY, UT 84102	87-6000525	501(C)(3)	0.	449,089.	FMV	MEDICAL ASSISTANCE	ONGOING
UPHAM'S CORNER HEALTH CENTER 415 COLUMBIA ROAD DORCHESTER, MA 02125	23-7211732	501(C)(3)	0.	78,009.	FMV	MEDICAL ASSISTANCE	ONGOING

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URBAN MINISTRIES OF WAKE COUNTY, INC. - 1390 CAPITAL BLVD. - RALEIGH, NC 27603	58-1422700	501(C)(3)	0.	159,860.	FMV	MEDICAL ASSISTANCE	ONGOING
URGENT & PRIMARY CARE OF CLARKSDALE - 125 HIGHWAY 322 - CLARKSDALE, MS 38614	82-1075385	115	0.	155,547.	FMV	MEDICAL ASSISTANCE	ONGOING
UT HEALTH SCIENCE CENTER AT SAN ANTONIO - FOCUS - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78229-3901	74-1586031	115	0.	187,934.	FMV	MEDICAL ASSISTANCE	ONGOING
VALLEY COMMUNITY HEALTHCARE 9119 HASKELL AVE NORTH HILLS, CA 91343	23-7050082	501(C)(3)	0.	17,454.	FMV	MEDICAL ASSISTANCE	ONGOING
VARIETY CARE 201 W 1ST ST GRANDFIELD, OK 73546	73-1088577	501(C)(3)	0.	1,341,571.	FMV	MEDICAL ASSISTANCE	ONGOING
VECINOS FARMWORKER HEALTH PROGRAM 3971 LITTLE SAVANNAH RD CULLOWHEE, NC 28723	57-1192063	501(C)(3)	0.	34,406.	FMV	MEDICAL ASSISTANCE	ONGOING
VIMCARE CLINIC 2400 EAST 17TH STREET COLUMBUS, IN 47201	35-1129669	501(C)(3)	0.	64,551.	FMV	MEDICAL ASSISTANCE	ONGOING
VIRGINIA B. ANDES VOLUNTEER COMMUNITY CLINIC - 21297 OLEAN BLVD - PORT CHARLOTTE, FL 33952	65-0958642	501(C)(3)	0.	81,637.	FMV	MEDICAL ASSISTANCE	ONGOING
VOLUNTEER HEALTHCARE CLINIC 4215 MEDICAL PARKWAY AUSTIN, TX 78756	74-6082464	501(C)(3)	0.	491,213.	FMV	MEDICAL ASSISTANCE	ONGOING

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VOLUNTEERS IN MEDICINE 15 NORTHRIDGE DRIVE HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	0.	438,366.	FMV	MEDICAL ASSISTANCE	ONGOING
VOLUNTEERS IN MEDICINE CLINIC 417 SE BALBOA AVENUE STUART, FL 34994	65-1115793	501(C)(3)	0.	499,682.	FMV	MEDICAL ASSISTANCE	ONGOING
VOLUNTEERS IN MEDICINE CLINIC 2260 MARCOLA ROAD SPRINGFIELD, OR 97477	93-1276816	501(C)(3)	0.	126,001.	FMV	MEDICAL ASSISTANCE	ONGOING
VOLUNTEERS IN MEDICINE OF SOUTHERN NEVADA - 1240 N. MARTIN LUTHER KING - LAS VEGAS, NV 89106	39-2072453	501(C)(3)	0.	29,207.	FMV	MEDICAL ASSISTANCE	ONGOING
VOLUNTEERS IN MEDICINE OF THE OLYMPICS - 819 GEORGIANA STREET - PORT ANGELES, WA 98362	01-0590704	501(C)(3)	0.	68,241.	FMV	MEDICAL ASSISTANCE	ONGOING
VOLUNTEERS IN MEDICINE WILKES BARRE - 190 N. PENNSYLVANIA AVE - WILKES BARRE, PA 18701-3605	20-3531527	501(C)(3)	0.	15,923.	FMV	MEDICAL ASSISTANCE	ONGOING
VOLUNTEERS IN MEDICINE, INC. 1039 S. DUCHESNE SAINT CHARLES, MO 63301	43-1791543	501(C)(3)	0.	39,101.	FMV	MEDICAL ASSISTANCE	ONGOING
VOSH ARIZONA 395 N SILVERBELL RD TUCSON, AZ 85745	27-0019769	501(C)(3)	0.	5,170.	FMV	MEDICAL ASSISTANCE	ONGOING
WAHID MEDICAL CORP 1108 WARD AVENUE PATTERSON, CA 95363	45-3797437	CORP	0.	194,689.	FMV	MEDICAL ASSISTANCE	ONGOING

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WAIMANLO HEALTH CENTER 41-1295 KALANIANA'OLE HIGHWAY WAIMANALO, HI 96795	99-0273205	501(C)(3)	0.	8,035.	FMV	MEDICAL ASSISTANCE	ONGOING
WALWORTH COUNTY DEPT. OF HEALTH & HUMAN SERVICES - 1910 COUNTY ROAD NN - ELKHORN, WI 53121	39-6005752	115	0.	34,404.	FMV	MEDICAL ASSISTANCE	ONGOING
WASATCH COUNTY HEALTH DEPARTMENT 55 SOUTH 500 EAST HEBER CITY, UT 84032	87-6000299	115	0.	52,386.	FMV	MEDICAL ASSISTANCE	ONGOING
WATER CITY CARE MISSION, INC. 449 HIGH AVE OSHKOSH, WI 54901	84-3899508	501(C)(3)	0.	157,567.	FMV	MEDICAL ASSISTANCE	ONGOING
WAYNE COUNTY PUBLIC HEALTH 100 E SOUTH ST CORYDON, IA 50060	42-6004425	115	0.	48,170.	FMV	MEDICAL ASSISTANCE	ONGOING
WE CARE OF CENTRAL FLORIDA, INC 205 FARNOL STREET SW WINTER HAVEN, FL 33880	59-3529279	501(C)(3)	0.	16,045.	FMV	MEDICAL ASSISTANCE	ONGOING
WEBSTER COUNTY HEALTH UNIT 233 E WASHINGTON MARSHFIELD, MO 65706	43-1533477	115	0.	33,605.	FMV	MEDICAL ASSISTANCE	ONGOING
WELLNESS TREE COMMUNITY CLINIC 173 MARTIN STREET TWIN FALLS, ID 83301	26-1249939	501(C)(3)	0.	130,749.	FMV	MEDICAL ASSISTANCE	ONGOING
WESLEY HEALTH CENTER 1300 S. 10TH ST PHOENIX, AZ 85034	86-0133770	501(C)(3)	0.	77,999.	FMV	MEDICAL ASSISTANCE	ONGOING

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WEST CALDWELL HEALTH COUNCIL, INC 4330 COLLETTSVILLE RD COLLETTSVILLE, NC 28611-9000	59-1756933	501(C)(3)	0.	99,655.	FMV	MEDICAL ASSISTANCE	ONGOING
WEST HAWAII COMMUNITY HEALTH CENTER - 75-5751 KUAKINI HWY - KAILUA KONA, HI 96740	20-0495394	501(C)(3)	0.	88,545.	FMV	MEDICAL ASSISTANCE	ONGOING
WEST VIRGINIA UNIVERSITY FOUNDATION - 64 MEDICAL CENTER DRIVE, HSCN, G111A - MORGANTOWN, WV 26505-3409	55-6017181	501(C)(3)	0.	9,900.	FMV	MEDICAL ASSISTANCE	ONGOING
WESTCARE GEORGIA 2385 OAK GROVE CHURCH ROAD CARROLLTON, GA 30117	25-1903653	501(C)(3)	0.	147,122.	FMV	MEDICAL ASSISTANCE	ONGOING
WESTCARE NEVADA INC. 323 N. MARYLAND PARKWAY LAS VEGAS, NV 89101-3130	94-2778981	501(C)(3)	0.	152,588.	FMV	MEDICAL ASSISTANCE	ONGOING
WESTMINSTER FREE CLINIC 3271 GRANDE VISTA DR NEWBURY PARK, CA 91320	77-0563241	501(C)(3)	0.	149,758.	FMV	MEDICAL ASSISTANCE	ONGOING
WHEELING HEALTH RIGHT INC 61-29TH ST WHEELING, WV 26003	31-1149085	501(C)(3)	0.	23,052.	FMV	MEDICAL ASSISTANCE	ONGOING
WILDFLOWER HEALTHCARE 268 HERBERT STREET SAINT AUGUSTINE, FL 32084	52-2125419	501(C)(3)	0.	86,611.	FMV	MEDICAL ASSISTANCE	ONGOING
WILL-GRUNDY MEDICAL CLINIC 213 EAST CASS STREET JOLIET, IL 60432	36-3492306	501(C)(3)	0.	48,765.	FMV	MEDICAL ASSISTANCE	ONGOING

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLING HELPERS MEDICAL, INC 4186 MILL STREET COVINGTON, GA 30014	56-2602392	501(C)(3)	0.	508,939.	FMV	MEDICAL ASSISTANCE	ONGOING
WOFCC HOPE CLINIC 609 WEST AVENUE E ELK CITY, OK 73644	26-1284785	501(C)(3)	0.	47,707.	FMV	MEDICAL ASSISTANCE	ONGOING
WOLVERINE STREET MEDICINE 1500 E MEDICAL CENTER DR ANN ARBOR, MI 48109	38-6006309	501(C)(3)	0.	7,670.	FMV	MEDICAL ASSISTANCE	ONGOING
WOVEN HEALTH ONE MEDICAL PARKWAY FARMERS BRANCH, TX 75234	75-2616002	501(C)(3)	0.	21,552.	FMV	MEDICAL ASSISTANCE	ONGOING
WOVEN HEALTH CLINIC 4325 N JOSEY LN STE 111 CARROLLTON, TX 75010-4636	75-2616002	501(C)(3)	0.	38,199.	FMV	MEDICAL ASSISTANCE	ONGOING
ZUFALL HEALTH CENTER 18 W. BLACKWELL STREET DOVER, NJ 07801	22-3125397	501(C)(3)	0.	29,396.	FMV	MEDICAL ASSISTANCE	ONGOING
ALABAMA ASSOCIATION OF FREE AND CHARITABLE CLINICS - 5741 CARMICHAEL PARKWAY - MONTGOMERY, AL 36117	83-3196587	501(C)(3)	29,500.	0.			ONGOING
ALLIANCE MEDICAL CENTER, INC. 1381 UNIVERSITY AVE HEALDSBURG, CA 95448	94-2308748	501(C)(3)	10,000.	0.			ONGOING
BLANCHET HOUSE OF HOSPITALITY 310 NW GLISAN STREET PORTLAND, OR 97209	93-6031009	501(C)(3)	8,553.	0.			ONGOING

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA ASSOCIATION OF FREE CLINICS - 2752 ABEJORRO ST. - CARLSBAD, CA 92009	20-2198446	501(C)(3)	29,500.	0.			ONGOING
CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC. - 99 GUILLERMO RIEFKOHL ST - PATILLAS, PR 00723	66-0430826	501(C)(3)	6,000.	0.			ONGOING
CHARITABLE HEALTHCARE NETWORK 88 NORTH BROAD STREET, SUITE 1475 COLUMBUS, OH 43215	22-3769296	501(C)(3)	29,500.	0.			ONGOING
COVENANT HOUSE NEW ORLEANS 611 NORTH RAMPART STREET NEW ORLEANS, LA 70112	58-1669937	501(C)(3)	20,000.	0.			EMERGENCY
FAMILY HEALTH PARTNERSHIP CLINIC 401 E CONGRESS PARKWAY CRYSTAL LAKE, IL 60014	36-4277029	501(C)(3)	10,000.	0.			ONGOING
FLORIDA ASSOCIATION OF FREE & CHARITABLE CLINICS, INC. - 2103 CORAL WAY, 2ND FLOOR - CORAL GABLES, FL 33134	46-3502696	501(C)(3)	7,375.	0.			ONGOING
FREE CLINIC ASSOCIATION OF PENNSYLVANIA - 2520 GREEN TECH DRIVE, SUITE D - STATE COLLEGE, PA 16803	26-0099669	501(C)(3)	59,000.	0.			ONGOING
GEORGETOWN UNIV 37TH AND O STREETS, NW WASHINGTON, DC 20057	53-0196603	501(C)(3)	68,390.	0.			ONGOING
GEORGIA CHARITABLE CARE NETWORK INC. - 3032 BRIARCLIFF ROAD NE - ATLANTA, GA 30329	80-0100336	501(C)(3)	29,500.	0.			ONGOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEAL THE CITY FREE CLINIC 609 S. CAROLINA AMARILLO, TX 79106	46-5694050	501(C)(3)	10,000.	0.			ONGOING
HELPING HANDS OF MIDDLE & WEST TENNESSEE (HHT) - 1408 NORTH HIGHLAND AVENUE - JACKSON, TN 38301	81-1043752	501(C)(3)	25,000.	0.			EMERGENCY
IDAHO ASSOCIATION OF FREE & CHARITABLE CLINICS, INCORPORATED - 325 VIA VENITIO - POCATELLO, ID 83201	83-4185979	501(C)(3)	17,000.	0.			ONGOING
ILLINOIS ASSOCIATION OF FREE & CHARITABLE CLINICS - 42 STEPHEN STREET, #416 - LEMONT, IL 60439	20-1942444	501(C)(3)	29,500.	0.			ONGOING
JEFFERSON COMMUNITY HEALTH 4028 U. S. HIGHWAY 90 W AVONDALE, LA 70094	56-2439708	501(C)(3)	10,000.	0.			ONGOING
LONE STAR ASSOC 3710 CEDAR STREET, ROOM 213 AUSTIN, TX 78705	33-1115138	501(C)(3)	29,500.	0.			ONGOING
LOUISIANA ASSISTIVE TECH ACCESS NETWORK - 3042 OLD FORGE DRIVE, SUITE D - BATON ROUGE, LA 70808	72-1281065	501(C)(3)	10,000.	0.			EMERGENCY
LOUISIANA RURAL HEALTH ASSOC P.O. BOX 387 NAPOLEONVILLE, LA 70390	72-1219312	501(C)(3)	10,000.	0.			EMERGENCY
MEDSPIRE HEALTH PO BOX 3239 CHICO, CA 95927	83-3483396	501(C)(3)	10,000.	0.			EMERGENCY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURI ASSOCIATION OF FREE CLINICS - 904 S. 10TH, SUITE A - ST, JOSEPH, MO 64503	26-3575248	501(C)(3)	29,500.	0.			ONGOING
MOAB FREE HEALTH CLINIC 380 N 500 W MOAB, UT 84532	26-2082745	501(C)(3)	25,000.	0.			ONGOING
NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS - 1800 DIAGONAL RD SUITE 600 - ALEXANDRIA, VA 22314	56-2273242	501(C)(3)	125,000.	0.			ONGOING
NO/AIDS TASK FORCE 1631 ELYSIAN FIELDS AVENUE NEW ORLEANS, LA 70117	72-1059635	501(C)(3)	10,000.	0.			EMERGENCY
NORTH CAROLINA ASSOCIATION OF FREE & CHARITABLE CLINICS, INC - 1399 ASHLEYBROOK LN, SUITE 110 - WINSTON-SALEM, NC 27103	56-2062170	501(C)(3)	29,500.	0.			ONGOING
ODYSSEY HOUSE LOUISIANA INC 1125 N. TONTI STREET NEW ORLEANS, LA 70119	72-0743677	501(C)(3)	10,000.	0.			EMERGENCY
OKLAHOMA CHARITABLE CLINIC ASSOCIATION - 3000 UNITED FOUNDERS BLVD., SUITE 244 - OKLAHOMA CITY, OK 73112	45-0716546	501(C)(3)	29,500.	0.			ONGOING
OPEN ARMS HEALTH CLINIC 205 E. COMMERCE CT, UNIT 1 ELKHORN, WI 53121	45-4475625	501(C)(3)	32,000.	0.			EMERGENCY
PRESIDENT & FELLOWS OF HARVARD COLLEGE - 1033 MASSACHUSETTS AVE. - CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	417,975.	0.			ONGOING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA CRUZ COMMUNITY HEALTH P.O. BOX 542 SANTA CRUZ, NM 95061	23-7428303	501(C)(3)	15,000.	0.			ONGOING
SHEPHERD'S CARE MEDICAL CLINIC 304 PONY ROAD ZEBULON, NC 27597	26-2757593	501(C)(3)	15,000.	0.			ONGOING
SMITHVILLE COMMUNITY CLINIC PO BOX 38 SMITHVILLE, TX 78957	20-4515999	501(C)(3)	20,000.	0.			ONGOING
SPINDLETOP CENTER 655 S. 8TH STREET BEAUMONT, TX 77701	74-1684198	501(C)(3)	10,000.	0.			EMERGENCY
SWLA CENTER FOR HEALTH SERVICES (SOUTHWEST LOUISIANA CENTER FOR HEALTH SERVICES - 2000 OPELOUSAS STREET - LAKE CHARLES, LA 70616	72-1015384	501(C)(3)	25,000.	0.			EMERGENCY
SYMBA CENTER 20601 HWY 18 APPLE VALLEY, CA 92307	84-3729902	501(C)(3)	10,000.	0.			ONGOING
TALBOT HOUSE MINISTRIES OF LAKELAND, INC. - 814 N. KENTUCKY AVENUE - LAKELAND, FL 33801	59-2151802	501(C)(3)	10,000.	0.			ONGOING
TENNESSEE CHARITABLE CARE NETWORK 1515 B HAYDEN NASHVILLE, TN 37206	46-4916133	501(C)(3)	29,500.	0.			ONGOING
THE MISSION OF YAHWEH, INC. 10247 ALGIERS HOUSTON, TX 77041	23-7250068	501(C)(3)	26,204.	0.			EMERGENCY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WRIGHT CENTER FOR COMMUNITY HEALTH - 501 SOUTH WASHINGTON AVE - SCRANTON, PA 18505	23-2772504	501(C)(3)	33,000.	0.			ONGOING
TRS HEALTH INC COMMIT FOR CLIMATE RESILIENCY - 12805 CAPRICORN ST - STAFFORD, TX 77477	84-2546001	501(C)(3)	30,000.	0.			EMERGENCY
UNITED MEDICAL AND SOCIAL SERVICES 1660 WEST AIRPORT BLVD. SANFORD, FL 32771	84-1850758	501(C)(3)	10,000.	0.			ONGOING
UNITED WAY OF SOUTHEAST LA 2515 CANAL STREET NEW ORLEANS, LA 70119	72-0471369	501(C)(3)	10,000.	0.			EMERGENCY
UNITED WAY OF SW LOUISIANA 815 RYAN STREET LAKE CHARLES, LA 70601	72-0456901	501(C)(3)	10,000.	0.			EMERGENCY
VIRGINIA ASSOCIATION OF FREE CLINICS - 1801 LIBBIE AVE, SUITE 104 - RICHMOND, VA 23226	54-1802019	501(C)(3)	29,500.	0.			ONGOING
WELLSPACE HEALTH 777 12TH ST SACRAMENTO, CA 95814	94-1713704	501(C)(3)	20,000.	0.			ONGOING
WISCONSIN ASSOCIATION OF FREE AND CHARITABLE CLINICS - 1256 CAPITOL DRIVE, SUITE 700, #210 - PEWAUKEE, WI 53072	47-2298281	501(C)(3)	29,500.	0.			ONGOING

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FREE MEDICINE TO PATIENTS	177640	0.	771,579,460.	FMV	PRESCRIPTION
MEDICAL OUTREACH IN THE U.S	27	0.	647,786.	FMV	MEDICAL SUPPLIES

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

PART I, LINE 2:

GRANTS AND ASSISTANCE

LINE 2 - AMERICARES MONITORS ACTIVITIES TO ENSURE THAT DONATED GOODS AND

FUNDS ARE USED TO FULFILL OUR MISSION. AMERICARES TRACKS EVERY DONATION AS

IT ENTERS AND LEAVES OUR WAREHOUSES AND REQUIRES REPORTING OF EACH

RECEIVING PARTNER ORGANIZATION, WHICH INCLUDE DETAILED CONFIRMATION OF

RECEIPT AND QUARTERLY UPDATES ON DISTRIBUTION. INDIVIDUAL LICENSED HEALTH

CARE PROVIDERS RECEIVING DONATIONS THROUGH OUR MEDICAL OUTREACH PROGRAM

MUST PROVIDE A REPORT DETAILING HOW THE DONATION WAS USED, NUMBER OF

**Part IV Supplemental Information**

PATIENTS TREATED AND OTHER INFORMATION.

HEALTH PARTNERS THAT RECEIVE FUNDING FROM AMERICARES ARE REQUIRED TO

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

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

PROJECT ORACTIVITY. AMERICARES STAFF ALSO PERFORM SITE VISITS TO MONITOR

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

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

BASELINE AND FINAL PROJECT ASSESSMENTS.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHRISTINE SQUIRES PRESIDENT/CEO	(i)	456,087.	20,500.	0.	37,973.	40,533.	555,093.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) M. RASHAD MASSOUD MD, MPH, FACP SENIOR VP, CPO	(i)	328,512.	0.	0.	17,574.	40,533.	386,619.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RICHARD K. TROWBRIDGE, JR. CFO, TREASURER, SVP, GIK OPERATIONS	(i)	283,143.	0.	0.	17,220.	40,533.	340,896.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JENNY GOLDSTEIN SVP & CHIEF DEVELOPMENT OFFICER	(i)	256,266.	0.	0.	15,759.	40,533.	312,558.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JED SELKOWITZ SVP & CHIEF MARKETING OFFICER	(i)	281,046.	0.	0.	16,783.	1,591.	299,420.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MEGIN WOLFMAN SVP, STRATEGY & COS	(i)	231,195.	0.	0.	14,003.	40,502.	285,700.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GABRIELA SALVADOR MD, MPH SVP, GL OPERATIONS	(i)	225,945.	0.	0.	13,823.	39,884.	279,652.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KEVIN GILRAIN SENIOR VP HUMAN RESOURCES	(i)	0.	0.	269,184.	0.	0.	269,184.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MATT MOSNER GEN. COUNS. (OFFICER AS OF 10/2021)	(i)	205,791.	0.	0.	12,415.	29,202.	247,408.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) STEPHANIE KAUFFMAN DEP. SVP, STRAT. PTNR. (THRU 4/2022)	(i)	196,981.	0.	0.	8,017.	40,425.	245,423.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) VISH JAIN DEPUTY SVP, IT AND FACILITIES	(i)	201,079.	0.	0.	12,055.	1,456.	214,590.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JULIE VARUGHESE CHIEF MEDICAL OFFICER	(i)	187,036.	0.	0.	11,580.	1,456.	200,072.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) NANCY OTTERSTROM SENIOR DIRECTOR, GRANTS MANAGEMENT	(i)	169,656.	0.	0.	10,143.	13,016.	192,815.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) SUSAN WILLET SR. DIR., CONTROLLER (THRU 2/2022)	(i)	178,174.	0.	0.	10,654.	1,422.	190,250.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ELANA LOPEZ CHIEF PEOPLE (OFFICER AS OF 10/2021)	(i)	129,849.	0.	0.	7,911.	20,266.	158,026.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 4A:

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

JANUARY, 2021 IN THE AMOUNT OF \$269,184; THIS AMOUNT IS REPORTED IN

SCHEDULE J, PART II, COLUMN (B)(III).

SCHEDULE J, PART I, LINE 7

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

CALENDAR YEAR 2021 FOR EXCEEDING CERTAIN PERFORMANCE-BASED OBJECTIVES

ESTABLISHED BY THE COMPENSATION COMMITTEE. THE DETERMINATION TO ISSUE A

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

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

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	160	2,228,839.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	2470375	339,667.	COST/WHOLESALE PRICE
20 Drugs and medical supplies	X	4674581	1,245,169,792.	COST/WHOLESALE PRICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (NON-MEDICAL S)	X	170195	10,309,682.	COST/WHOLESALE PRICE
26 Other				
27 Other				
28 Other				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 37

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

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2021

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

SCHEDULE M, LINE 32B:

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

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

REASON FOR AMENDING PREVIOUSLY FILED FORM 990

THE FOUNDATION IS AMENDING ITS FORM 990 TO CORRECT THE OVER-REPORTING

OF CERTAIN NON-TAXABLE BENEFITS DISCLOSED IN BOTH FORM 990, PART VII,

COLUMN (F) AND SCHEDULE J, PART II, COLUMN (D) FOR VARIOUS OFFICERS AND

HIGHLY COMPENSATED EMPLOYEES. NO OTHER SECTIONS OF THE FORM 990 HAVE

BEEN MODIFIED.

ORGANIZATION MISSION CONTINUATION

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

HEALTH PROGRAMS, MEDICINE & SUPPLIES.

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

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

SUPPLIES, AMERICARES REACHED 88 COUNTRIES IN FY22 WITH MEDICINE,

MEDICAL SUPPLIES, SUPPORT AND TECHNICAL ASSISTANCE VALUED AT MORE THAN

\$1.38 BILLION THROUGH OUR ACCESS TO MEDICINE, EMERGENCY PROGRAMS AND

CLINICS TO COMMUNITIES HEALTH PROGRAMS.

AMERICARES MISSION IS TO SAVES LIVES AND IMPROVES HEALTH FOR PEOPLE

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

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

LOCAL HEALTH CENTERS THRIVE, SO DO PEOPLE IN THEIR COMMUNITIES WITH

BETTER HEALTH, MORE OPPORTUNITIES AND INCREASINGLY PRODUCTIVE LIVES.

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

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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INTERNATIONAL HEALTH CARE INSTITUTIONS AND FACILITIES THAT INCLUDE  
 HOSPITALS, CLINICS, LOCAL HEALTH CENTERS, MINISTRIES OF HEALTH AND  
 NONPROFIT HEALTH CARE NETWORKS AND PROVIDERS. WORKING THROUGH THIS  
 NETWORK, AMERICARES HAS THREE CORE PROGRAMS:

MEDICINE SECURITY: INCREASING ACCESS TO CRITICAL MEDICINE AND MEDICAL  
 SUPPLIES;  
 EMERGENCY PROGRAMS: HELPING COMMUNITIES PREPARE FOR, RESPOND TO AND  
 RECOVER FROM DISASTERS; AND HEALTH SERVICES IMPROVING AND EXPANDING  
 CLINICAL SERVICES AND PROMOTING GOOD HEALTH AND DISEASE PREVENTION IN  
 VULNERABLE COMMUNITIES.

IN EACH PROGRAM AREA, WE WORK TO ADDRESS FIVE KEY HEALTH THEMES:  
 WOMEN'S AND CHILDREN'S HEALTH, INFECTIOUS DISEASE, NON-COMMUNICABLE  
 DISEASE (SUCH AS DIABETES AND HYPERTENSION), MENTAL HEALTH AND HEALTH  
 SYSTEM STRENGTHENING.

THROUGH COLLABORATION WITH OUR EXTENSIVE WORLDWIDE PARTNER NETWORK, WE  
 COMMITTED OVER \$30.8 MILLION TO IMPLEMENT HEALTH PROJECTS IN 44  
 COUNTRIES THAT DIRECTLY OR INDIRECTLY BENEFITED AN ESTIMATED 13.6  
 MILLION PEOPLE. IN ADDITION, WE LEVERAGED MORE THAN \$1.22 BILLION WORTH  
 OF DONATED AND PROCURED COMMODITIES TO SUPPORT PROJECTS AND ACTIVITIES  
 AND TO RELIEVE SHORTAGES OF MEDICINES AND SUPPLIES THROUGH OUR HEALTH  
 PARTNERS, INCLUDING ENOUGH MEDICINE TO FILL MORE THAN 14.7 MILLION  
 PRESCRIPTIONS AND MORE THAN 5.24 MILLION UNITS OF SUPPLIES. THROUGH  
 MEDICINE ALONE, WE ESTIMATE THAT WE IMPROVED THE HEALTH OF 3.09 MILLION  
 PEOPLE.

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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FORM 990 PART III, LINE 4A

MEDICINE SECURITY

AMERICARES IMPROVES HEALTH OUTCOMES FOR PATIENTS IN UNDER-RESOURCED COMMUNITIES BY INCREASING ACCESS TO QUALITY MEDICINES AND SUPPLIES FOR LOCAL HEALTH PROVIDERS AND THE PEOPLE AND COMMUNITIES THEY SERVE. A STRONG AND EXPANDING NETWORK OF OVER 200 PHARMACEUTICAL AND MEDICAL SUPPLY CORPORATIONS DONATE THESE MEDICINES, MEDICAL SUPPLIES, PERSONAL CARE PRODUCTS, MEDICAL EQUIPMENT AND TECHNOLOGY. WE DISTRIBUTE THESE DONATIONS TO OUR GLOBAL PARTNER NETWORK THROUGH TWO INITIATIVES:

THE GLOBAL ACCESS TO MEDICINE PROGRAM, WHICH DISTRIBUTES HIGH-QUALITY MEDICINES DIRECTLY TO A NETWORK OF PARTNERS IN 33 COUNTRIES. PARTNERS ARE SELECTED FOR THEIR CAPACITY TO SECURELY AND EFFECTIVELY PROCESS AND UTILIZE AMERICARES MEDICAL AND SUPPLY DONATIONS. AMERICARES ALSO SUPPORTS VOLUNTEER MEDICAL TEAMS AS THEY PROVIDE PRIMARY CARE, PERFORM SURGERIES, RESPOND TO HEALTH EMERGENCIES AND STRENGTHEN LOCAL HEALTH CARE CAPACITY IN COMMUNITIES WHERE BASIC MEDICAL CARE IS OFTEN NON-EXISTENT OR INACCESSIBLE. LAST YEAR AMERICARES PROVIDED THESE TEAMS WITH \$78.3 MILLION IN DONATED MEDICINES AND SUPPLIES AS WELL AS MEDICAL TRAINING TOOLS AND RESOURCES WHICH THEY USED TO PROVIDE CARE IN 34 COUNTRIES.

THE U.S. PROGRAM, WHICH LAST YEAR SERVED A NETWORK OF 972 SAFETY NET HEALTH CARE PROVIDERS THROUGHOUT THE CONTINENTAL U.S. AND PUERTO RICO. AGAIN, PARTNERS ARE SELECTED FOR THEIR CAPACITY TO SECURELY AND EFFECTIVELY PROCESS AND UTILIZE AMERICARES MEDICAL AND SUPPLY DONATIONS.

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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IN ALL, AMERICARES PROVIDED AID VALUED AT \$1.29 BILLION THROUGH OUR

MEDICINE SECURITY PROGRAM, INCLUDING ENOUGH MEDICINE TO FILL 10.7

MILLION PRESCRIPTIONS AND 3 MILLION MEDICAL SUPPLIES. WE ESTIMATE THAT

2 MILLION PEOPLE BENEFITED FROM THE MEDICINE PROVIDED BY AMERICARES

MEDICINE SECURITY PROGRAM.

FORM 990 PART III, LINE 4B

EMERGENCY PROGRAMS

FROM JULY 2021 TO JUNE 2022, AMERICARES RESPONDED TO 37 NATURAL

DISASTERS AND HUMANITARIAN CRISES IN 34 COUNTRIES, INCLUDING THE UNITED

STATES, WITH TECHNICAL ASSISTANCE, SHIPMENTS OF MEDICINES AND EMERGENCY

SUPPLIES AS WELL AS PREPAREDNESS, RESPONSE AND RECOVERY PROJECTS.

AMERICARES EMERGENCY RESPONSE TEAM BEGAN A COMPREHENSIVE RESPONSE TO

RUSSIA'S FEBRUARY 2022 INVASION OF UKRAINE WITH SUPPORT FOR HOSPITALS

AND FIRST RESPONDERS IN UKRAINE AS WELL AS REFUGEES WHO FLED TO POLAND,

ROMANIA AND SLOVAKIA. BY JUNE 30, AMERICARES HAD DELIVERED MORE THAN

110 TONS OF MEDICINE AND MEDICAL SUPPLIES INTO UKRAINE AND PROVIDED \$1

MILLION IN FUNDING TO LOCAL PARTNERS IN POLAND, ROMANIA, SLOVAKIA AND

UKRAINE.

ACROSS ALL EMERGENCIES IN FY22, AMERICARES EMERGENCY PROGRAMS DELIVERED

\$59 MILLION IN EMERGENCY AND DISASTER AID, INCLUDING SHIPMENTS OF

MEDICINES AND RELIEF SUPPLIES; THROUGH MEDICINE ALONE, AMERICARES

EMERGENCY PROGRAMS REACHED AN ESTIMATED 1 MILLION PEOPLE. IN EMERGENCY

SETTINGS, AMERICARES PROVIDED GRANTS AND SUPPORT FOR 128 PROJECTS,

WHICH DIRECTLY BENEFITED 111,00 PEOPLE.



Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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AMERICARES COMPREHENSIVE PROGRAM TO PROVIDE PRIMARY CARE SERVICES TO  
 VENEZUELAN MIGRANTS AND COLOMBIAN RETURNEES IN COLOMBIA CONTINUED IN  
 FY22. AMERICARES OPERATED FIXED AND MOBILE CLINICS AND, FROM JULY 2021  
 TO JUNE 2022, CONDUCTED 233,466 PATIENT CONSULTATIONS, INCLUDING 62,000  
 PRENATAL CONSULTATIONS AND 115,000 MENTAL HEALTH CONSULTATIONS BETWEEN  
 FIXED FACILITIES AND MOBILE CLINICS.

COUNTRY LIST

1. AFGHANISTAN: CRISIS EVACUATION
2. BAHAMAS: HURRICANE DORIAN
3. BANGLADESH: ROHINGYA REFUGEE CRISIS, COVID-19
4. BRAZIL: COVID-19
5. COLOMBIA: REGIONAL CRISIS
6. EL SALVADOR: HURRICANE ETA, HURRICANE IOTA
7. GUATEMALA: HURRICANE ETA, HURRICANE IOTAL
8. HAITI: EARTHQUAKE
9. HONDURAS: HURRICANE ETA, HURRICANE IOTA
10. INDIA: MAHARASHTRA FLOODING, COVID-19
11. INDONESIA: SUMATRA AND SULAWESI EARTHQUAKES
12. IRAQ
13. JORDAN: SYRIA POLITICAL CONFLICT
14. LEBANON: FINANCIAL CRISIS, SYRIA POLITICAL CONFLICT
15. LIBERIA: COVID-19
16. MADAGASCAR: TROPICAL CYCLONE BATSIRAI
17. MALAWI: TROPICAL STORM ANA, COVID-19
18. MOZAMBIQUE: TROPICAL STORM ANA, CYCLONE ELOISE
19. NEPAL: COVID-19

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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- 20. NICARAGUA: HURRICANE ETA, HURRICANE IOTA
- 21. NIGERIA: COMPLEX CRISIS
- 22. PALESTINE: CONFLICT ESCALATION IN GAZA AND WEST BANK
- 23. PHILIPPINES: TYPHOON ODETTE, COVID-19
- 24. POLAND: INVASION OF UKRAINE
- 25. ROMANIA: INVASION OF UKRAINE
- 26. SAINT VINCENT AND THE GRENADINES: VOLCANO ERUPTION
- 27. SIERRA LEONE: FUEL TANKER FIRE
- 28. SLOVAKIA: INVASION OF UKRAINE
- 29. SRI LANKA: ECONOMIC COLLAPSE, COVID-19
- 30. SYRIA: SYRIA POLITICAL CONFLICT
- 31. TANZANIA: COVID-19
- 32. UKRAINE: INVASION OF UKRAINE
- 33. UNITED STATES -- 13 DISASTERS, INCLUDING: HURRICANE IDA, WILDFIRES,  
SEVERE STORMS AND EXTREME WEATHER (TROPICAL STORM FRED, HEAT,  
TORNADOES)
- 34. YEMEN: COMPLEX EMERGENCY

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

FORM 990 PART III, LINE 4C  
HEALTH SERVICES  
AMERICARES SUPPORTS THE CAPACITY OF LOCAL HEALTH DELIVERY PARTNERS AND PROMOTES HEALTH AND DISEASE PREVENTION IN LOW-INCOME COMMUNITIES ACROSS

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THE U.S. AND WORLDWIDE. THIS WORK IS PARAMOUNT TO PROTECTING HEALTH  
DURING THE GLOBAL COVID-29 PANDEMIC. THROUGH WORK IN OUR OWN CLINICS  
AND THAT OF OUR PARTNERS, AMERICARES PROVIDED MORE THAN \$3 MILLION IN  
OUR HEALTH SERVICES WORK.

IN 2021 - 2022, AMERICARES CLINIC IN EL SALVADOR, CLINICA INTEGRAL DE  
ATENCION FAMILIAR, PROVIDED 29,804 PEOPLE WITH 60,398 CLINICAL  
CONSULTATIONS. IN ADDITION, OUR PARTNERS AMERICARES INDIA AND  
AMERICARES FREE CLINICS, IN CONNECTICUT, PROVIDED AN ADDITIONAL 244,707  
CLINICAL CONSULTATIONS.

IN FY22, AMERICARES SUPPORTED NEARLY 4,500 SURGERIES PERFORMED BY  
U.S.-BASED MEDICAL VOLUNTEERS ON 180 SHORT-TERM MEDICAL OUTREACH TRIPS  
TO 30 COUNTRIES. TWENTY-FIVE TEAMS ALSO BROUGHT 119 PULSE OXIMETERS TO  
THEIR PARTNER AND TRAINED AN ESTIMATED 390 LOCAL MEDICAL STAFF ON PULSE  
OXIMETRY AND THE USE OF THE DONATED DEVICES. RESPONDING TO A SURVEY  
AFTER DONATION OF THE PULSE OXIMETERS, 100 PERCENT OF IN-COUNTRY STAFF  
STATED THAT THEY ALWAYS/MOST OF THE TIME USE PULSE OXIMETERS DURING  
SURGERY. PRIOR TO THE DONATION, 72 PERCENT USED THE OXIMETERS REGULARLY  
DURING SURGERY. IN ADDITION, TEAMS PLACED 177 SURGICAL-SAFETY  
CHECKLISTS IN OPERATING AND RECOVERY ROOMS IN 24 COUNTRIES.

AMERICARES ALSO PROVIDES RESOURCES AND TRAINING SO HEALTH WORKERS CAN  
BETTER SERVE THEIR COMMUNITIES AND IMPROVE THE HEALTH OF LOW-INCOME  
PATIENTS. IN FY22, AMERICARES CAPACITY-BUILDING TRAINING REACHED 10,078  
HEALTH CARE WORKERS AND 2,775 NON-HEALTH CARE WORKERS IN 14 COUNTRIES.

IN OUR HEALTH SERVICES PROGRAM, WE ADDRESS THE ROOT CAUSES OF ILLNESS

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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AND DISEASE, EMPLOYING AN INTEGRATED APPROACH THAT LINKS TREATMENT SERVICES TO DISEASE PREVENTION EFFORTS AND HEALTH EDUCATION. ALL PROGRAMS PROMOTE EVIDENCE-BASED BEST PRACTICES AND ARE DESIGNED TO THE HIGHEST STANDARDS OF PROJECT PLANNING, IMPLEMENTATION AND MONITORING AND EVALUATION.

IN FY22, AMERICARES COMMUNITY HEALTH PROGRAMS SPANNED A RANGE OF HEALTH THEMES INCLUDING WOMEN'S AND CHILDREN'S HEALTH, INFECTIOUS DISEASE, NON-COMMUNICABLE DISEASE (SUCH AS DIABETES AND HYPERTENSION), MENTAL HEALTH AND HEALTH SYSTEM STRENGTHENING.

EXAMPLES INCLUDE:

- TO REDUCE THE INCIDENCE AND RISKS OF HYPERTENSION AND DIABETES IN FY22, AMERICARES MANAGED SEVEN PROJECTS IN FOUR COUNTRIES. IN EL SALVADOR, AMERICARES CLINICA INTEGRAL DE ATENCION FAMILIAR HYPERTENSION/DIABETES MANAGEMENT AND PREVENTION PROJECT ENTERED ITS THIRD YEAR, REACHING MORE THAN 600 AFFECTED INDIVIDUALS FROM THE SURROUNDING RURAL COMMUNITIES WITH ONE-ON-ONE TRAINING BY THE CLINIC'S COMMUNITY HEALTH WORKERS. OVER SOCIAL MEDIA, THE CLINIC DELIVERED MORE THAN 4,000 TEXT MESSAGES WITH EDUCATIONAL CONTENT RELATED TO CHRONIC DISEASE PREVENTION AND PROPER MANAGEMENT.

- TO HELP LOCAL HEALTH CENTERS PREVENT, TREAT, AND PROTECT AGAINST INFECTIOUS DISEASES, 26 HEALTH PROJECTS IN 11 COUNTRIES INCLUDED SUPPORT FOR INFECTION PREVENTION AND CONTROL. IN MALAWI, FOR EXAMPLE, AMERICARES PROVIDED WEBINARS, EDUCATION SESSIONS AND TRAINING-OF-TRAINER SESSIONS COVERING INFECTION PREVENTION AND CONTROL

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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PRACTICES, COVID-19, AND TRANSMISSION OF DISEASE FROM ANIMALS TO HUMANS. THEN, AFTER TROPICAL STORM ANA, AMERICARES WORKED IN COMMUNITIES TO PREVENT THE SPREAD OF CHOLERA, BRINGING SUPPLIES, TRAINING FOR HEALTH WORKERS AND PUBLIC HYGIENE PROMOTION AND AN AWARENESS CAMPAIGN WITH MESSAGES THAT REACHED MORE THAN 25,000 PEOPLE.

- IN THE UNITED STATES, AMERICARES IS WORKING TO STRENGTHEN FREE AND CHARITABLE CLINICS' USE OF DATA TO ENSURE EQUITABLE HEALTH OUTCOMES THROUGH THE COLLABORATIVE ROADMAP TO HEALTH EQUITY PROJECT. IN FY22, 33 PILOT CLINICS FROM 21 STATES REPORTED DATA ACROSS 13 CLINICAL MEASURES, REPRESENTING 34,359 UNIQUE PATIENTS.

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

EL SALVADOR, HAITI, LIBERIA, NEPAL, PHILIPPINES, TANZANIA, COLOMBIA, MALAWI

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

990 REVIEW PROCESS

THE FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE FORM 990 IS SUBJECT TO A DETAILED REVIEW BY THE CHIEF FINANCIAL OFFICER AND AMERICARES' LEGAL COUNSEL PRIOR TO ITS SUBMISSION TO THE AUDIT COMMITTEE. THE FORM 990 IS PRESENTED TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS BY MANAGEMENT AND ITS EXTERNAL ACCOUNTING FIRM; ONCE REVIEWED AND ACCEPTED BY THE AUDIT COMMITTEE, THE 990 IS DISTRIBUTED TO THE FULL BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENT.

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

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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CONFLICT OF INTEREST POLICY

SECTION 1. POLICY.

A DIRECTOR OR OFFICER SHALL DISCLOSE TO THE BOARD OF DIRECTORS ANY POTENTIAL CONFLICTS OF INTEREST IN CONNECTION WITH PROPOSED ACTIONS OF THE CORPORATION. WHEN ANY SUCH CONFLICT OF INTEREST IS RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD OF DIRECTORS, OR A COMMITTEE THEREOF, SUCH INTERESTED DIRECTOR OR OFFICER SHALL NOT VOTE ON THE MATTER. MOREOVER, THE INTERESTED DIRECTOR OR OFFICER SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD OF DIRECTORS (OR THE COMMITTEE) IS MEETING AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. HOWEVER, THE INTERESTED DIRECTOR OR OFFICER SHALL PROVIDE THE BOARD OF DIRECTORS OR COMMITTEE WITH ANY AND ALL MATERIAL INFORMATION.

SECTION 2. DISCLOSURE.

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

SECTION 3. REVIEW OF POLICY.

THIS POLICY SHALL BE REVIEWED ANNUALLY FOR THE INFORMATION AND GUIDANCE OF

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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DIRECTORS, OFFICERS AND STAFF MEMBERS; AND ANY NEW DIRECTORS, OFFICERS OR

STAFF MEMBERS SHALL BE ADVISED OF THE POLICY AND FURNISHED A DISCLOSURE

STATEMENT UPON UNDERTAKING THE DUTIES OF SUCH OFFICE.

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

PROCESS FOR DETERMINING COMPENSATION

AMERICARES PURSUES A RIGOROUS PROCESS TO ENSURE THAT THE COMPENSATION IT

PAYS IS COMMENSURATE WITH THE NOT-FOR-PROFIT INDUSTRY IN WHICH IT OPERATES.

AMERICARES HAS A COMPENSATION COMMITTEE IN PLACE THAT DETERMINES THE

PRESIDENT & CEO'S COMPENSATION BASED ON COMPENSATION SURVEY RESULTS

CONDUCTED BY AN INDEPENDENT THIRD PARTY CONSULTANT.

WITH THE ONBOARDING OF A NEW PRESIDENT & CEO, AMERICARES COMMISSIONED A

FRESH COMPENSATION STUDY IN OCTOBER OF 2020 TO ALIGN COMPENSATION WITH THE

CURRENT MARKET. THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS

ULTIMATELY RATIFIED THE PRESIDENT AND CEO'S COMPENSATION.

FOR ALL OTHER INDIVIDUALS REPORTED ON THE 990 (AS WELL AS ALL AMERICARES

STAFF), THE PRESIDENT & CHIEF EXECUTIVE OFFICER, IN CONSULTATION WITH THE

CHIEF PEOPLE OFFICER, DETERMINES COMPENSATION UTILIZING AVAILABLE MARKET

DATA, SALARY SURVEY RESULTS AND OTHER AVAILABLE TOOLS TO SUBSTANTIATE

DECISIONS. AMERICARES, LIKEWISE, COMMISSIONED A SEPARATE COMPENSATION

STUDY IN OCTOBER OF 2020 TO COVER ALL STAFF.

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

AL, AR, CA, DC, FL, GA, HI, IL, IN, KS, KY, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, OR, PA

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

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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FORM 990, PART VI, SECTION C, LINE 19:

PUBLIC DISCLOSURE OF DOCUMENTS

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

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

CHANGES IN SPLIT-INTEREST AGREEMENTS	-859,657.
LOSS ON FOREIGN CURRENCY	-76,666.
TOTAL TO FORM 990, PART XI, LINE 9	-936,323.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

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

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

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

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

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

Schedule R (Form 990) 2021

**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	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICARES FREE CLINICS, INC.	B	1,228,871.	FMV (GOODS)
(2) AMERICARES FREE CLINICS, INC.	Q	218,305.	COST
(3) AMERICARES FREE CLINICS, INC.	D	300,000.	LOAN GUARANTEE
(4) AMERICARES MALAWI	B	217,167.	COST
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

**Part VII Supplemental Information**

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

SCHEDULE R, PART V, LINE 2

AMERICARES MALAWI IS ESTABLISHING A NETWORK OF THRIVING HEALTH

CENTERSTHAT IMPROVE HEALTH OUTCOMES AND BUILD COMMUNITY RESILIENCE.

AMERICARESMALAWI INCURRED \$217,167 OF EXPENDITURES IN THE YEAR ENDING

JUNE 30,2021; THOSE EXPENSES ARE FUNDED BY THE AMERICARES FOUNDATION.

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer AMERICARES FOUNDATION, INC. EIN or SSN 06-1008595

Name and title of officer or person subject to tax RICHARD K. TROWBRIDGE, JR.  
CFO, TREASURER, SVP, GIK OP

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<b>1a</b> Form 990 check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input checked="" type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> <u>0.</u>
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize GRANT THORNTON LLP to enter my PIN 36605  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date \_\_\_\_\_

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

13686736605

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date \_\_\_\_\_

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

**2021**

For calendar year 2021 or other tax year beginning JUL 1, 2021, and ending JUN 30, 2022

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)	<b>D</b> Employer identification number
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		AMERICARES FOUNDATION, INC.	06-1008595
		Number, street, and room or suite no. If a P.O. box, see instructions. 88 HAMILTON AVENUE City or town, state or province, country, and ZIP or foreign postal code STAMFORD, CT 06902-3105	<b>E</b> Group exemption number (see instructions)
	<b>C</b> Book value of all assets at end of year .....		<b>F</b> <input type="checkbox"/> Check box if an amended return.

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) .....

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**L** The books are in care of ▶ RICHARD K. TROWBRIDGE, JR. Telephone number ▶ 203-658-9500

**Part I Total Unrelated Business Taxable Income**

<b>1</b> Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	<b>1</b>	0.
<b>2</b> Reserved .....	<b>2</b>	
<b>3</b> Add lines 1 and 2 .....	<b>3</b>	
<b>4</b> Charitable contributions (see instructions for limitation rules) .....	<b>4</b>	0.
<b>5</b> Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	<b>5</b>	
<b>6</b> Deduction for net operating loss. See instructions .....	<b>6</b>	
<b>7</b> Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	<b>7</b>	
<b>8</b> Specific deduction (generally \$1,000, but see instructions for exceptions) .....	<b>8</b>	
<b>9</b> Trusts. Section 199A deduction. See instructions .....	<b>9</b>	
<b>10</b> Total deductions. Add lines 8 and 9 .....	<b>10</b>	
<b>11</b> Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	<b>11</b>	0.

**Part II Tax Computation**

<b>1</b> Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) .....	<b>1</b>	0.
<b>2</b> Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	<b>2</b>	
<b>3</b> Proxy tax. See instructions .....	<b>3</b>	
<b>4</b> Other tax amounts. See instructions .....	<b>4</b>	
<b>5</b> Alternative minimum tax (trusts only) .....	<b>5</b>	
<b>6</b> Tax on noncompliant facility income. See instructions .....	<b>6</b>	
<b>7</b> Total. Add lines 3 through 6 to line 1 or 2, whichever applies .....	<b>7</b>	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

<b>Part III Tax and Payments</b>			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
b Other credits (see instructions) .....	<b>1b</b>		
c General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
e <b>Total credits.</b> Add lines 1a through 1d .....	<b>1e</b>		
2 Subtract line 1e from Part II, line 7 .....	<b>2</b>		0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....	<b>3</b>		
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	<b>4</b>		0.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....	<b>5</b>		0.
6a Payments: A 2020 overpayment credited to 2021 .....	<b>6a</b>		
b 2021 estimated tax payments. Check if section 643(g) election applies .....	<b>6b</b>		
c Tax deposited with Form 8868 .....	<b>6c</b>		
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
e Backup withholding (see instructions) .....	<b>6e</b>		
f Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 .....	<b>6g</b>		
<input type="checkbox"/> Form 4136 .....			
7 <b>Total payments.</b> Add lines 6a through 6g .....	<b>7</b>		
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....	<b>8</b>		
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>		
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>		
11 Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> .....	<b>11</b>		
		<b>Refunded</b>	

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....			<b>Yes</b> <b>No</b>
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....			
3 Enter the amount of tax-exempt interest received or accrued during the tax year .....			
4 Enter available pre-2018 NOL carryovers here .....			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
	\$		
	\$		
6a Did the organization change its method of accounting? (see instructions) .....			
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....			

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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 all information of which preparer has any knowledge.			
	Signature of officer	Date	CFO, TREASURER, SVP, GIK OP Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	SCOTT THOMPSETT			P00741490
	Firm's name ▶ GRANT THORNTON LLP	Firm's address ▶ 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013		Firm's EIN ▶ 36-6055558 Phone no. 212-599-0100



FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH  
ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 1

NAME OF COUNTRY

EL SALVADOR  
HAITI  
LIBERIA  
NEPAL  
PHILIPPINES  
TANZANIA  
COLOMBIA  
MALAWI

Electronic Filing PDF Attachment

## Annex 1: Scope of Work

Americares will be involved in all phases of the project, from the training to the procurement and shipping of medicines and procured items to Anera Lebanon. Americares shall handle all procurement, shipping documents, certificates for clearance at destination, freight services, packaging,, and (but not limited to) delivery to destination country on CIF basis. Grantee shall carry Procurement, Logistics, and training related services per the below terms and conditions:

### **1.1. Procurement**

1.1.1. Grantee shall be responsible for the procurement/provision of chronic medications as per the consumption provided by the Medical Donation team.

1.1.2. Grantee shall NOT procure medications banned at the country of destination. The Medications banned are any drug from TEVA PHARMACEUTICAL INDUSTRIES and any of the following sub companies owned by TEVA (but not limited to) ACTAVIS, CEPHALON INC., THERAMEX S.P.A., THERAMEX S.A.M., RATIOPHARM, MEPHA PHARMA A.G., ALLERGAN GENERICS, or any other company owned by TEVA, or not permitted by the Lebanese government.

1.1.3. Grantee shall procure medications, in a cost efficient manner, with an expiration date not less than 1 year of its remaining shelf life from the time they arrive to the destination country.

1.1.4. All medications shall be coordinated and approved by the Health Project Manager at Anera prior bidding and during all stages of the process. Americares shall add the manufacturer, the Country of Manufacturer, and the Country of Origin related to each medicine at the offer level in order to obtain Anera's approval.

1.1.5. Grantee shall provide all documentations related to this project including but not limited to, invoices and expenditure reports pursuant to Annex 4, **Reporting Schedule**.

1.1.6. Grantee shall make sure the writings on the medication packing is in one or more of the following approved languages in the country of destination: English, French, and/or, Arabic. There can be other languages on the packaging, as long as they're in addition to English, French, and/or Arabic

### **1.2. Logistics**

1.2.1. Grantee shall seek Anera's confirmation on the shipment prior to booking and shall maintain consistency in all shipping documents in terms of, but not limited to, weight, quantity, value, dimensions.

1.2.2. Grantee shall book shipments consigned per Anera's instruction in a timely manner after Anera's final confirmation. Americares shall prioritize Anera's shipments to ensure fast and safe arrival to the country of destination.

1.2.3. Grantee shall provide all needed certificates related to the shipment

1.2.4. Grantee shall pack the medications/goods as required by the relevant mode of shipping (seaworthy or airworthy shipping) and provide proper padding when necessary.

1.2.5. Grantee shall ship medications per their required temperature and maintain the integrity of the shipment during transit and until delivery.

1.2.6. Grantee shall insure the shipment and arrange booking on CIF basis. In case of insurance claim, Anera shall not be part of filing the claim with the insurance company and Grantee shall reimburse Anera within 30 days from notification.

### **1.3 Training:**

1.3.1. The Grantee shall liaise with the project manager to determine training needs and schedule training sessions.

1.3.2. The Grantee shall design effective training programs on warehousing, logistics and other skills as needed.

1.3.3. The Grantee shall select and book venues (online or in-person).

1.3.4. The Grantee shall conduct seminars, workshops, individual training sessions etc.

1.3.5. The Grantee shall prepare educational material such as modules, presentations, tools, etc.

1.3.6. The Grantee shall keep attendance and other records.

1.3.7. The Grantee shall conduct training evaluations to identify areas of improvement.

1.3.8. The Grantee shall provide a report after each training.



## Annex 2: Detailed Budget

<u>BUDGET CATEGORIES</u>	<u>Account Code</u>	<u>BUDGET (Through August 2022)</u>				
		<u>Cost</u>	<u>Unit</u>	<u>LOE</u>	<u>Qty</u>	<u>Total Budget (Y1)</u>
		<u>\$</u>		<u>%</u>		<u>\$</u>
<b><u>I. PERSONNEL</u></b>						
<u>Project Manager</u>		<u>\$7,700</u>	<u>/Month</u>	<u>20%</u>	<u>12</u>	<u>\$18,480</u>
<u>GIK Officer</u>		<u>\$5,100</u>	<u>/Month</u>	<u>50%</u>	<u>12</u>	<u>\$30,600</u>
<u>Procurement Specialist</u>		<u>\$6,500</u>	<u>/Month</u>	<u>50%</u>	<u>12</u>	<u>\$39,000</u>
<u>Technical Advisor - Warehousing and Logistics Training</u>		<u>\$480</u>	<u>/Day</u>	<u>100%</u>	<u>15</u>	<u>\$7,200.00</u>
<b><u>Total Personnel</u></b>						<b><u>\$95,280</u></b>
<b><u>II. FRINGE</u></b>						
<u>Fringe Benefits</u>				<u>31%</u>		<u>\$29,537</u>
<b><u>Total Fringe Benefit</u></b>						<b><u>\$29,537</u></b>

<b>III. TRAVEL &amp; PER DIEM</b>						
<i><u>Activity and Non-Activity Related Travel &amp; Per Diem</u></i>						
<i><u>International Travel:</u></i>						
<u>International Airfare</u>			<u>/RT</u>	<u>100%</u>	<u>0</u>	<u>\$</u> <u>      -</u>
<u>Lodging</u>			<u>/Day</u>	<u>100%</u>	<u>0</u>	<u>\$</u> <u>      -</u>
<u>Meals &amp; Incidentals</u>			<u>/Day</u>	<u>100%</u>	<u>0</u>	<u>\$</u> <u>      -</u>
<u>Ground Transportation</u>			<u>/RT</u>	<u>100%</u>	<u>0</u>	<u>\$</u> <u>      -</u>
<b><u>Total Travel &amp; Per Diem</u></b>						<u>\$</u> <u>      -</u>
<b>IV. SUPPLIES</b>						
<u>Pharmaceuticals - International Procurement</u>		<u>\$62,500</u>	<u>/Shipment</u>	<u>100.00%</u>	<u>12</u>	<u>\$750,000</u>
<i><u>Other Activity Related Supplies:</u></i>						
<b><u>Total Supplies</u></b>						<b><u>\$750,000</u></b>
<b>V. OTHER DIRECT COSTS</b>						

CF

<b><u>Office Operating Cost:</u></b>						
<u>Sea Freight and Shipping - Procured Product</u>		<u>\$5,000</u>	<u>/Shipment</u>	<u>100.00%</u>	<u>12</u>	<u>\$60,000</u>
<u>Air Freight and Shipping - Procured Product</u>		<u>\$22,000</u>	<u>/Shipment</u>	<u>100.00%</u>	<u>8</u>	<u>\$176,000</u>
<u>Logistics Costs - Procured Product</u>		<u>\$7,250.00</u>	<u>/Shipment</u>	<u>100.00%</u>	<u>20</u>	<u>\$145,000.00</u>
<b><u>Total Other Direct Cost</u></b>						<b><u>\$381,000</u></b>
<b><u>VIII. SUB GRANTS/CONTRACTS</u></b>						
<b><u>Total Sub grants/contracts</u></b>						<b><u>\$ -</u></b>
<b><u>TOTAL DIRECT COSTS</u></b>						<b><u>\$1,255,817</u></b>
<b><u>IX. INDIRECT COSTS</u></b>				<b><u>17.00%</u></b>		<b><u>\$213,489</u></b>
<b><u>GRAND TOTAL</u></b>						<b><u>\$1,469,306</u></b>

**Annex 3: Quarterly Financial Report and Projection**

Quarterly Financial Report and Projections						
SubGrantee Name						
SubGrant Agreement No.:						
Project Title						
Sub-grant Period	From		To			
Financial Report No.:						
Current Reporting Period:	From		To			
Projections for Next Quarter	From		To			

*Handwritten mark*



Budget Categories	Approved Budget	Cumulative Expenses	Current Expenses	Cumulative Expenses	Budget Balance	Projections (Next Quarter)	Budget Balance
	A	B	Current Expenses	D = B+C	E = A-D	F	G = E-F
<b>1. Personnel</b>							
Project Manager	\$18,480.00			\$0.00	\$18,480.00		\$18,480.00
GIK Officer	\$30,600.00			\$0.00	\$30,600.00		\$30,600.00
Procurement Specialist	\$39,000.00			\$0.00	\$39,000.00		\$39,000.00
Technical Advisor - Warehousing and Logistics Training	\$7,200.00			\$0.00	\$7,200.00		\$7,200.00
<b>Sub-Total (1)</b>	<b>\$95,280.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$95,280.00</b>	<b>\$0.00</b>	<b>\$95,280.00</b>
<b>2. Fringe</b>							
Fringe Benefits	\$29,537.00			\$0.00	\$29,537.00		\$29,537.00

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<b>Sub-Total (2)</b>	<b>\$29,537.00</b>			<b>\$0.00</b>	<b>\$29,537.00</b>		<b>\$29,537.00</b>
<b>3. Supplies</b>							
Pharmaceuticals - International Procurement	\$750,000.00			\$0.00	\$750,000.00		\$750,000.00
<b>Sub-Total (3)</b>	<b>\$750,000.00</b>			<b>\$0.00</b>	<b>\$750,000.00</b>		<b>\$750,000.00</b>
<b>4. Other Direct Costs</b>							
<u>Office Operating Costs:</u>							
Sea Freight and Shipping - Procured Product	\$60,000.00			\$0.00	\$60,000.00		\$60,000.00
Air Freight and Shipping - Procured Product	\$176,000.00			\$0.00	\$176,000.00		\$176,000.00
Logistics Costs - Procured Product	\$145,000.00			\$0.00	\$145,000.00		\$145,000.00

Sub-Total (3)	\$381,000.00	\$0.00	\$0.00	\$0.00	\$381,000.00	\$0.00	\$381,000.00
<b>Total Direct Costs</b>	<b>\$1,255,817.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,255,817.00</b>	<b>\$0.00</b>	<b>\$1,255,817.00</b>
Indirect Costs	\$213,489.00			\$0.00	\$213,489.00		\$213,489.00
<b>Grand Total</b>	<b>\$1,469,306.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,469,306.00</b>	<b>\$0.00</b>	<b>\$1,469,306.00</b>

<b>Funds Received from Anera</b>							
Quarter 1							
Quarter 2							
Quarter 3							
Quarter 4							
<b>Total Funds RReceived from Anera</b>	<b>\$0.00</b>						
Cash Balance	\$1,469,306.00						

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Projections for next Quarter	\$0.00						
Funds to be transferred to Americare							

**The undersigned hereby certifies that:**

1 The information in this financial report is correct and all supporting information will be furnished upon Anera's request.

2 All requirements outlined in the Sub-grant Agreement through the date of this certification have been met.

Signature:							
Name							
Title							
Date Submitted:							

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### Annex 4: Reporting Schedule

<b>Period</b>	<b>Reports Required</b>	<b>Deadline for submission</b>
The Full Period (December 23, 2021 – August 31, 2022)	Implementation plan	January 13, 2022
Period 1 (September 1, 2021 – September 30, 2021)	Financial Report Narrative Report	N/A
Period 2 (October 1, 2021 – December 31, 2021)	Financial Report Narrative Report Procurement Report	Not applicable if no expenses through December 31
Period 3 (Jan 1, 2022 – March 31, 2022)	Financial Report Narrative Report Procurement Report	April 20, 2022
Period 4 (April 1, 2022 – June 30, 2022)	Financial Report Narrative Report Procurement Report	July 20, 2022
Period 5 (July 1, 2022 – Aug 31, 2022) and the Full Period (September 1, 2021 – August 31, 2022)	Financial Report Narrative Report Procurement Report	October 15, 2022

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**Annex 5: Final Financial Report**

Final Financial Report							
<b>SubGrantee Name</b>							
<b>SubGrant Agreement No.:</b>							
<b>Project Title</b>							
<b>Sub-grant Period</b>	From		To				
<b>Reporting Period:</b>	From		To				
	<b>Approved Budget</b>	<b>Cumulative Expenses</b>	<b>Current Expenses</b>	<b>Cumulative Expenses</b>	<b>Budget Balance</b>	<b>Projections (Next Quarter)</b>	<b>Budget Balance</b>
<b>Budget Categories</b>	<b>A</b>	<b>B</b>	<b>Current Expenses</b>	<b>D = B+C</b>	<b>E = A-D</b>	<b>F</b>	<b>G = E-F</b>
<b>1. Personnel</b>							
Project Manager	\$18,480.00			\$0.00	\$18,480.00		\$18,480.00
GIK Officer	\$30,600.00			\$0.00	\$30,600.00		\$30,600.00
Procurement	\$39,000.00			\$0.00	\$39,000.00		\$39,000.00

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Specialist							
Technical Advisor - Warehousing and Logistics Training	\$7,200.00			\$0.00	\$7,200.00		\$7,200.00
<b>Sub-Total (1)</b>	<b>\$95,280.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$95,280.00</b>	<b>\$0.00</b>	<b>\$95,280.00</b>
<b>2. Fringe</b>							
Fringe Benefits	\$29,537.00			\$0.00	\$29,537.00		\$29,537.00
<b>Sub-Total (2)</b>	<b>\$29,537.00</b>			<b>\$0.00</b>	<b>\$29,537.00</b>		<b>\$29,537.00</b>
<b>3. Supplies</b>							
Pharmaceuticals - International Procurement	\$750,000.00			\$0.00	\$750,000.00		\$750,000.00
<b>Sub-Total (3)</b>	<b>\$750,000.00</b>			<b>\$0.00</b>	<b>\$750,000.00</b>		<b>\$750,000.00</b>
<b>4. Other Direct Costs</b>							
<u>Office Operating Costs:</u>							
Sea Freight and Shipping - Procured Product	\$60,000.00			\$0.00	\$60,000.00		\$60,000.00

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Air Freight and Shipping - Procured Product	\$176,000.00			\$0.00	\$176,000.00		\$176,000.00
Logistics Costs - Procured Product	\$145,000.00			\$0.00	\$145,000.00		\$145,000.00
<b>Sub-Total (3)</b>	<b>\$381,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$381,000.00</b>	<b>\$0.00</b>	<b>\$381,000.00</b>
<b>Total Direct Costs</b>	<b><u>\$1,255,817.0</u></b>	<b><u>\$0.00</u></b>	<b><u>\$0.00</u></b>	<b><u>\$0.00</u></b>	<b><u>\$1,255,817.0</u></b>	<b><u>\$0.00</u></b>	<b><u>\$1,255,817.0</u></b>
Indirect Costs	\$213,489.00			\$0.00	\$213,489.00		\$213,489.00
<b>Grand Total</b>	<b>\$1,469,306.0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,469,306.0</b>	<b>\$0.00</b>	<b>\$1,469,306.0</b>
<b>Funds Received from Anera</b>							
Quarter 1							
Quarter 2							
Quarter 3							
Quarter 4							
<b>Total Funds REceived from Anera</b>	<b>\$0.00</b>						

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Cash Balance	\$1,469,306.00						
Projections for next Quarter	\$0.00						
<p><b>The undersigned hereby certifies that:</b></p> <p><b>1 The information in this financial report is correct and all supporting information will be furnished upon Anera's request.</b></p> <p><b>2 All requirements outlined in the Sub-grant Agreement through the date of this certification have been met.</b></p>							
Signature:							
Name							
Title							
Date Submitted:							

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## Annex 6: Terms and Conditions

### General Shipment Instructions

- All shipments (air freight – sea freight) must be covered by **Original Invoice, Original Packing List, and Letter of donation**. All documents must be **stamped and signed**.
- **Original Bill of Lading** is also required.
- All shipping documents must be sent in soft copies to be checked by Anera LB office before originals are signed.
- All original shipment documents must be sent before shipment arrives to Lebanon. This allows an early clearance process.
- The ETA (Expected Time of Arrival) is to be shared as soon as it is known.
- Americares shall ship only after getting the green light from Anera Lebanon.
- According to MOH Decree No. 844/1: for sea shipments. All medicine shipped in the period: beginning of April till end of October must arrive in **refrigerated containers**.
- Statement of origin or origin of each item shall be listed on shipping docs.
- Expiration period is to be 1 year on arrival to the port of destination.
- The packing list shall reflect the actual items in the shipment.
- Details of items including Expiration Dates, Lot#, quantity, etc. on the documents shall match what is written on the actual packages for every item on the shipments. Discrepancies may lead to re-export, disposal, or extra fines on the mismatching items.
- Any aid material shipped to Lebanon shall not include any **used** material. This stipulation is pursuant to a Resolution by the Lebanese Government.

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## **Annex 7: Mandatory Special Provisions**

The Grantee must comply with and include the following provisions in any sub-agreements/subcontracts entered into under this grant.

### **PROHIBITION AGAINST SUPPORT FOR TERRORISM**

- (a) Executive Order 13224 prohibits transactions with certain individuals and entities that commit or pose a significant risk of committing terrorist acts and also authorizes the Secretary of State to designate additional individuals and entities.
- (b) The order also authorizes the Secretary of the Treasury to designate additional individuals and entities that provide support or services to, are owned or controlled by, act for or on behalf of, or are “otherwise associated with,” an individual or entity who has been designated in or under the order. All property and interests in property of the individual or entity in the United States or in the possession or control of United States persons are blocked. The order prohibits all transactions and dealings in blocked property or interests in the United States or by United States persons, and prohibits transactions with, and provision of support for, individuals or entities listed in or subject to the order.
- (c) Grantee shall take notice of Executive Order 13224 and the names of the individuals and entities designated thereunder. A list of these names may be found in the exclusions section of SAM.gov. Grantee are reminded that the U.S. Executive Orders and U.S. laws prohibit transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the Grantee to ensure compliance with these orders and laws.
- (d) Anera and PRM reserve the right to review and either approve or reject, the following sub awards if proposed under this agreement: (i) any contract or subcontract in excess of \$25,000 with a non-U.S. organization or individual; and (ii) any grant or subgrant to a non-U.S. organization or individual, regardless of the dollar value. Furthermore, the written consent of Anera and PRM is required before certain other forms of assistance may be provided to a non-U.S. organization or individual. These include in-kind assistance such as renovation of an NGO’s facilities, repair or replacement of a company’s equipment, and certain training activities. No approval (or failure to disapprove) by Anera and PRM shall relieve the Grantee of its legal obligation to comply with applicable Executive Orders and laws.

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- (e) Anera and PRM reserve the right to rescind approval for a sub-award in the event that Anera or PRM subsequently become aware of information indicating that the sub-award is contrary to U.S. law or policy prohibiting support for terrorism. In such cases, Anera or PRM's Grants Officer will provide written instructions to the Grantee to terminate the sub-award.
- (f) Anera and PRM reserve the right to terminate this agreement if Anera or PRM determine that the Grantee is involved in or advocates terrorist activity or has failed to comply with any of the requirements of this provision.
- (g) This provision, including this paragraph (f), shall be included in all contracts, sub-contracts, grants and sub-grants issued under this agreement. Upon request, the Grantee shall promptly provide to PRM's Grants Officer through Anera a copy of the pages from each sub-award that contain this provision.
- (h) Grantee and subcontractors are subject to the Federal regulations specified in 2 CFR 200.331.

#### **RESPONSIBILITIES AND COMPLIANCE WITH FEDERAL REQUIREMENTS**

The Grantee shall comply with all the requirements of 2 CFR 200.331 as well as the terms and conditions in the U.S. Department of State Standard Terms and Conditions for Federal Awards. The Grantee is also subject to the Federal regulations specified in provision C-Applicability of the U.S. Department of State Standard Terms and Conditions for Federal Awards.

#### **ADDITIONAL ACCESS TO GRANTEE'S RECORDS**

In addition to an other existing examination-of-records authority, the Federal Government is authorized to examine any records of the recipient and its subawards or contracts to the extent necessary to ensure that funds, including supplies and services, available under this grant or cooperative agreement are not provided, directly or indirectly, to a person or entity that is actively opposing United States or coalition forces involved in a contingency operation in which members of the Armed Forces are actively engaged in hostilities, except for awards awarded by the Department of Defense on or before Dec. 19, 2017 that will be performed in the United States Central Command (USCENTCOM) theater of operations.





The substance of this clause, including this paragraph, is required to be included in subawards or contracts under this grant or cooperative agreement that have an estimate value over \$50,000 and will be performed outside the United States, including its outlying areas.

#### **RESTRICTIONS ON LOBBYING**

In accordance with 31 USC 1352, the recipient is required to abide by the policy and procedures codified at 22 CFR 138 et seq. By accepting the award, the recipient agrees that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than the Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the Grantee shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
- (3) The Grantee shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$20,134 and not more than \$201,340 for each such failure.

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**Annex 8: Tax Report**

NO.	Invoice Date	Invoice No.	Supplier Name	Registration Number	Invoice Description	Total Invoice Amount (NIS) Including VAT	VAT Amount	Total Invoice Amount (\$) Including VAT	VAT Amount (\$)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14					<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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## Annex 9: Resolution of Conflicts and Disputes

### **Resolution of Conflicts and Disputes**

Conflicts between any of the requirements of this Sub-grant shall be resolved by applying the following in descending order of precedence:

- (a) Applicable laws and statutes of the United States, including any specific legislative provisions mandated in the statutory authority for the award
- (b) [2 CFR 200](#), [2 CFR 600 & 601](#) and [48 CFR Part 30 & 31](#)
- (c) U.S. Department of State Standard Terms and Conditions for Federal Awards
- (d) Sub-Award Provisions
- (e) Attachment 1: Scope of Work

All disputes that might occur will be decided by direct negotiation with the parties. If that is unsuccessful, the parties agree to mediation with a third party, after consideration of written evidence and consultation with the U.S. Department of State and PRM, as appropriate. Disputes still unresolved between the parties shall be brought in New York Supreme Court only, and they may be brought only after direct negotiation and mediation fail. Each party waives any right to jury trial. No costs or attorneys fees, consequential damages, punitive damages, incidental damages, or other special damages may be recovered.

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**Annex 10: Quarterly Performance Report (PRM template)**

**Quarter Project Report**

<b>Name of Organization:</b>	
<b>Name of Project:</b>	
<b>Cooperative Agreement #:</b>	
<b>Amount of Funding:</b>	
<b>Time Period of Agreement:</b>	
<b>Country:</b>	
<b>Site(s)/Location(s):</b>	
<b>Primary Point of Contact/Title:</b>	
<b>Phone Number:</b>	
<b>E-Mail Address:</b>	
<b>Date of Quarterly Report:</b>	
<b>Time Period Covered by Report:</b>	

**Important:** This reporting template is designed to ease the reporting requirements while ensuring that all required elements are addressed.

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- 1. Overall Performance:** Provide a discussion of the overall performance and results of the project to date, with reference generally to the objectives of the project. Specifically note the project's impact on the different needs of women, men, boys, girls, and vulnerable individuals. (Suggested length: 1/2 page to 1 page)

*Additional guidance to Partners (Delete these instructions in final submission): Provide a narrative summary of the overall performance, describing briefly how progress has been realized over the course of the project, and/or since the last interim report (where required). This question can be used to highlight important achievements, significant constraints or challenges encountered, or other elements or factors that have been significant to the project results or implementation. Performance should be discussed in relation to the overall context or needs, and original purpose or objective(s) of the project.*

*Within the general discussion of performance, give particular attention to how the needs of vulnerable communities and individuals were identified and how these needs were met or taken into account. Explain how gender considerations were taken into consideration in this project, and how they were mainstreamed in project implementation. Highlight any challenges or concerns related to the needs of women, men, boys, girls, and vulnerable individuals that arose, and how they were dealt with.*

*To distinguish the appropriate response here from the question on "Measuring Results", this question should focus more on the overall narrative of the project – successes and failures – within the context of the project's overall purpose and objectives (as set in the initial proposal). The "Measuring Results" question should be used for more detailed reporting against the logframe or benchmarks or milestones of the project.*

- 2. Changes and Amendments:** Briefly explain any changes or amendments in the project from the original project plan (whether in implementation plan, activities, indicators, or outcomes), and explain why you needed to make them, for example because of a change in needs or in the overall situation. (Suggested length: 1/2 page to 1 page)

*Additional guidance to Partners (Delete these instructions in final submission): Explain any changes, deviations or amendments from the original proposal or project plan, and the reasons why you made them. This might include a discussion of how the humanitarian context has changed, changes in the needs of the beneficiaries, or other challenges or constraints encountered that required adapting the implementation plan, activities, indicators, or outcomes. If a change was requested and approved by PRM, please mention it.*

*For interim reporting, provide recommendations for improving the design of the project or adapting the project to address these changes, including any alterations to project goals, implementation plan, specific activities, indicators or proposed outcomes. For final reporting, describe the adjustments that were made given the change*

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*in circumstances, and how these affected achievement or change of the objectives or milestones established in the original proposal.*

*(Note: Prior approval by the grants officer/grants officer's representative must still be requested and received prior to any amendments being made.)*

- 3. Progress on Objectives and Indicators:** Please include all objectives and indicators and describe progress on each indicator during the reporting period as well as cumulative progress to date. Note progress toward the target as a percentage. Include additional relevant information under the “notes” section. You can also attach to this report any unique work plans, activity calendars, or other charts that your organization uses to track progress.

*Additional guidance to Partners (Delete these instructions in final submission): Describe the outputs, outcomes, or results achieved, assessing progress against the targets identified for each indicator in the original proposal. Specifically note whether targets were met within intended timeframe, and provide an explanation where key targets or milestones were not met, and any discrepancies between expected and actual results. For final reports, attach any monitoring and evaluation assessments taken to the final report.*

**Examples (please delete from the report you submit to PRM):**

<b>Objective #1: To improve sanitation services in State, Country through latrine construction and maintenance.</b>				
<b>Indicator</b>	<b>Baseline (# and/or %)</b>	<b>Target (# and/or %)</b>	<b>Value (# and/or %) this Reporting Period (not cumulative)</b>	<b>Cumulative # <u>and</u> % Progress Towards Target</b>
<b>Indicator 1:</b> Sanitation committees established.	1 sanitation committee	6 sanitation committees established by the end of Q4	2 sanitation committees established during Q2	3 committees established through Q2, represents 60% progress towards target
<b>NOTES:</b> Before our project started at the beginning of Q1, there was 1 water and sanitation committee in the camp, and our target is to establish 5 new committees for a total of 6 committees. During Q1, 1 additional water and sanitation committee was established. During this reporting period (Q2), two water and sanitation committees were established. With 3 out of 5 new committees established by the end				

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of Q2, our cumulative progress is 60% towards the target of having six total sanitation committees in the country. The project is slightly ahead of schedule to meet its objectives.

<b>Indicator 2:</b> Number and percentage of beneficiaries receiving 15 liters of water per day	10 beneficiaries out of 100; 10%	90 beneficiaries out of 100; 90%	50 new people reported access to water; 50%	70 people have access to water 75% progress towards target
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**NOTES:** At the beginning of Q1, 10 out of 100 total beneficiaries reported that they receive at least 15 liters of water per person per day. By the end of the year, our target is for 90 beneficiaries to report that they have access to 15 liters of water, based on beneficiary interviews and site visits. At the end of Q1, 10 new beneficiaries reported they had access to sanitation services. During this reporting period (Q2), 50 new beneficiaries reported that they have access to sanitation services. After 2 quarters, we were able to increase beneficiary access to water from 10 to 70. This represents 75% progress towards our target of 90 total beneficiaries receiving adequate water (60 new beneficiaries out of a goal of 80 new beneficiaries), and the project is ahead of schedule in meeting the objectives.

<b>Objective #1:</b>				
<b>Indicator</b>	<b>Baseline (# and/or %) at beginning of Q1</b>	<b>Target (# and/or %)</b>	<b>Value (# or %)this Reporting Period (note cumulative)</b>	<b>Cumulative # and % Progress Towards Target</b>
<b>Indicator 1:</b>				

**NOTES:** Additional guidance to Partners (Delete these instructions in final submission): Note the sources of measurement and verification used. Note any deviation from the measurement/verification methods stated in the original proposal.



<b>Indicator 2:</b>				
<b>NOTES:</b>				

Copy and paste the above chart for each additional objective.



4. **Affected Persons:** Provide the number of those taking part in or affected by the project or relevant part of the project, disaggregated by gender, age, and other guidance specified in the proposal. The best practice standard is to provide this information in quantitative, tabular form. A suggested table is provided below, but the table provided in the proposal may alternately be used.

*Additional guidance to Partners (Delete these instructions in final submission): Provide the number of persons reached by the project to date, disaggregating by gender & age (infants less than 5, children less than 18, adults between 19 and 49 years, and elderly over 50), as well as any particular categories of vulnerable individuals or specifically targeted individuals identified in the proposal, including affected persons with disabilities, if applicable (note: this may vary based on the nature of the proposal). Unless otherwise specified in the proposal, quantitative information should be presumed for this question. Include both the targeted and actual number of persons reached.*

*Where interim reporting is required in the project, each report should describe both the number of persons reached in the reporting period in question and the cumulative number reached so far. Where a program or project has clearly identified specific project components in terms of sector, geography, or time period, affected persons may be broken down by these components, as indicated in the project proposal.*

*Note: "Affected persons" have often been described in past donor reporting templates as requiring the number of "beneficiaries." In consideration of ongoing discussions about greater accountability toward and inclusion of the affected population, the term "beneficiaries" is instead framed here as "affected persons," but implies the same level of reporting as in past "beneficiary" reporting.*

<b>Location/Activity/Objective (where relevant)*</b>						
<b>Unit of measurement (choose one): Individual / Household (HH) / Organization / Community</b>						
<b>Age Group</b>	<b>Male</b>		<b>Female</b>		<b>Total</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
< 5		--%		--%		--%
< 18		--%		--%		--%
18-49		--%		--%		--%
50 and >		--%		--%		--%
<b>Total</b>		--%		--%		<b>100%</b>
<b>Planned</b>		--%		--%		<b>100%</b>
<b>Variance</b>	--%		--%		--%	

\* For many projects, it may be more relevant to present the number and percentage of affected persons per location, per objective, or, where multiple activities are included per project, per activity. Where this is the case, separate tables may be included, with the location or activity specified at the top of each breakdown.

5. **Participation of and Accountability to the Affected Population (Q2 and Final Reports only):** Describe how the project has been designed to maximize accountability toward the affected population. (Suggested length: 1/2 page)

*Additional guidance to Partners (Delete these instructions in final submission): How have you provided information about the organization and the project to affected populations? How have you ensured that this information is timely and accessible to all? How were crisis-affected people (including vulnerable and marginalized groups) involved in the design and implementation of the project? What did affected persons think about the assistance provided? If possible, quantify beneficiary feedback. How did you use their views to guide decision-making? How was feedback collected, tracked, analyzed and incorporated? Were adjustments necessary as a result of received feedback? If so, how did you make the changes? Please provide some evidence of collecting and using this feedback (e.g. tools for provision of information, or tracking systems).*

**6. Risk Management:** Describe how risks to project/program implementation were identified, managed, and mitigated, including any operational, security, financial, personnel management or other relevant risks. (Suggested length: 1/2 page)

*Additional guidance to Partners (Delete these instructions in final submission): Update the risk management analysis included in the initial proposal. Were the right risks identified? What new risks arose that were not anticipated? What did you do to mitigate or address the risks you identified? Did mitigation measures work?*

*This should include both external risks stemming from the overall environment, and internal risks, for example, related to financial or personnel management issues. This might include risks of corruption, conflicts of interest, loss or harm to project staff, loss or harm to project materials or resources, among other risks. For projects taking place in insecure environments, specific attention must be given to security risks, including how the security situation evolved over the course of the project and how this affected project activities.*

**7. Exit Strategy and Sustainability:** Briefly describe the exit strategy and closure steps for the project or program. Assess the sustainability of its results.

*Additional guidance to Partners (Delete these instructions in final submission): Briefly discuss the exit strategy for closing the project, and an analysis of the likely after-effects of the project. This analysis should focus on the sustainability of the project, or the extent to which any of the results or benefits of the project will continue after its closure.*

*Additional consideration can be given to how the project contributed to the resilience of communities, or how it has supported the capacity of local partners. This is particularly important where these elements were a prominent component of the project proposal.*

*In some project contexts, it may also be appropriate to discuss ways that elements of the project will continue, or will feed into other long-term recovery, rehabilitation or development efforts. For example, did the project take opportunities to support long term strategies to reduce humanitarian needs, underlying vulnerability and risks?*

*PRM requires a catalogue or inventory of any equipment, capital goods, or other assets that were acquired through project funds, and how they will be transferred, disposed of, or otherwise dealt with upon closure of the project.*

**8. Collaboration/Coordination:** Describe the impact of any coordination efforts, any synergies that developed, and recommendations for improving coordination in the future.

*Additional guidance to Partners (Delete these instructions in final submission): Describe any efforts to coordinate with the host government, other relevant organizations and the broader humanitarian system,*



including the cluster system and alignment to HRP/other relevant UN-led appeals/coordinated responses (where applicable).

In addition to noting these efforts, describe how this has contributed to the project, for example, any synergies that developed with other projects, or any other benefits brought about through the coordination. Are there ways that coordination might have been better, or might have improved the project outcomes?

**9. Other: Provide any additional information about the project or other related issues that you think are important to highlight.**

**10. U.S. Government Recognition: Identify how your organization has recognized PRM funding for this project during this quarter.**

*Per provisions of the cooperative agreement (delete in final submission): The following provisions will be included whenever assistance is awarded:*

*The Recipient shall recognize the United States Government's funding for activities specified under this award at the project site with a graphic of the U.S. flag accompanied by one of the following two phrases based on the level of funding for the award:*

- *Fully funded by the award: "Gift of the United States Government"*
- *Partially funded by the award: "Funding provided by the United States Government"*

*PRM highly encourages recognition of U.S. government funding on social media and website platforms to be included in program branding and marking strategy. Recipients should tag PRM's Twitter account @StatePRM and/or Facebook account @State.PRM (rather than using hashtags). Additionally, the applicable U.S. Embassy should be tagged as well.*

*Updates of actions taken to fulfill this requirement must be included in quarterly program reports to PRM.*

*All programs, projects, assistance, activities, and public communications to foreign audiences, partially or fully funded by the Department, should be marked appropriately overseas with the standard U.S. flag in a size and prominence equal to (or greater than) any other logo or identity. The requirement does not apply to the Recipient's own corporate communications or in the United States.*

*The Recipient should ensure that all publicity and promotional materials underscore the sponsorship by or partnership with the U.S. Government or the U.S. Embassy. The Recipient may continue to use existing logos or project materials; however, a standard rectangular U.S. flag must be used in conjunction with such logos.*

*Do not use the Department of State seal without the express written approval from PRM.*

*Sub non-Federal entities (sub-awardees) and subsequent tier sub-award agreements are subject to the marking requirements and the non-Federal entity shall include a provision in the sub non-Federal entity agreement indicating that the standard, rectangular U.S. flag is a requirement.*

*Exemptions from this requirement may be allowable but must be agreed to in writing by the Grants Officer. (Note: An exemption refers to the complete or partial cessation of branding, not use of alternative branding). Requests should be initiated with the Grants Officer and Grants Officer Representative. Waivers issued are applied only to the exemptions requested through the Recipient's proposal for funding and any subsequent negotiated revisions.*

*In the event the non-Federal entity does not comply with the marking requirements as established in the approved assistance agreement, the Grants Officer Representative and the Grants Officer must initiate corrective action with the non-Federal entity.*

Annual report. If so, when published:

Press releases or other written communications and publications.  
If so, when:

Acknowledgment at project site. If so, what:                      If not, why:

Other:

**If your organization has not yet complied with the contractual agreement to acknowledge U.S. government funding in written publications and press releases and at the project site (if an exemption was not granted), please explain why and the steps being taken to fulfil this requirement:**

**11. Lessons Learned (Final Report only):** Describe any lessons learned, and how these will be applied in future projects or programs. (Suggested length: 1/2 to 1 page)

*Additional guidance to Partners (Delete these instructions in final submission): Describe which aspects were the strongest or weakest, or what project elements or strategies most contributed to the success or failure of the project, and explain how these have contributed to the development of organizational or project learning.*

*The focus should not purely be what went well, or did not, in the past project, but how lessons learned will be applied in future projects or areas of intervention. Implementing partners are encouraged to think about this in terms of learning. Based on the experiences or challenges that emerged, what will the organization do the same or differently in future similar projects? What would be suggestions for improving the design of such projects in the future? Lessons learned can relate not only to direct project management, but to how the project was managed in relation to local partners, in coordination with affected persons, or to others engaged in the situation.*



As the awarded supplier on this PO / contract, **Americares**<sup>[1]</sup><sup>[MT2]</sup> is required to provide debarment / suspension certification indicating that you are in compliance with the below US Federal Government requirement. Certification can be done by completing and signing this form.

**Debarment:**

*US Federal Government Requirement: "Debarment and suspension" requires that all contractors receiving individual awards, using US federal funds, and all sub-recipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any US federal department or agency from doing business with the US Federal Government.<sup>1</sup>*

Your signature below certifies that:

- 1) You are aware and understand the content of the above referenced regulation.
- 2) Neither you nor your principals are presently debarred, suspended, proposed for department, declared ineligible, or voluntarily excluded from participation in this transaction by any US federal department or agency.
- 3) Any changes to your status and/ or your principals that impact the certification letter will be immediately communicated to Anera.
- 4) You arrange to indemnify Anera from any claims, damages or losses caused by it as a result of, inter alia, any misrepresentation provided for in this letter.

Company Name:	Americares <sup>[3]</sup> Foundation Inc.
Address:	88 Hamilton Avenue Stamford, CT 06906
Phone:	203.658.9696
Fax	203.658.9696
Email Address	<a href="mailto:Michelleashley6@gmail.com">Michelleashley6@gmail.com</a>
Name of the Authorized Person	Michelle Thompson
Title	CFO
Signature	<i>Richard K. Trombetta Jr.</i>
Date	12/23/2021
Company Seal (as may be required)	

<sup>1</sup> (View the following link for Regulation: <http://www.gpo.gov/fdsys/pkg/CFR-2011-title2-vol1/pdf/CFR-2011-title2-vol1-part180.pdf>).



**AMERICARES FOUNDATION, INC.**

**EIN: 06-1008595**

**6/30/2022**

The Americares Foundation is a Section 501(c)(3) public charity whose primary exempt mission is to prevent disease and promote good health in vulnerable communities, Americares supports, designs and implements disease prevention and health education efforts that connect local clinics and hospitals with the communities they serve.

In fiscal year 2022, the Americares Foundation inadvertently participated in an international boycott agreement via its sub-grantee agreement between Anera and Americares. The purpose of this sub-grantee agreement is to fund activities under the project "Improve the health of Syrian, Iraqi and other refugee groups, and host community members in Lebanon" funded by the U.S. Department of State. Americares primary responsibility under this Agreement is to procure medications for vulnerable refugees and Lebanese community members residing in Lebanon.

One provision in the contract noted as follows:

*Grantee shall NOT procure medications banned at the country of destination. The Medications banned are any drug from TEVA PHARMACEUTICAL INDUSTRIES and any of the following sub companies owned by TEVA (but not limited to) ACTAVIS, CEPHALON INC., THERAMEX S.P.A., THERAMEX S.A.M., RATIOPHARM, MEPHA PHARMA A.G., ALLERGAN GENERICS, or any other company owned by TEVA, or not permitted by the Lebanese government.*

Americares inadvertently approved this language upon signing the grantee agreement. After discovering the problematic language, Americares immediately negotiated to amend the contract, (which was effectuated in October of 2022) and Americares immediately disclosed its violation to the U.S Department of Commerce, as required under the Anti Boycott Act of 2018. Americares has implemented procedures to ensure that no future sub-grantee agreements include boycott language.

As a Section 501(c)(3) tax-exempt organization, Americares has recognized no tax benefits resulting from its cooperation or participation in an international boycott. The organization does not generate unrelated business income, nor does it take advantage of any foreign tax credits.

# International Boycott Report

For tax year beginning 07/01, 20 21,  
and ending 06/30, 20 22.  
▶ **Controlled groups, see instructions.**

**Attachment  
Sequence No. 123**

**Paper filers must file in  
duplicate (see When and Where  
to File in the instructions)**

Name AMERICARES FOUNDATION, INC. Identifying number 06-1008595

Number, street, and room or suite no. If a P.O. box, see instructions.

88 HAMILTON AVENUE

City or town, state, and ZIP code

STAMFORD, CT 06902-3105

Address of service center where your tax return is filed

E-FILE

Type of filer (check one):

- Individual
- Partnership
- Corporation
- Trust
- Estate
- Other

**1 Individuals**—Enter adjusted gross income from your tax return (see instructions)

**2 Partnerships and corporations:**

**a Partnerships**—Enter each partner's name and identifying number.

**b Corporations**—Enter the name and employer identification number of each member of the controlled group (as defined in section 993(a)(3)). Do not list members included in the consolidated return; instead, attach a copy of Form 851. List all other members of the controlled group not included in the consolidated return.

**If you list any corporations below or if you attach Form 851, you must designate a common tax year. Enter on line 4b the name and employer identification number of the corporation whose tax year is designated.**

Name	Identifying number

If more space is needed, attach additional sheets and check this box

**c** Enter principal business activity code and description (see instructions)

Code	Description
923120	PUBLIC HEALTH PROGRAMS

**d** IC-DISCs—Enter principal product or service code and description (see instructions)

**3 Partnerships**—Each partnership filing Form 5713 must give the following information:

**a** Partnership's total assets (see instructions)

**b** Partnership's ordinary income (see instructions)

**4 Corporations**—Each corporation filing Form 5713 must give the following information:

**a** Type of form filed (Form 1120, 1120-FSC, 1120-IC-DISC, 1120-L, 1120-PC, etc.)

**b** Common tax year election (see instructions)

- (1) Name of corporation ▶
- (2) Employer identification number
- (3) Common tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**c** Corporations filing this form enter:

- (1) Total assets (see instructions) 331,108,609
- (2) Taxable income before net operating loss and special deductions (see instructions) NONE

**5 Estates or trusts**—Enter total income (Form 1041, page 1)

**6** Enter the total amount (before reduction for boycott participation or cooperation) of the following tax benefits (see instructions):

- a** Foreign tax credit
- b** Deferral of earnings of controlled foreign corporations
- c** Deferral of IC-DISC income
- d** FSC exempt foreign trade income
- e** Foreign trade income qualifying for the extraterritorial income exclusion

**Please  
Sign  
Here**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

<b>7a</b>	Are you a U.S. shareholder (as defined in section 951(b)) of any foreign corporation (including a FSC that does not use the administrative pricing rules) that had operations reportable under section 999(a)?	Yes	No
<b>b</b>	If the answer to question 7a is "Yes," is any foreign corporation a controlled foreign corporation (as defined in section 957(a))?		X
<b>c</b>	Do you own any stock of an IC-DISC?		X
<b>d</b>	Do you claim any foreign tax credit?		X
<b>e</b>	Do you control (within the meaning of section 304(c)) any corporation (other than a corporation included in this report) that has operations reportable under section 999(a)?		X
	If "Yes," did that corporation participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year?		
<b>f</b>	Are you controlled (within the meaning of section 304(c)) by any person (other than a person included in this report) who has operations reportable under section 999(a)?		X
	If "Yes," did that person participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year?		
<b>g</b>	Are you treated under section 671 as the owner of a trust that has reportable operations under section 999(a)?		X
<b>h</b>	Are you a partner in a partnership that has reportable operations under section 999(a)?		X
<b>i</b>	Are you a foreign sales corporation (FSC) (as defined in section 922(a), as in effect before its repeal)?		X
<b>j</b>	Are you excluding extraterritorial income (defined in section 114(e), as in effect before its repeal) from gross income?		X

**Part I Operations in or Related to a Boycotting Country** (see instructions)

<b>8</b>	<b>Boycott of Israel</b> —Did you have any operations in or related to any country (or with the government, a company, or a national of that country) associated in carrying out the boycott of Israel which is on the list maintained by the Secretary of the Treasury under section 999(a)(3)? (See <b>Boycotting Countries</b> in the instructions.)	Yes	No
	If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box <input type="checkbox"/>	X	

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
<b>a</b> IRAQ	06-1008595	923120	PUBLIC HEALTH PROGRAMS	
<b>b</b> LEBANON	06-1008595	923120	PUBLIC HEALTH PROGRAMS	
<b>c</b> YEMEN	06-1008595	923120	PUBLIC HEALTH PROGRAMS	
<b>d</b> SYRIA	06-1008595	923120	PUBLIC HEALTH PROGRAMS	
<b>e</b>				
<b>f</b>				
<b>g</b>				
<b>h</b>				
<b>i</b>				
<b>j</b>				
<b>k</b>				
<b>l</b>				
<b>m</b>				
<b>n</b>				
<b>o</b>				

**9 Nonlisted countries boycotting Israel**—Did you have operations in any nonlisted country which you know or have reason to know requires participation in or cooperation with an international boycott directed against Israel?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

**10 Boycotts other than the boycott of Israel**—Did you have operations in any other country which you know or have reason to know requires participation in or cooperation with an international boycott other than the boycott of Israel?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

**11** Were you requested to participate in or cooperate with an international boycott? . . . . .  
If "Yes," attach a copy (in English) of any and all such requests received during your tax year. If the request was in a form other than a written request, attach a separate sheet explaining the nature and form of any and all such requests. (See instructions.)

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

**12** Did you participate in or cooperate with an international boycott? . . . . .  
If "Yes," attach a copy (in English) of any and all boycott clauses agreed to, and attach a general statement of the agreement. If the agreement was in a form other than a written agreement, attach a separate sheet explaining the nature and form of any and all such agreements. (See instructions.)

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Note:** If the answer to either question 11 or 12 is "Yes," you must complete the rest of Form 5713. If you answered "Yes" to question 12, you must complete Schedules A and C or B and C (Form 5713).

<b>Part II Requests for and Acts of Participation in or Cooperation With an International Boycott</b>		Requests		Agreements	
		Yes	No	Yes	No
<b>13a</b> Did you receive requests to enter into, or did you enter into, any agreement (see instructions):					
<b>(1)</b> As a condition of doing business directly or indirectly within a country or with the government, a company, or a national of a country to—					
<b>(a)</b> Refrain from doing business with or in a country which is the object of an international boycott or with the government, companies, or nationals of that country?			X		X
<b>(b)</b> Refrain from doing business with any U.S. person engaged in trade in a country which is the object of an international boycott or with the government, companies, or nationals of that country?			X		X
<b>(c)</b> Refrain from doing business with any company whose ownership or management is made up, in whole or in part, of individuals of a particular nationality, race, or religion, or to remove (or refrain from selecting) corporate directors who are individuals of a particular nationality, race, or religion?			X		X
<b>(d)</b> Refrain from employing individuals of a particular nationality, race, or religion?			X		X
<b>(2)</b> As a condition of the sale of a product to the government, a company, or a national of a country, to refrain from shipping or insuring products on a carrier owned, leased, or operated by a person who does not participate in or cooperate with an international boycott?			X		X

**b Requests and agreements**—if the answer to any part of 13a is “Yes,” complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Name of country  (1)	Identifying number of person receiving the request or having the agreement  (2)	Principal business activity		IC-DISCs only— Enter product code (5)	Type of cooperation or participation			
		Code (3)	Description (4)		Number of requests		Number of agreements	
					Total (6)	Code (7)	Total (8)	Code (9)
<b>a</b>								
<b>b</b>								
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b>								
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<b>p</b>								