

**AMERICARES
FOUNDATION, INC.**

Amended Form 990 for the
Year Ended June 30, 2023

Public Disclosure Copy

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

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 **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: Address change Name change Initial return Final return/terminated <input checked="" type="checkbox"/> Amended return Application pending	C Name of organization AMERICARES FOUNDATION, INC.		D Employer identification number 06-1008595	
	Doing business as		E Telephone number (203) 658-9500	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 1,574,428,457.	
	88 HAMILTON AVENUE		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
City or town, state or province, country, and ZIP or foreign postal code STAMFORD, CT 06902-3105		H(b) Are all subordinates included? Yes No		
F Name and address of principal officer: CHRISTINE SQUIRES 88 HAMILTON AVENUE, STAMFORD, CT 06902-3105		If "No," attach a list. See instructions		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(c) Group exemption number		
J Website: WWW.AMERICARES.ORG		L Year of formation: 1979		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		M State of legal domicile: CT		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: AMERICARES IS A HEALTH-FOCUSED RELIEF & DEVELOPMENT ORGANIZATION. (SEE SCHEDULE O).		
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	265
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,366,006,518.	1,558,728,826.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,311,925.	1,109,523.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,780,584.	1,569,309.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	273,610.	-617,852.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,371,372,637.	1,560,789,806.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,285,211,797.	1,418,749,740.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	37,571,683.	40,918,002.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,385,149.	1,295,371.
	b Total fundraising expenses (Part IX, column (D), line 25)	17,958,803.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	84,819,724.	51,893,269.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,410,988,353.	1,512,856,382.	
19 Revenue less expenses. Subtract line 18 from line 12	-39,615,716.	47,933,424.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	331,108,609.	380,165,817.
	22 Net assets or fund balances. Subtract line 21 from line 20	20,359,319.	18,989,995.
		310,749,290.	361,175,822.

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	RICHARD K. TROWBRIDGE, JR., CFO, TREASURER & SVP OF GIK OPERATIONS Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature <i>Scott Thompsett</i>	Date 05/15/24	Check if self-employed <input type="checkbox"/>	PTIN P00741490
	Firm's name GRANT THORNTON LLP	Firm's EIN 36-6055558	Phone no. 212-599-0100		
Firm's address 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013					

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

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 \$ 1,353,119,756. including grants of \$ 1,322,903,813.) (Revenue \$ 0.) SEE SCHEDULE O

4b (Code:) (Expenses \$ 101,742,895. including grants of \$ 88,416,155.) (Revenue \$ 0.) SEE SCHEDULE O

4c (Code:) (Expenses \$ 26,694,017. including grants of \$ 7,429,772.) (Revenue \$ 1,109,523.) SEE SCHEDULE O

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

4e Total program service expenses 1,481,556,668.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 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
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 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
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 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	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a 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 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	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
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	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 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	
19 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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <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 columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	23		
b	Enter the number of voting members included on line 1a, above, who are independent		
	22		
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
b	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.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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.
 Own website Another's website 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, box 6 of 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				550,579.	0.	61,197.
(2) ELANA LOPEZ CHIEF PEOPLE OFFICER	40.00 0.00			X				295,363.	0.	58,619.
(3) RICHARD K. TROWBRIDGE, JR. CFO, TREASURER, SVP, GIK OPERATIONS	40.00 1.00			X				293,317.	0.	59,082.
(4) JENNY GOLDSTEIN SVP & CHIEF DEVELOPMENT OFFICER	40.00 0.00			X				285,394.	0.	57,947.
(5) M. RASHAD MASSOUD MD, MPH, FACP SENIOR VP, CPO (THRU 08/2022)	40.00 0.00			X				292,820.	0.	14,653.
(6) MEGIN WOLFMAN SVP, STRATEGY & COS	40.00 1.00			X				247,070.	0.	55,488.
(7) JED SELKOWITZ SVP & CH. MKTG. OFF. (THRU 08/2022)	40.00 0.00			X				280,588.	0.	12,179.
(8) MATT MOSNER GEN. COUNS. (THRU 12/2022)	40.00 0.00			X				243,100.	0.	43,915.
(9) JOAN LITTLEFIELD DEPUTY SR VP, GLOBAL PROGRAMS	40.00 0.00					X		216,987.	0.	39,114.
(10) YAEL GOTTLIEB DEPUTY SR VP, INDIVI. PHILANTHROPY	40.00 0.00					X		206,852.	0.	47,006.
(11) VISHESH JAIN DEPUTY SVP, IT AND FACILITIES	40.00 0.00					X		237,143.	0.	13,702.
(12) JULIE VARUGHESE CHIEF MEDICAL OFFICER	40.00 0.00			X				236,937.	0.	12,515.
(13) GABRIELA SALVADOR MD, MPH SVP, GL OPERATIONS (THRU 08/2022)	40.00 0.00			X				234,536.	0.	10,787.
(14) DONNA LUCAS VP, MARKETING AND COMMUNICATIONS	40.00 0.00					X		187,365.	0.	51,808.
(15) LYNEISHA VAUGH-PEREZ VP, FINANCE, PLANNING & GRANTS	40.00 0.00					X		191,157.	0.	13,046.
(16) JENNIFER M. NAUMANN ASSISTANT SECRETARY	40.00 0.00			X				86,088.	0.	25,539.
(17) MONICA BARBER GENERAL COUNSEL (AS OF 05/2023)	40.00 0.00			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) SUSAN GROSSMAN CHAIR OF THE BOARD	1.00 0.00	X		X				0.	0.	0.
(19) JEFFREY T. BECKER VICE CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(20) PERCIVAL BARRETTO-KO DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) ROBERT M. BAYLIS DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) TIM BOSEK DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) KATHERINE CLOSE, MD DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) ROBERTA CONROY DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) ELIZABETH F. FRANK DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) STEPHEN GALLUCCI DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								4,085,296.	0.	576,597.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,085,296.	0.	576,597.

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 89

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
RWT PRODUCTION LLC, 5624 BELLINGTON AVENUE, SPRINGFIELD, VA 22151	PRINTING AND MAILING	2,247,725.
RADIANT GLOBAL LOGISITICS, 700 S. RENTON VILLAGE PL, 7TH FL., RENTON, WA 98057	TRANSPORTATION	1,616,830.
THE HARRINGTON AGENCY, LLC, 212 SOUTH CHESTER ROAD, SWARTHMORE, PA 19081	FUNDRAISING COUNSEL	1,533,427.
GEODIS USA, INC., 7101 EXECUTIVE CENTER DRIVE STE 333, BRENTWOOD, TN 37027	TRANSPORTATION	1,107,409.
ANNE LEWIS STRATEGIES, LLC, 650 MASSACHUSETTS AVE, NW, STE 505,	MARKETING & ADVERTISING	1,082,718.

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 19

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include names like TONY GOLDWYN, ERICA HILL, SAMHITA A. P. JAYANTI, etc.

Total to Part VII, Section A, line 1c

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	1 a Federated campaigns	1a	197,010.				
	b Membership dues	1b					
	c Fundraising events	1c	1,550,113.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	15,985,204.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,540,996,499.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,468,832,586.				
	h Total. Add lines 1a-1f			1,558,728,826.			
Program Service Revenue	2 a PATIENT SVC. REVENUE	Business Code	621400	1,109,523.	1,109,523.		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,109,523.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,098,462.		2,098,462.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	191,190.			
			(ii) Personal				
	b Less: rental expenses ...	6b		199,846.			
	c Rental income or (loss)	6c		-8,656.			
	d Net rental income or (loss)			-8,656.		-8,656.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	10,540,077.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		11,069,230.			
	c Gain or (loss)	7c		-529,153.			
	d Net gain or (loss)			-529,153.		-529,153.	
8 a Gross income from fundraising events (not including \$ 1,550,113. of contributions reported on line 1c). See Part IV, line 18	8a		62,500.				
b Less: direct expenses	8b		1,146,455.				
c Net income or (loss) from fundraising events			-1,083,955.		-1,083,955.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		1,317,658.				
b Less: cost of goods sold	10b		1,223,120.				
c Net income or (loss) from sales of inventory			94,538.		94,538.		
Miscellaneous Revenue	11 a EL SALVADOR CAFETERIA	Business Code	900099	258,297.		258,297.	
	b EL SALVADOR/COLOMBIA		900099	17,934.		17,934.	
	c _____						
	d All other revenue		900099	103,990.		103,990.	
	e Total. Add lines 11a-11d			380,221.			
12 Total revenue. See instructions			1,560,789,806.	1,109,523.	0.	951,457.	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	86,895,655.	86,895,655.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	950,829,134.	950,829,134.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	381,024,951.	381,024,951.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,108,938.	497,409.	1,084,346.	527,183.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	158,231.	158,231.		
7 Other salaries and wages	29,311,822.	17,406,799.	6,204,328.	5,700,695.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,166,765.	666,308.	268,947.	231,510.
9 Other employee benefits	6,267,166.	3,757,785.	1,323,282.	1,186,099.
10 Payroll taxes	1,905,080.	880,629.	550,961.	473,490.
11 Fees for services (nonemployees):				
a Management	4,512,354.	3,424,529.	620,126.	467,699.
b Legal	340,387.	42,595.	290,858.	6,934.
c Accounting	515,601.	46,417.	469,184.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,295,371.			1,295,371.
f Investment management fees	34,379.		34,379.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,936,737.	2,489,735.	736,982.	710,020.
12 Advertising and promotion	2,970,269.	231,303.	6,703.	2,732,263.
13 Office expenses	425,451.	401,433.	11,180.	12,838.
14 Information technology	2,959,579.	1,340,036.	551,315.	1,068,228.
15 Royalties				
16 Occupancy	2,729,441.	2,401,058.	70,931.	257,452.
17 Travel	2,585,205.	2,233,924.	187,026.	164,255.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	153,844.	143,755.	1,601.	8,488.
20 Interest	146.	60.	86.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	773,313.	492,198.	193,643.	87,472.
23 Insurance	658,522.	433,752.	122,025.	102,745.
24 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.)				
a POSTAGE AND FREIGHT	19,751,577.	18,777,171.	21,164.	953,242.
b COST OF EXPIRED GOODS	4,602,805.	4,602,805.		
c _____				
d _____				
e All other expenses _____	4,943,659.	2,378,996.	591,844.	1,972,819.
25 Total functional expenses. Add lines 1 through 24e	1,512,856,382.	1,481,556,668.	13,340,911.	17,958,803.
26 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 <input type="checkbox"/> 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
Assets	1 Cash - non-interest-bearing	554,613.	1	20,675.
	2 Savings and temporary cash investments	27,912,190.	2	8,878,461.
	3 Pledges and grants receivable, net	12,858,421.	3	8,521,799.
	4 Accounts receivable, net	3,351,316.	4	1,804,630.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	226,827,974.	8	292,927,900.
	9 Prepaid expenses and deferred charges	7,149,420.	9	7,145,865.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,295,287.		
	b Less: accumulated depreciation	10b 7,524,905.	2,409,522.	10c 2,770,382.
	11 Investments - publicly traded securities	46,844,245.	11	52,707,925.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,200,908.	15	5,388,180.
16 Total assets. Add lines 1 through 15 (must equal line 33)	331,108,609.	16	380,165,817.	
Liabilities	17 Accounts payable and accrued expenses	14,526,654.	17	9,486,316.
	18 Grants payable	1,007,326.	18	1,793,094.
	19 Deferred revenue	26,847.	19	1,548,409.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,798,492.	25	6,162,176.
	26 Total liabilities. Add lines 17 through 25	20,359,319.	26	18,989,995.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	79,694,251.	27	85,106,302.
	28 Net assets with donor restrictions	231,055,039.	28	276,069,520.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	310,749,290.	32	361,175,822.
33 Total liabilities and net assets/fund balances	331,108,609.	33	380,165,817.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,560,789,806.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,512,856,382.
3	Revenue less expenses. Subtract line 2 from line 1	3	47,933,424.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	310,749,290.
5	Net unrealized gains (losses) on investments	5	2,747,088.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-96,146.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-157,834.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	361,175,822.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	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	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	
c	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	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
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** (2022)

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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	973,977,098.	1438445654.	1229643718.	1366006518.	1558728826.	6566801814.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	973,977,098.	1438445654.	1229643718.	1366006518.	1558728826.	6566801814.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3686028890.
6 Public support. Subtract line 5 from line 4.						2880772924.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	973,977,098.	1438445654.	1229643718.	1366006518.	1558728826.	6566801814.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,467,594.	1,435,551.	1,209,228.	1,568,655.	2,289,652.	7,970,680.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,477,410.	1,340,871.	1,538,906.	1,773,025.	1,760,379.	7,890,591.
11 Total support. Add lines 7 through 10						6582663085.
12 Gross receipts from related activities, etc. (see instructions)					12	5,929,353.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	43.76 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	49.36 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990) 2022

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) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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>		
7 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>		
8 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>		
9a 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 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>		
c 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>		
10a 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 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)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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.

Section A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	Distributable Amount. 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).		

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

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

2018 AMOUNT: \$ 128,160.

2019 AMOUNT: \$ 134,560.

2020 AMOUNT: \$ 8,625.

2021 AMOUNT: \$ 61,090.

2022 AMOUNT: \$ 62,500.

SALES OF INVENTORY

2018 AMOUNT: \$ 1,135,435.

2019 AMOUNT: \$ 996,403.

2020 AMOUNT: \$ 1,275,951.

2021 AMOUNT: \$ 1,358,494.

2022 AMOUNT: \$ 1,317,658.

MISCELLANEOUS

2018 AMOUNT: \$ 213,815.

2019 AMOUNT: \$ 209,908.

2020 AMOUNT: \$ 254,330.

2021 AMOUNT: \$ 353,441.

2022 AMOUNT: \$ 380,221.

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 for the latest information.

OMB No. 1545-0047

2022

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 AMERICARES FOUNDATION, INC.	Employer identification number 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/>	\$ 878,245,089.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 191,578,855.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 96,882,921.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 71,179,503.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 64,907,947.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 42,448,465.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICARES FOUNDATION, INC.	Employer identification number 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/>	\$ 37,163,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
1	<u>MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS</u> <hr/> <hr/> <hr/>	\$ <u>878,245,089.</u>	<u>06/30/23</u>
2	<u>MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS</u> <hr/> <hr/> <hr/>	\$ <u>191,578,855.</u>	<u>06/30/23</u>
3	<u>MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS</u> <hr/> <hr/> <hr/>	\$ <u>96,882,921.</u>	<u>06/30/23</u>
4	<u>MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS</u> <hr/> <hr/> <hr/>	\$ <u>71,179,503.</u>	<u>06/30/23</u>
5	<u>MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS</u> <hr/> <hr/> <hr/>	\$ <u>64,907,947.</u>	<u>06/30/23</u>
6	<u>MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS</u> <hr/> <hr/> <hr/>	\$ <u>42,448,465.</u>	<u>06/30/23</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	<u>MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS</u> <hr/> <hr/> <hr/>	\$ 37,163,475.	06/30/23
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
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 for instructions and the latest information.

OMB No. 1545-0047

2022

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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	11,677,243.	12,208,794.	5,686,992.	4,521,288.	1,748,813.
b Contributions	442,739.	2,025,000.	4,555,746.	1,125,000.	2,851,375.
c Net investment earnings, gains, and losses	906,769.	-2,520,310.	2,164,185.	58,848.	85,278.
d Grants or scholarships					
e Other expenditures for facilities and programs			172,000.		158,000.
f Administrative expenses	38,916.	36,241.	26,129.	18,144.	6,178.
g End of year balance	12,987,835.	11,677,243.	12,208,794.	5,686,992.	4,521,288.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 81.0000 %
 - b Permanent endowment 13.0000 %
 - c Term endowment 6.0000 %
- 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"/> | 3b | |
- 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		1,227,203.	812,620.	414,583.
c Leasehold improvements		2,633,273.	2,545,476.	87,797.
d Equipment		6,259,811.	4,166,809.	2,093,002.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,770,382.

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)		
Total. (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)		
Total. (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)	
Total. (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	5,002,315.
(3) LEASE LIABILITIES	605,639.
(4) CAPITALIZED LEASE	554,222.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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.

1	Total revenue, gains, and other support per audited financial statements		1	1,567,358,814.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	2,747,088.	
b	Donated services and use of facilities	2b	1,559,858.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-270,834.	
e	Add lines 2a through 2d		2e	4,036,112.
3	Subtract line 2e from line 1		3	1,563,322,702.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	35,775.	
b	Other (Describe in Part XIII.)	4b	-2,568,671.	
c	Add lines 4a and 4b		4c	-2,532,896.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,560,789,806.

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.

1	Total expenses and losses per audited financial statements		1	1,516,949,136.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,559,858.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	2,568,671.	
e	Add lines 2a through 2d		2e	4,128,529.
3	Subtract line 2e from line 1		3	1,512,820,607.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	35,775.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	35,775.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,512,856,382.

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

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	-7,182.
LOSS ON FOREIGN CURRENCY	-150,652.
NET ASSETS RELEASED FROM RESTRICTIONS	-113,000.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-270,834.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSE RECLASSIFIED TO OFFSET RENTAL INCOME	-199,846.
DIRECT FUNDRAISING EXPENSE RECLASSIFIED TO OFFSET SPECIAL	
EVENT REVENUE	-1,145,705.
COST OF GOODS SOLD	-1,223,120.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-2,568,671.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE RECLASSIFIED TO OFFSET RENTAL INCOME	199,846.
DIRECT FUNDRAISING EXPENSE RECLASSIFIED TO OFFSET SPECIAL	
EVENT REVENUE	1,145,705.
COST OF GOODS SOLD	1,223,120.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	2,568,671.

**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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization AMERICARES FOUNDATION, INC.	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	2,493,318.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	1,269,532.
EUROPE	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	373,817.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	569,863.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	3,932,787.
SOUTH AMERICA	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	5,525,768.
NORTH AMERICA	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	19,970.
SOUTH ASIA	0	0	PROGRAM SERVICES	DISASTER RELIEF / DEVELOPMENT	263,533.
3 a Subtotal	0	0			14,448,588.
b Total from continuation sheets to Part I	17	383			387,512,127.
c Totals (add lines 3a and 3b)	17	383			401,960,715.

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

Schedule F (Form 990) 2022

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	6,487,175.
CENTRAL AMERICA / CARIBBEAN	2	132	GRANTMAKING		96,130,943.
EAST ASIA AND THE PACIFIC	1	31	GRANTMAKING		4,432,181.
EUROPE	1	12	GRANTMAKING		1,402,768.
MIDDLE EAST AND NORTH AFRICA	0	1	GRANTMAKING		55,736,924.
NORTH AMERICA	0	1	GRANTMAKING		28,404,786.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		13,155,423.
SOUTH AMERICA	11	157	GRANTMAKING		121,446,632.
SOUTH ASIA	0	4	GRANTMAKING		11,076,334.
SUB-SAHARAN AFRICA	2	45	GRANTMAKING		49,238,961.
Totals	17	383			387,512,127.

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 CARIBBEAN	PROGRAM SUPPORT - WASH (WATER, SANITATION AND HYGIENE)	20,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT - WASH (WATER, SANITATION AND HYGIENE)	40,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	A2M SUPPORT	8,900.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	A2M SUPPORT	6,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAMS - PARTNER SUPPORT	16,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAMS - PARTNER SUPPORT	13,496.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAMS - PARTNER SUPPORT	20,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAMS - PARTNER SUPPORT	40,000.	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 298

3 Enter total number of other organizations or entities 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)
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAMS - PARTNER SUPPORT	35,521.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAMS - PARTNER SUPPORT	29,466.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAMS - PARTNER SUPPORT	10,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAMS - PARTNER SUPPORT	15,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EMERGENCY - PARTNER SUPPORT	10,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EMERGENCY - PARTNER SUPPORT	10,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EMERGENCY - PARTNER SUPPORT	7,603.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EMERGENCY - PARTNER SUPPORT	10,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EMERGENCY - PARTNER SUPPORT	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)
		CENTRAL AMERICA AND THE CARIBBEAN	REINFORCING CONFIDENCE IN COVID-19 VACCINES	25,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	REINFORCING CONFIDENCE IN COVID-19 VACCINES	25,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAMS - PARTNER SUPPORT	25,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAMS - PARTNER SUPPORT	25,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAMS - PARTNER SUPPORT	75,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAMS - NUTRITION - PARTNER SUPPORT	135,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	EMERGENCY - PARTNER SUPPORT	35,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	EMERGENCY - PARTNER SUPPORT	10,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT - WASH (WATER, SANITATION AND HYGIENE)	40,000.	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)
		MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT - WASH (WATER, SANITATION AND HYGIENE)	60,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT - WASH (WATER, SANITATION AND HYGIENE)	42,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	241,500.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	60,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	30,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY - PARTNER SUPPORT	30,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY - PARTNER SUPPORT	30,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY - TURKEY EARTHQUAKE - PARTNER SUPPORT	300,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY - TURKEY EARTHQUAKE - PARTNER SUPPORT	190,000.	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)
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY - TURKEY EARTHQUAKE - PARTNER SUPPORT	178,204.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY - TURKEY EARTHQUAKE - PARTNER SUPPORT	155,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY - TURKEY EARTHQUAKE - PARTNER SUPPORT	73,850.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY - TURKEY EARTHQUAKE - PARTNER SUPPORT	50,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY - TURKEY EARTHQUAKE - PARTNER SUPPORT	36,375.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY - TURKEY EARTHQUAKE - PARTNER SUPPORT	30,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY - TURKEY EARTHQUAKE - PARTNER SUPPORT	30,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY - TURKEY EARTHQUAKE - PARTNER SUPPORT	24,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY - TURKEY EARTHQUAKE - PARTNER SUPPORT	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)
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY - TURKEY EARTHQUAKE - PARTNER SUPPORT	10,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY - TURKEY EARTHQUAKE - PARTNER SUPPORT	10,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY - TURKEY EARTHQUAKE - PARTNER SUPPORT	10,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY - TURKEY EARTHQUAKE - PARTNER SUPPORT	10,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY - TURKEY EARTHQUAKE - PARTNER SUPPORT	10,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY - TURKEY EARTHQUAKE - PARTNER SUPPORT	10,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY - TURKEY EARTHQUAKE - PARTNER SUPPORT	10,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY - TURKEY EARTHQUAKE - PARTNER SUPPORT	10,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY - TURKEY EARTHQUAKE - PARTNER SUPPORT	9,995.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY - TURKEY EARTHQUAKE - PARTNER SUPPORT	6,400.	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)
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY - TURKEY EARTHQUAKE - PARTNER SUPPORT	5,971.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY - PARTNER SUPPORT	61,420.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	325,791.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	305,798.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	299,993.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	250,850.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	249,721.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	126,920.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	115,000.	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	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	88,510.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	85,510.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	78,918.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	73,159.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	70,400.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	70,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	64,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	57,907.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	55,350.	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	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	54,250.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	50,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	49,633.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	46,617.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	44,734.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	38,900.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	34,273.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	29,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	27,520.	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	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	25,768.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	25,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	24,087.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	20,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	9,653.	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	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	75,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	57,908.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	49,750.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	38,300.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	33,859.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	30,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	24,087.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	23,709.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	15,000.	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	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	50,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	50,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	49,956.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	46,908.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	45,833.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	41,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	37,375.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	25,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	20,000.	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	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	16,760.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EMERGENCY - UKRAINE RESPONSE - PARTNER SUPPORT	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PARTNER SUPPORT	11,500.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PARTNER SUPPORT	12,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAMS - PARTNER SUPPORT	11,740.	WIRE	0.		
		SOUTH AMERICA	PROGRAMS - PARTNER SUPPORT	30,000.	WIRE	0.		
		SOUTH AMERICA	PROGRAMS - PARTNER SUPPORT	30,000.	WIRE	0.		
		SOUTH AMERICA	EMERGENCY - PARTNER SUPPORT	10,000.	WIRE	0.		
		SOUTH ASIA	PROGRAM SUPPORT - WASH (WATER, SANITATION AND HYGIENE)	80,000.	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)
		SOUTH ASIA	PROGRAM SUPPORT - WASH (WATER, SANITATION AND HYGIENE)	25,000.	WIRE	0.		
		SOUTH ASIA	PROGRAM SUPPORT - WASH (WATER, SANITATION AND HYGIENE)	20,000.	WIRE	0.		
		SOUTH ASIA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	100,000.	WIRE	0.		
		SOUTH ASIA	PARTNER SUPPORT	121,969.	WIRE	0.		
		SOUTH ASIA	PARTNER SUPPORT	54,782.	WIRE	0.		
		SOUTH ASIA	PARTNER SUPPORT	49,396.	WIRE	0.		
		SOUTH ASIA	PARTNER SUPPORT	40,318.	WIRE	0.		
		SOUTH ASIA	PARTNER SUPPORT	149,928.	WIRE	0.		
		SOUTH ASIA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	206,238.	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)
		SOUTH ASIA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	206,238.	WIRE	0.		
		SOUTH ASIA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	190,043.	WIRE	0.		
		SOUTH ASIA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	190,043.	WIRE	0.		
		SOUTH ASIA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	165,168.	WIRE	0.		
		SOUTH ASIA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	50,000.	WIRE	0.		
		SOUTH ASIA	EMERGENCY - PARTNER SUPPORT	50,000.	WIRE	0.		
		SOUTH ASIA	EMERGENCY - PARTNER SUPPORT	50,530.	WIRE	0.		
		SOUTH ASIA	EMERGENCY - PARTNER SUPPORT	10,000.	WIRE	0.		
		SOUTH ASIA	EMERGENCY - PARTNER SUPPORT	9,000.	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)
		SOUTH ASIA	PROGRAMS - PARTNER SUPPORT	202,250.	WIRE	0.		
		SOUTH ASIA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	60,301.	WIRE	0.		
		SOUTH ASIA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	52,001.	WIRE	0.		
		SOUTH ASIA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	45,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT - WASH (WATER, SANITATION AND HYGIENE)	15,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGENCY - PARTNER SUPPORT	100,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	34,110.	WIRE	0.		
		SUB-SAHARAN AFRICA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	6,766.	WIRE	0.		
		SUB-SAHARAN AFRICA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	41,420.	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)
		SUB-SAHARAN AFRICA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	9,665.	WIRE	0.		
		SUB-SAHARAN AFRICA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	86,469.	WIRE	0.		
		SUB-SAHARAN AFRICA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	82,451.	WIRE	0.		
		SUB-SAHARAN AFRICA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	72,334.	WIRE	0.		
		SUB-SAHARAN AFRICA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	53,516.	WIRE	0.		
		SUB-SAHARAN AFRICA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	49,288.	WIRE	0.		
		SUB-SAHARAN AFRICA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	43,974.	WIRE	0.		
		SUB-SAHARAN AFRICA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	40,740.	WIRE	0.		
		SUB-SAHARAN AFRICA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	39,717.	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)
		SUB-SAHARAN AFRICA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	39,508.	WIRE	0.		
		SUB-SAHARAN AFRICA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	38,903.	WIRE	0.		
		SUB-SAHARAN AFRICA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	35,188.	WIRE	0.		
		SUB-SAHARAN AFRICA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	19,370.	WIRE	0.		
		SUB-SAHARAN AFRICA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	17,943.	WIRE	0.		
		SUB-SAHARAN AFRICA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	16,545.	WIRE	0.		
		SUB-SAHARAN AFRICA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	16,225.	WIRE	0.		
		SUB-SAHARAN AFRICA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	15,954.	WIRE	0.		
		SUB-SAHARAN AFRICA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	14,136.	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)
		SUB-SAHARAN AFRICA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	13,301.	WIRE	0.		
		SUB-SAHARAN AFRICA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	5,685.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, CPRC - GLOBAL VAX	49,288.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, CPRC - GLOBAL VAX	40,740.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, CPRC - GLOBAL VAX	39,717.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, CPRC - GLOBAL VAX	39,508.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, CPRC - GLOBAL VAX	38,903.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, CPRC - GLOBAL VAX	35,188.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, CPRC - GLOBAL VAX	19,370.	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)
		SUB-SAHARAN AFRICA	FEDERAL AWARD, CPRC - GLOBAL VAX	17,943.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, CPRC - GLOBAL VAX	16,545.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, CPRC - GLOBAL VAX	16,225.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, CPRC - GLOBAL VAX	15,954.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, CPRC - GLOBAL VAX	14,136.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, CPRC - GLOBAL VAX	53,516.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, CPRC - GLOBAL VAX	6,766.	WIRE	0.		
		SUB-SAHARAN AFRICA	REINFORCING CONFIDENCE IN COVID-19 VACCINES	6,766.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, CPRC - GLOBAL VAX	30,000.	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)
		SUB-SAHARAN AFRICA	EMERGENCY - PARTNER SUPPORT	60,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGENCY - PARTNER SUPPORT	10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FEDERAL AWARD, CPRC - GLOBAL VAX	16,645.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT - WOMEN & CHILD'S HEALTH	90,728.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT - WOMEN & CHILD'S HEALTH	86,859.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT - WOMEN & CHILD'S HEALTH	61,166.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT - WOMEN & CHILD'S HEALTH	60,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT - WOMEN & CHILD'S HEALTH	54,515.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAMS - PARTNER SUPPORT - WOMEN & CHILD'S HEALTH	6,560.	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)
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		8,273.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		21,455.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		44,136.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		130,131.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		201,526.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		222,969.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		297,824.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		500,135.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		521,478.	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 AMERICA & THE CARIBBEAN	ONGOING	0.		914,886.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		1,031,147.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		1,429,542.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		1,822,959.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		2,925,605.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		3,266,088.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		3,427,181.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		4,768,875.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		5,212,302.	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 AMERICA & THE CARIBBEAN	ONGOING	0.		7,365,210.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		11,328,455.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		18,358,593.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA & THE CARIBBEAN	ONGOING	0.		31,326,018.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		7,574.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		10,279.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		13,306.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		16,279.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		26,792.	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)
		EAST ASIA AND THE PACIFIC	ONGOING	0.		136,372.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		279,993.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		508,911.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		1,396,972.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	ONGOING	0.		1,678,098.	MEDICAL SUPPLIES	FMV
		EUROPE	ONGOING	0.		188,152.	MEDICAL SUPPLIES	FMV
		EUROPE	ONGOING	0.		349,836.	MEDICAL SUPPLIES	FMV
		EUROPE	ONGOING	0.		861,624.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		5,097.	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)
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		8,976.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		37,776.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		73,780.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		440,800.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		453,109.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		491,557.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		1,127,672.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		1,875,307.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		7,577,834.	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)
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		10,339,135.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ONGOING	0.		30,543,733.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ONGOING	0.		203,709.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ONGOING	0.		1,397,417.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ONGOING	0.		2,814,836.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ONGOING	0.		3,527,356.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ONGOING	0.		6,210,324.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ONGOING	0.		6,432,009.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ONGOING	0.		18,847,428.	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)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ONGOING	0.		23,614,473.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ONGOING	0.		56,919,852.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		114,525.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		135,499.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		175,762.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		220,425.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		820,195.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		1,170,993.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		2,133,328.	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)
		SOUTH AMERICA	ONGOING	0.		3,140,647.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		9,972,657.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	ONGOING	0.		10,452,383.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ONGOING	0.		85,377.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ONGOING	0.		102,661.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ONGOING	0.		199,085.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ONGOING	0.		208,712.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ONGOING	0.		4,045,211.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	ONGOING	0.		4,222,141.	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	ONGOING	0.		5,935.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		11,535.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		15,271.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		25,941.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		59,875.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		68,939.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		163,787.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		176,199.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		176,879.	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	ONGOING	0.		205,557.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		279,991.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		293,812.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		299,811.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		304,566.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		331,428.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		343,690.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		365,541.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		374,326.	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	ONGOING	0.		395,491.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		465,727.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		472,146.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		542,500.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		559,575.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		613,754.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		772,316.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		894,882.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		1,158,022.	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	ONGOING	0.		1,391,834.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		1,587,184.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		1,629,188.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		1,678,457.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		1,705,690.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		2,136,579.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		4,474,478.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		5,385,577.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	ONGOING	0.		6,513,394.	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	ONGOING	0.		11,261,233.	MEDICAL SUPPLIES	FMV
		NORTH AMERICA	ONGOING	0.		4,429,235.	MEDICAL SUPPLIES	FMV

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

Schedule F (Form 990) 2022

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.

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to 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 <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 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, ANNE LEWIS STRATEGIES (DBA MISSION WIRED) - 650	FUNDRAISING COUNSEL		X	10,418,244.	1,043,671.	9,374,573.
	FUNDRAISING COUNSEL		X	7,466,666.	251,700.	7,214,966.
Total				17,884,910.	1,295,371.	16,589,539.

- 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	1	Gross receipts	1,596,808.	15,805.	1,612,613.
	2	Less: Contributions	1,536,808.	13,305.	1,550,113.
	3	Gross income (line 1 minus line 2)	60,000.	2,500.	62,500.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs		4,700.	4,700.
	7	Food and beverages	109,346.		109,346.
	8	Entertainment	8,500.		8,500.
	9	Other direct expenses	1,023,909.		1,023,909.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			1,146,455.
11	Net income summary. Subtract line 10 from line 3, column (d)			-1,083,955.	

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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. 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 CONSULTANT LISTED IN
 THE SCHEDULE G ARE REPORTED (AS REQUIRED BY THE FORM 990) ON A FISCAL
 YEAR BASIS. THE CONSULTANT MAY BE REPRESENTED IN PART VII, SECTION B AS
 A TOP HIGHLY PAID INDEPENDENT CONTRACTOR. 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 for the latest information.

OMB No. 1545-0047

2022

**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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
12TH STREET HEALTH AND WELLNESS CENTER - 4301 W. MARKHAM - LITTLE ROCK, AR 72205	71-6046242	501(C)(3)	0.	67,230.	FMV	MEDICAL ASSISTANCE	ONGOING
A PROMISE TO HELP 516 TUSCALOOSA AVE. SW BIRMINGHAM, AL 35211	26-4401185	501(C)(3)	0.	13,148.	FMV	MEDICAL ASSISTANCE	ONGOING
ACACIA MEDICAL MISSION 1781 E. AMMANN RD. BULVERDE, TX 78163	90-0401594	501(C)(3)	0.	200,850.	FMV	MEDICAL ASSISTANCE	ONGOING
ADVANTAGE BEHAVIORAL HEALTH SYSTEMS - 240 MITCHELL BRIDGE RD - ATHENS, GA 30606	58-2112427		0.	616,947.	FMV	MEDICAL ASSISTANCE	ONGOING
ADVENTHEALTH WATERMAN COMMUNITY CLINIC - 2300 KURT STREET - EUSTIS, FL 32726	59-3140669	501(C)(3)	0.	30,053.	FMV	MEDICAL ASSISTANCE	ONGOING
AGAPE CLINIC 4104 JUNIUS STREET DALLAS, TX 75246	14-1847977	501(C)(3)	0.	3,639,522.	FMV	MEDICAL ASSISTANCE	ONGOING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 532.

3 Enter total number of other organizations listed in the line 1 table 23.

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

Schedule I (Form 990) 2022

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
AID TO WOMEN CENTER 1328 E APACHE BLVD TEMPE, AZ 85281	86-0528953	501(C)(3)	0.	61,926.	FMV	MEDICAL ASSISTANCE	ONGOING
ALABAMA FREE CLINICS 212 COURTHOUSE SQUARE BAY MINETTE, AL 36507	63-1247879	501(C)(3)	0.	43,956.	FMV	MEDICAL ASSISTANCE	ONGOING
ALBEMARLE HOSPITAL FOUNDATION 918 GREENLEAF ST ELIZABETH CITY, NC 27909	43-2031990	501(C)(3)	0.	268,852.	FMV	MEDICAL ASSISTANCE	ONGOING
ALLIANCE FOR MEDICAL OUTREACH & RELIEF - 1306 W. HERNDON AVE, SUITE 110 - FRESNO, CA 93711	36-4635877	501(C)(3)	0.	10,189.	FMV	MEDICAL ASSISTANCE	ONGOING
AMERICARES FREE CLINICS, INC. 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1422741	501(C)(3)	0.	1,679,797.	FMV	MEDICAL ASSISTANCE	ONGOING
ANDERSON FREE CLINIC 414 N FANT ST ANDERSON, SC 29621	57-0787584	501(C)(3)	0.	20,878.	FMV	MEDICAL ASSISTANCE	ONGOING
ANDREWS CENTER 2323 WEST FRONT STREET TYLER, TX 75702	75-1281410	501(C)(3)	0.	59,573.	FMV	MEDICAL ASSISTANCE	ONGOING
ARLINGTON FREE CLINIC 2921 SOUTH 11TH STREET ARLINGTON, VA 22204	54-1671883	501(C)(3)	0.	458,771.	FMV	MEDICAL ASSISTANCE	ONGOING
ARTHUR NAGEL COMMUNITY CLINIC 1116 12TH STREET, UNIT #3 BANDERA, TX 78003	77-0697361	501(C)(3)	0.	176,891.	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
ARUBAH COMMUNITY CLINIC 1021 W. MAIN ST COLLINSVILLE, OK 74021	27-3865132	501(C)(3)	0.	29,786.	FMV	MEDICAL ASSISTANCE	ONGOING
ATHENS NURSES CLINIC 240 NORTH AVENUE ATHENS, GA 30601	58-2490925	501(C)(3)	0.	20,511.	FMV	MEDICAL ASSISTANCE	ONGOING
AUSTIN LIFECARE INC. DBA THE SOURCE - 8401 N INTERSTATE 35 - AUSTIN, TX 78753	74-2333473	501(C)(3)	0.	11,642.	FMV	MEDICAL ASSISTANCE	ONGOING
AUSTIN TRAVIS COUNTY INTEGRAL CARE/INTEGRAL CARE - 6937 NORTH IH 35 - AUSTIN, TX 78752	74-1547909	501(C)(3)	0.	288,772.	FMV	MEDICAL ASSISTANCE	ONGOING
AVENAL COMMUNITY HEALTH CENTER 555 E. ST. LEMOORE, CA 93245	77-0425496	501(C)(3)	0.	15,792.	FMV	MEDICAL ASSISTANCE	ONGOING
AVICENNA FREE CLINIC 1838 FRANKFORD AVE PANAMA CITY, FL 32405	82-2554695	501(C)(3)	0.	228,675.	FMV	MEDICAL ASSISTANCE	ONGOING
AVITA COMMUNITY PARTNERS 915 INTERSTATE RIDGE DR GAINESVILLE, GA 30501	58-2109706		0.	91,187.	FMV	MEDICAL ASSISTANCE	ONGOING
BAPTIST COMMUNITY HEALTH SERVICES 4960 ST. CLAUDE NEW ORLEANS, LA 70117	45-3792193	501(C)(3)	0.	26,989.	FMV	MEDICAL ASSISTANCE	ONGOING
BAPTIST HEALTH FOLLOW UP CARE 151 NW 11TH STREET SUITE E400 HOMESTEAD, FL 33030	85-2514662	501(C)(3)	0.	437,453.	FMV	MEDICAL ASSISTANCE	ONGOING

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BARTZ-ALTADONNA COMMUNITY HEALTH CENTER - 43322 GINGHAM AVE. - LANCASTER, CA 93535	27-3261289	501(C)(3)	0.	104,587.	FMV	MEDICAL ASSISTANCE	ONGOING
BEACON CHARITABLE PHARMACY, INC. 408 NINTH STREET SW CANTON, OH 44707	20-0797475	501(C)(3)	0.	102,596.	FMV	MEDICAL ASSISTANCE	ONGOING
BEACON CLINIC FOR HEALTH AND HOPE 248 SENECA ST. (REAR) HARRISBURG, PA 17110	46-3507570	501(C)(3)	0.	62,290.	FMV	MEDICAL ASSISTANCE	ONGOING
BEERSHEBA SPRINGS MEDICAL CLINIC 19592 STATE HIGHWAY 56 BEERSHEBA SPRINGS, TN 37305	26-4579813	501(C)(3)	0.	689,508.	FMV	MEDICAL ASSISTANCE	ONGOING
BETHANY FIRST NAZARENE CHURCH 6789 NW 39TH EXPRESSWATY BETHANY, OK 73008	73-0643163	501(C)(3)	0.	14,234.	FMV	MEDICAL ASSISTANCE	ONGOING
BETHESDA COMMUNITY CLINIC, INC 111 MOUNTAIN BROOK DR STE 100 CANTON, GA 30115	27-4923001	501(C)(3)	0.	73,589.	FMV	MEDICAL ASSISTANCE	ONGOING
BETHESDA HEALTH CLINIC 409 WEST FERGUSON TYLER, TX 75702	26-0036674	501(C)(3)	0.	437,454.	FMV	MEDICAL ASSISTANCE	ONGOING
BIGHORN VALLEY HEALTH CENTER 10 WEST 4TH STREET HARDIN, MT 59034	27-3113428	501(C)(3)	0.	12,383.	FMV	MEDICAL ASSISTANCE	ONGOING
BILLINGS URBAN INDIAN HEALTH AND WELLNESS CENTER - 1230 NORTH 30TH STREET - BILLINGS, MT 59101	81-0512124	501(C)(3)	0.	8,167.	FMV	MEDICAL ASSISTANCE	ONGOING

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BLACK HAWK GRUNDY MENTAL HEALTH CENTER - 3251 WEST 9TH STREET - WATERLOO, IA 50702	42-0733463	501(C)(3)	0.	97,473.	FMV	MEDICAL ASSISTANCE	ONGOING
BLUE RIDGE FREE CLINIC 833 MLK JR WAY HARRISONBURG, VA 22801	86-1418555	501(C)(3)	0.	6,400.	FMV	MEDICAL ASSISTANCE	ONGOING
BLUEBONNET TRAILS COMMUNITY SERVICES - 1009 N. GEORGETOWN ST. - ROUND ROCK, TX 78664	74-2795332	501(C)(3)	0.	10,124.	FMV	MEDICAL ASSISTANCE	ONGOING
BOLINGBROOK CHRISTIAN HEALTH CENTER - 151 E BRIARCLIFF RD - BOLINGBROOK, IL 60440	36-4401468	501(C)(3)	0.	431,359.	FMV	MEDICAL ASSISTANCE	ONGOING
BRAXTON CANN MEDICAL CENTER PHARMACY - 5818 MADISON RD - CINCINNATI, OH 45227	31-6000064		0.	12,657.	FMV	MEDICAL ASSISTANCE	ONGOING
BRAZOS COUNTY HEALTH DISTRICT 201 NORTH TEXAS AVENUE BRYAN, TX 77803	74-6000433		0.	110,455.	FMV	MEDICAL ASSISTANCE	ONGOING
BREAD OF HEALING CLINIC 1821 N 16TH ST MILWAUKEE, WI 53205	81-0669867	501(C)(3)	0.	80,052.	FMV	MEDICAL ASSISTANCE	ONGOING
BRIDGES, A COMMUNITY SUPPORT SYSTEM - 949 BRIDGEPORT AVENUE - MILFORD, CT 06460	06-0867978	501(C)(3)	0.	37,737.	FMV	MEDICAL ASSISTANCE	ONGOING
BROAD STREET CLINIC 534 N. 35TH STREET, SUITE K MOREHEAD CITY, NC 28557	56-1853604	501(C)(3)	0.	82,948.	FMV	MEDICAL ASSISTANCE	ONGOING

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BROTHER BILLS HELPING HAND 3906 N. WESTMORELAND RD. DALLAS, TX 75212	75-6027740	501(C)(3)	0.	150,679.	FMV	MEDICAL ASSISTANCE	ONGOING
BROWNSVILLE MEDICAL CENTER INC. 2400 NW 54TH STREET MIAMI, FL 33142	20-3856290	501(C)(3)	0.	540,853.	FMV	MEDICAL ASSISTANCE	ONGOING
BUDDHIST TZU CHI MEDICAL CENTER 1000 S. GARFIELD ALHAMBRA, CA 91801	95-4457939	501(C)(3)	0.	120,667.	FMV	MEDICAL ASSISTANCE	ONGOING
CABRINI CLINIC 1234 PORTER STREET DETROIT, MI 48226	38-3129349	501(C)(3)	0.	85,439.	FMV	MEDICAL ASSISTANCE	ONGOING
CACHE VALLEY COMMUNITY HEALTH CENTER - SOUTH - 517 WEST 100 NORTH SUITE #110 - PROVIDENCE, UT 84332	81-0587644	115	0.	135,596.	FMV	MEDICAL ASSISTANCE	ONGOING
CACTUS HEALTH SERVICES 700 N MAIN ST FORT STOCKTON, TX 79735	16-1663081	501(C)(3)	0.	26,304.	FMV	MEDICAL ASSISTANCE	ONGOING
CAMILLUS HEALTH CONCERN 336 NW 5TH ST MIAMI, FL 33128	65-0063921	501(C)(3)	0.	485,552.	FMV	MEDICAL ASSISTANCE	ONGOING
CAMINO COMMUNITY DEVELOPMENT CORPORATION INC - 133 STETSON DR. - CHARLOTTE, NC 28262	56-2015959	501(C)(3)	0.	14,164.	FMV	MEDICAL ASSISTANCE	ONGOING
CAMUY HEALTH SERVICES, INC. PO BOX 660 CAMUY, PR 00627	66-0428652	501(C)(3)	0.	15,912.	FMV	MEDICAL ASSISTANCE	ONGOING

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CAPE FEAR CLINIC, INC. 1605 DOCTORS CIRCLE WILMINGTON, NC 28401	56-1984630	501(C)(3)	0.	72,506.	FMV	MEDICAL ASSISTANCE	ONGOING
CAPITAL AREA HEALTHNETWORK 2809 NORTH AVENUE RICHMOND, VA 23222	54-1884190	501(C)(3)	0.	6,270.	FMV	MEDICAL ASSISTANCE	ONGOING
CASA JUAN DIEGO 4818 ROSE STREET HOUSTON, TX 77007	76-0003018	501(C)(3)	0.	26,042.	FMV	MEDICAL ASSISTANCE	ONGOING
CASA RUBEN INC. 5050 POWDER MILL RD BELTSVILLE, MD 20705	26-0340539	501(C)(3)	0.	477,600.	FMV	MEDICAL ASSISTANCE	ONGOING
CASS COUNTY HEALTH DEPARTMENT 1616 SMITH STREET LOGANSFORT, IN 46947	35-6000131		0.	353,727.	FMV	MEDICAL ASSISTANCE	ONGOING
C-ASSIST 30260 CHERRY HILL ROAD GARDEN CITY, MI 48135	81-3386484	501(C)(3)	0.	82,414.	FMV	MEDICAL ASSISTANCE	ONGOING
CATHOLIC CHARITIES - USA 20 N. 4TH STREET, SUITE 300 WILMINGTON, NC 28401	26-1467328	501(C)(3)	0.	14,180.	FMV	MEDICAL ASSISTANCE	ONGOING
CATHOLIC CHARITIES DIOCESE OF ARLINGTON - 13900 CHURCH HILL DRIVE - WOODBRIDGE, VA 22191	54-0515706	501(C)(3)	0.	12,384.	FMV	MEDICAL ASSISTANCE	ONGOING
CATHOLIC CHARITIES OF LEXINGTON 1310 W MAIN ST LEXINGTON, KY 40508	61-1138597		0.	6,861.	FMV	MEDICAL ASSISTANCE	ONGOING

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CATHOLIC CHARITIES VOLUNTEER MEDICAL CLINIC - 1618 MONROE ST. NW - WASHINGTON, DC 20010	52-0980905	501(C)(3)	0.	74,321.	FMV	MEDICAL ASSISTANCE	ONGOING
CENTER FOR HAITIAN STUDIES, INC 8260 NE 2ND AVE MIAMI, FL 33138	65-0136723	501(C)(3)	0.	106,444.	FMV	MEDICAL ASSISTANCE	ONGOING
CENTER FOR HEALING & HOPE 400 WEST LINCOLN AVENUE GOSHEN, IN 46526	02-0560511	501(C)(3)	0.	38,371.	FMV	MEDICAL ASSISTANCE	ONGOING
CENTRAL FLORIDA HEALTH CARE, INC. 47 5TH STREET NW WINTER HAVEN, FL 33881	59-1404594	501(C)(3)	0.	8,000.	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.	6,558.	FMV	MEDICAL ASSISTANCE	ONGOING
CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILL - CALLE GUILLERMO RIEFKHOL 99 - PATILLAS, PR 00723	66-0430826	501(C)(3)	0.	425,709.	FMV	MEDICAL ASSISTANCE	ONGOING
CENTRO TRANSICIONAL VIDA INDEPENDIENTE - CARRETERA 845 INT. K.3 H.9 - TRUJILLO ALTO, PR 00976	66-0593906	501(C)(3)	0.	42,624.	FMV	MEDICAL ASSISTANCE	ONGOING
CHARIS HEALTH CENTER 2620 N. MOUNT JULIET RD. MOUNT JULIET, TN 37122	35-2298919	501(C)(3)	0.	200,159.	FMV	MEDICAL ASSISTANCE	ONGOING
CHARITABLE PHARMACY OF CENTRAL OHIO - 200 EAST LIVINGSTON AVE - COLUMBUS, OH 43215	27-0147099	501(C)(3)	0.	387,487.	FMV	MEDICAL ASSISTANCE	ONGOING

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CHARITABLE PHARMACY OF HOPE CLINIC OF ROSS COUNTY - 610 CENTRAL CENTER - CHILLICOTHE, OH 45601	45-2390821	501(C)(3)	0.	44,156.	FMV	MEDICAL ASSISTANCE	ONGOING
CHARLOTTE COMMUNITY HEALTH CLINIC 8401 MEDICAL PLAZA DR CHARLOTTE, NC 28262	56-2274174	501(C)(3)	0.	342,848.	FMV	MEDICAL ASSISTANCE	ONGOING
CHESAPEAKE CARE, INC. 2145 S MILITARY HIGHWAY CHESAPEAKE, VA 23320	54-1642754	501(C)(3)	0.	10,993.	FMV	MEDICAL ASSISTANCE	ONGOING
CHRISTIAN APPALACHIAN PROJECT 485 PONDEROSA DR. PAINTSVILLE, KY 42140	61-0661137	501(C)(3)	0.	103,503.	FMV	MEDICAL ASSISTANCE	ONGOING
CHRISTIAN MEDICAL MINISTRIES 13450 PARKER COMMONS BLVD FORT MYERS, FL 33912	47-2641606	501(C)(3)	0.	71,885.	FMV	MEDICAL ASSISTANCE	ONGOING
CHURCH HILL FREE CLINIC 401 RICHMOND STREET CHURCH HILL, TN 37642	62-1391365	501(C)(3)	0.	597,685.	FMV	MEDICAL ASSISTANCE	ONGOING
CITY ON A HILL MINISTRIES HEALTH CLINIC - 100 S. PINE ST SUITE 140 - ZEELAND, MI 49464	20-3901260	501(C)(3)	0.	121,887.	FMV	MEDICAL ASSISTANCE	ONGOING
CITY SQUARE 2835 AL LIPSCOMB WAY DALLAS, TX 75215	75-2332948	501(C)(3)	0.	20,327.	FMV	MEDICAL ASSISTANCE	ONGOING
CLARITY OF SOUTH CENTRAL INDIANA 1950 DOCTOR'S PARK COLUMBUS, IN 47203	35-1691347	501(C)(3)	0.	37,155.	FMV	MEDICAL ASSISTANCE	ONGOING

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CLARKSTON COMMUNITY HEALTH CENTER INC. - 3700 MARKET STREET - CLARKSTON, GA 30021	46-1402143	501(C)(3)	0.	23,029.	FMV	MEDICAL ASSISTANCE	ONGOING
CLAY BEHAVIORAL HEALTH CENTER 3292 COUNTY ROAD 220 MIDDLEBURG, FL 32068	59-2219317	501(C)(3)	0.	148,298.	FMV	MEDICAL ASSISTANCE	ONGOING
CLEARWATER FREE CLINIC 1218 COURT STREET CLEARWATER, FL 33756	59-1852871	501(C)(3)	0.	504,750.	FMV	MEDICAL ASSISTANCE	ONGOING
CLEVELAND COUNTY HEALTH DEPARTMENT 200 S POST RD SHELBY, NC 28152	56-6000288		0.	1,560,180.	FMV	MEDICAL ASSISTANCE	ONGOING
CLINICA COLORADO 8300 ALCOTT ST. WESTMINSTER, CO 80031	27-3794068	501(C)(3)	0.	65,513.	FMV	MEDICAL ASSISTANCE	ONGOING
CLINICA TEPATI CLINICA TEPATI SACRAMENTO, CA 95811	94-2324682	501(C)(3)	0.	91,191.	FMV	MEDICAL ASSISTANCE	ONGOING
COACHELLA VALLEY VOLUNTEERS IN MEDICINE - 82915 AVENUE 48 - INDIO, CA 92201	26-3312826	501(C)(3)	0.	18,376.	FMV	MEDICAL ASSISTANCE	ONGOING
COMCARE OF SEDGWICK COUNTY 1919 N AMIDON SUITE 206 WICHITA, KS 67203	48-6000798		0.	42,494.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMONSHARE 1602 SKIPWITH RD #201 HENRICO, VA 23229	84-2490661	501(C)(3)	0.	26,382.	FMV	MEDICAL ASSISTANCE	ONGOING

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COMMONWEALTH HEALTHCARE CORPORATION - 1 LOWER NAVY HILL - SAIPAN, MP 96950	66-0774364		0.	26,101.	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.	1,552,641.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CARE CLINIC OF DARE 425 HEALTH CENTER DRIVE NAGS HEAD, NC 27959	20-2230717	501(C)(3)	0.	128,975.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CARE CLINIC OF HIGHLANDS-CASHIERS, INC - 52 AUNT DORA DRIVE - HIGHLANDS, NC 28741	65-1251915	501(C)(3)	0.	32,976.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CARE CLINIC OF ROWAN COUNTY - 315 MOCKSVILLE AVE. SUITE G - SALISBURY, NC 28144	56-1964773	501(C)(3)	0.	128,832.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CLINIC OF HIGH POINT, INC - 624 QUAKER LANE SUITE C-207 - HIGH POINT, NC 27262	56-1795022	501(C)(3)	0.	5,011.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CLINIC OF SHELBYVILLE BEDFORD CO - 200 DOVER ST SUITE 202 - SHELBYVILLE, TN 37160	34-1974609	501(C)(3)	0.	9,842.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CLINIC OF SOUTHWEST MISSOURI - 701 S. JOPLIN AVE - JOPLIN, MO 64801	43-1643962	501(C)(3)	0.	91,249.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY CONNECTIONS FREE CLINIC 101 E. FOUNTAIN STREET DODGEVILLE, WI 53533	72-1619112	501(C)(3)	0.	19,841.	FMV	MEDICAL ASSISTANCE	ONGOING

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COMMUNITY FREE CLINIC OF DECATUR-MORGAN COUNTY - 245 JACKSON ST., SE - DECATUR, AL 35601	72-1526129	501(C)(3)	0.	94,938.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY FREE CLINIC, INC. 249 MILL STREET HAGERSTOWN, MD 21740	52-1772594	501(C)(3)	0.	452,776.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH AND SOCIAL SERVICES CENTER - 5635 W FORT ST - DETROIT, MI 48209-3154	38-3094394	501(C)(3)	0.	5,090.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH CARE CLINIC 900 N. FRANKLIN NORMAL, IL 61761	37-1316328	501(C)(3)	0.	112,553.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS - 3011 N. MICHIGAN ST. - PITTSBURG, KS 66762	75-3002264	501(C)(3)	0.	18,575.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH CLINIC OF HARDIN & LARUE COUNTI - 1113 WOODLAND DR - ELIZABETHTOWN, KY 42701	30-0042070	501(C)(3)	0.	222,676.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH NFP 2611 W CHICAGO AVE. CHICAGO, IL 60622-0000	36-3831793	501(C)(3)	37,500.	113,853.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH SERVICE INC 1926 COLLEGEVIEW RD SE ROCHESTER, MN 55904	41-1000060	501(C)(3)	0.	966,787.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTH SERVICES OF ADDISON COUNTY - 100 PORTER DRIVE - MIDDLEBURY, VT 05753	03-0359531	501(C)(3)	0.	7,293.	FMV	MEDICAL ASSISTANCE	ONGOING

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COMMUNITY HEALTH-IN-PARTNERSHIP SERVICES (CHIPS) - 2431 N. GRAND BLVD. - SAINT LOUIS, MO 63106	43-1589851	501(C)(3)	0.	22,576.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HEALTHWORX 1543 MCGINNIS STREET ALEXANDRIA, LA 71301	72-1444312	501(C)(3)	0.	72,361.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY HELPING HANDS HEALTH CLINIC - 34-C COURTHOUSE SQUARE - CLEVELAND, GA 30528	64-0950194	501(C)(3)	0.	126,459.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY MEDICAL CLINIC OF AIKEN COUNTY - 244 GREENVILLE ST NW - AIKEN, SC 29801	57-1063263	501(C)(3)	0.	6,723.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY MEDICINE FOUNDATION 1131 SALUDA STREET ROCK HILL, SC 29730-5776	57-0891008	501(C)(3)	0.	66,384.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY MEDICINE RXCARE PHARMACY 3595 OLENTANGY RIVER ROAD COLUMBUS, OH 43214	23-7446919	501(C)(3)	0.	6,531.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY VOLUNTEERS IN MEDICINE 300B LAWRENCE DRIVE WEST CHESTER, PA 19380	23-2944553	501(C)(3)	0.	46,971.	FMV	MEDICAL ASSISTANCE	ONGOING
COMMUNITY WELLNESS OUTREACH 2430 ATLAS ROAD COLUMBIA, SC 29209	86-3673280	501(C)(3)	0.	124,310.	FMV	MEDICAL ASSISTANCE	ONGOING
COMPASSION CONNECT INC. 12135 SE LINCOLN ST PORTLAND, OR 97216	26-2304524	501(C)(3)	0.	7,226.	FMV	MEDICAL ASSISTANCE	ONGOING

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COMPASSIONATE CARE OF SHELBY COUNTY, INC. - 124 N. OHIO AVE - SIDNEY, OH 45365	20-8479583	501(C)(3)	0.	689,243.	FMV	MEDICAL ASSISTANCE	ONGOING
CONCILIO DE SALUD INTEGRAL DE LOIZA - CARR. 188 INT. 187 - LOIZA, PR 00772	66-0314649	501(C)(3)	0.	66,703.	FMV	MEDICAL ASSISTANCE	ONGOING
CORPUS CHRISTI METRO MINISTRIES 1919 LEOPARD ST. CORPUS CHRISTI, TX 78408	74-2247261	501(C)(3)	0.	14,008.	FMV	MEDICAL ASSISTANCE	ONGOING
COSSMA, INC. 600 AVE. EL JIBARO CIDRA, PR 00739	66-0434923	501(C)(3)	0.	35,489.	FMV	MEDICAL ASSISTANCE	ONGOING
COVE HOUSE FREE CLINIC 108 E HALSTEAD COPPERAS COVE, TX 76522	74-2764062	501(C)(3)	0.	116,771.	FMV	MEDICAL ASSISTANCE	ONGOING
COVENANT COMMUNITY CARE 5716 MICHIGAN AVE. DETROIT, MI 48210	38-3533998	501(C)(3)	0.	109,236.	FMV	MEDICAL ASSISTANCE	ONGOING
CROSSINGS COMMUNITY CLINIC 10255 N PENN AVE OKLAHOMA CITY, OK 73120	86-1115863	501(C)(3)	0.	84,215.	FMV	MEDICAL ASSISTANCE	ONGOING
CROSSOVER MINISTRY 108 COWARDIN AVE RICHMOND, VA 23224	54-1371067	501(C)(3)	0.	12,383.	FMV	MEDICAL ASSISTANCE	ONGOING
CSUSM SON STUDENT HEALTHCARE PROJECT - 2752 ABEJORRO ST - CARLSBAD, CA 92009	85-0858493	501(C)(3)	0.	8,274.	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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DADE COUNTY HEALTH DEPARTMENT 413 W WATER STREET GREENFIELD, MO 65661	43-1266535		0.	6,613.	FMV	MEDICAL ASSISTANCE	ONGOING
DADE COUNTY STREET RESPONSE 4300 NW 12TH AVE MIAMI, FL 33127	84-1958579	501(C)(3)	0.	204,741.	FMV	MEDICAL ASSISTANCE	EMERGENCY, ONGOING
DAHLONEGA PEDIATRICS 1055 GROVE ST NORTH DAHLONEGA, GA 30533	58-0566256	501(C)(3)	0.	44,810.	FMV	MEDICAL ASSISTANCE	ONGOING
DAVIDSON MEDICAL MINISTRIES 420 N SALISBURY ST LEXINGTON, NC 27292	56-1746266	501(C)(3)	0.	499,725.	FMV	MEDICAL ASSISTANCE	ONGOING
DELTA HEALTH CENTER 702 MARTIN LUTHER KING DR MOUND BAYOU, MS 38762	64-0443928	501(C)(3)	0.	11,882.	FMV	MEDICAL ASSISTANCE	ONGOING
DENTON COUNTY MHMR 2519 SCRIPTURE ST DENTON, TX 76201	75-1368151	501(C)(3)	0.	22,375.	FMV	MEDICAL ASSISTANCE	ONGOING
DEO CLINIC 218 NORTH FREDRICK ST. DALTON, GA 30721	46-0789000	501(C)(3)	0.	44,156.	FMV	MEDICAL ASSISTANCE	ONGOING
DIVINE GRACE MEDICAL MISSIONARIES 11000 FONDREN RD HOUSTON, TX 77096	27-4000666	501(C)(3)	0.	147,391.	FMV	MEDICAL ASSISTANCE	ONGOING
DOWNTOWN PREGNANCY CENTER 525 NORTH ERVAY STREET DALLAS, TX 75201	25-1902817	501(C)(3)	0.	5,082.	FMV	MEDICAL ASSISTANCE	ONGOING

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DR GARY BURNSTEIN COMMUNITY HEALTH CLINIC - 45580 WOODWARD AVE - PONTIAC, MI 48341	32-0015321	501(C)(3)	0.	29,244.	FMV	MEDICAL ASSISTANCE	ONGOING
DREAM CENTERS WOMEN'S CLINIC 4360 MONTEBELLO DR, SUITE 900 COLORADO SPRINGS, CO 80918	27-4876080	501(C)(3)	0.	67,651.	FMV	MEDICAL ASSISTANCE	ONGOING
DROP IN CENTER NORTH 2328 WILLIAMSON RD ROANOKE, VA 24012	54-0718859	501(C)(3)	0.	123,917.	FMV	MEDICAL ASSISTANCE	ONGOING
DSAMH DENTAL CLINIC 1901 N. DUPONT HIGHWAY NEW CASTLE, DE 19720	51-6000279		0.	103,503.	FMV	MEDICAL ASSISTANCE	ONGOING
DUPLIN MEDICAL ASSOCIATION 600 SOUTH SYCAMORE STREET ROSE HILL, NC 28458	56-1414420	501(C)(3)	0.	343,081.	FMV	MEDICAL ASSISTANCE	ONGOING
EDISTO INDIAN FREE CLINIC 1125 RIDGE RD RIDGEVILLE, SC 29472	82-1691197	501(C)(3)	0.	479,877.	FMV	MEDICAL ASSISTANCE	ONGOING
ELLENTON HEALTH CLINIC, PUBLIC HEALTH DISTRICT 8 - 185 NORTH BAKER STREET - ELLENTON, GA 31747	23-7379607	501(C)(3)	0.	153,728.	FMV	MEDICAL ASSISTANCE	ONGOING
EMMANUEL BAPTIST CHURCH CLINIC 350 SUNET DRIVE GRENADA, MS 38901	64-0384300	501(C)(3)	0.	13,253.	FMV	MEDICAL ASSISTANCE	ONGOING
ENGLEWOOD COMMUNITY CARE CLINIC, INC. - 6868 SAN CASA DR. - ENGLEWOOD, FL 34224	27-1035312	501(C)(3)	0.	254,761.	FMV	MEDICAL ASSISTANCE	ONGOING

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EUNICE COMMUNITY HEALTH CENTER 450 MOOSA BLVD. STE. E EUNICE, LA 70535	27-0213992	501(C)(3)	0.	824,518.	FMV	MEDICAL ASSISTANCE	ONGOING
FAITH COMMUNITY HEALTH 1232 BRANSON HILLS PARKWAY BRANSON, MO 65616	94-3467834	501(C)(3)	0.	8,193.	FMV	MEDICAL ASSISTANCE	ONGOING
FAITH COMMUNITY PHARMACY INC 601 WASHINGTON AVE NEWPORT, KY 41071	61-1378914	501(C)(3)	0.	2,526,778.	FMV	MEDICAL ASSISTANCE	ONGOING
FAITH FAMILY MEDICAL CLINIC 326 21ST AVE N NASHVILLE, TN 37203	62-1816811	501(C)(3)	0.	182,915.	FMV	MEDICAL ASSISTANCE	ONGOING
FAMILY CARE HEALTH CENTERS 401 HOLLY HILLS AVE SAINT LOUIS, MO 63111	23-7076112	501(C)(3)	0.	24,767.	FMV	MEDICAL ASSISTANCE	ONGOING
FAMILY CENTERS HEALTH CARE 111 WILBUR PECK COURT GREENWICH, CT 06830	06-0646656	501(C)(3)	0.	449,771.	FMV	MEDICAL ASSISTANCE	ONGOING
FAMILY HEALTH LA CLINICA 400 S TOWNLINE RD WAUTOMA, WI 54982	39-1181480	501(C)(3)	0.	6,669.	FMV	MEDICAL ASSISTANCE	ONGOING
FAMILY HEALTH PARTNERSHIP CLINIC 401 CONGRESS PARKWAY CRYSTAL LAKE, IL 60014	36-4277029	501(C)(3)	0.	33,765.	FMV	MEDICAL ASSISTANCE	ONGOING
FAMILY HEALTH SERVICES 826 EASTLAND DRIVE TWIN FALLS, ID 83301	82-0371093	501(C)(3)	0.	51,822.	FMV	MEDICAL ASSISTANCE	ONGOING

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FAMILY PLANNING PLUS 4612 WESTBRANCH HWY LEWISBURG, PA 17837	23-2032597	501(C)(3)	0.	194,328.	FMV	MEDICAL ASSISTANCE	ONGOING
FAYETTE CARE CLINIC 105-C BRADFORD SQUARE FAYETTEVILLE, GA 30215	20-0314897	501(C)(3)	0.	319,412.	FMV	MEDICAL ASSISTANCE	ONGOING
FEED MY SHEEP 613 S. 3RD STREET TEMPLE, TX 76504	46-3436384	501(C)(3)	0.	19,558.	FMV	MEDICAL ASSISTANCE	ONGOING
FEEDING AMERICA 150 BRADLEY STREET EAST HAVEN, CT 06512	75-1812865	501(C)(3)	0.	396,003.	FMV	MEDICAL ASSISTANCE	ONGOING
FERGUS COUNTY HEALTH DEPARTMENT/CENTRAL MT FP - 300 1ST AVE N, - LEWISTOWN, MT 59457	81-6001358		0.	29,588.	FMV	MEDICAL ASSISTANCE	ONGOING
FIRST BAPTIST CHURCH MEDICAL/DENTAL CLINIC - 1607 CHERRY STREET - VICKSBURG, MS 39180	64-0356253	501(C)(3)	0.	771,253.	FMV	MEDICAL ASSISTANCE	ONGOING
FIRST CARE CLINIC 1350 MAC ARTHUR RD MADISON, WI 53714	39-1472091	501(C)(3)	0.	6,196.	FMV	MEDICAL ASSISTANCE	ONGOING
FIRST PERSON CARE CLINIC 1200 S 4TH ST LAS VEGAS, NV 89104	46-2155118	501(C)(3)	0.	23,259.	FMV	MEDICAL ASSISTANCE	ONGOING
FIU COLLEGE OF MEDICINE MOBILE HEALTH CENTER - 11200 SW 8TH STREET - MIAMI, FL 33199	23-7047106	501(C)(3)	0.	182,949.	FMV	MEDICAL ASSISTANCE	ONGOING

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FLAGLER COUNTY FREE CLINIC 703 EAST MOODY BLVD. BUNNELL, FL 32110	20-5036975	501(C)(3)	0.	10,008.	FMV	MEDICAL ASSISTANCE	ONGOING
FREE CLINIC SUSSEX COUNTY 67 HIGH STREET NEWTON, NJ 07860	45-4224214	501(C)(3)	0.	38,740.	FMV	MEDICAL ASSISTANCE	ONGOING
FREE MEDICAL CLINIC OF DARLINGTON COUNTY - 203 GROVE STREET - DARLINGTON, SC 29532	58-2445265	501(C)(3)	0.	27,052.	FMV	MEDICAL ASSISTANCE	ONGOING
FREE MEDICAL CLINIC OF OAK RIDGE 116 E. DIVISION RD. OAK RIDGE, TN 37830	90-0715369	501(C)(3)	0.	36,647.	FMV	MEDICAL ASSISTANCE	ONGOING
FRIENDS OF HICKORY COUNTY HEALTH DEPARTMENT - 24885 STATE HIGHWAY 254 - HERMITAGE, MO 65668	47-1206725	501(C)(3)	0.	67,736.	FMV	MEDICAL ASSISTANCE	ONGOING
FRIENDSHIP MEDICAL CLINIC 1396 HWY 544 CONWAY, SC 29526	30-0127648	501(C)(3)	0.	26,296.	FMV	MEDICAL ASSISTANCE	ONGOING
FUNDACION MANOS JUNTAS 1320 NORTH PENNSYLVANIA AVE OKLAHOMA CITY, OK 73107	73-1523135	501(C)(3)	0.	222,063.	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.	46,929.	FMV	MEDICAL ASSISTANCE	ONGOING
GATEWAY FOUNDATION - CARBONDALE 1080 E. PARK ST CARBONDALE, IL 62901	36-2670036	501(C)(3)	0.	12,719.	FMV	MEDICAL ASSISTANCE	ONGOING

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GATEWAY FOUNDATION - SPRINGFIELD AND PEKIN - 2200 LAKE VICTORIA DRIVE - SPRINGFIELD, IL 62703	37-1394445	501(C)(3)	0.	127,887.	FMV	MEDICAL ASSISTANCE	ONGOING
GET HEALTHY MEGA CLINIC 3604 N MCCOLL RD MCALLEN, TX 78501	27-2389624	501(C)(3)	0.	72,802.	FMV	MEDICAL ASSISTANCE	ONGOING
GET UP PROJECT 8101 CAMERON RD AUSTIN, TX 78754	45-4931906	501(C)(3)	0.	22,102.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOCHLANDCARES 2999 RIVER ROAD WEST GOOCHLAND, VA 23063	54-1967650	501(C)(3)	0.	15,076.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD HEALTH CLINIC, INC 91555 OVERSEAS HWY, STE 2 TAVERNIER, FL 33070	04-3745805	501(C)(3)	0.	98,182.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD NEIGHBOR FREE MEDICAL CLINIC OF BEAUFORT - 974 RIBAUT ROAD - BEAUFORT, SC 29902	26-0335357	501(C)(3)	0.	51,688.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD NEIGHBOR HOUSE 627 EAST FIRST ST DAYTON, OH 45402	31-1374154	501(C)(3)	0.	34,308.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD NEIGHBOR SETTLEMENT HOUSE 1254 E TYLER ST BROWNSVILLE, TX 78520	74-1211654	501(C)(3)	10,000.	5,894.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD NEWS CLINICS 810 PINE STREET GAINESVILLE, GA 30501	58-2058853	501(C)(3)	0.	227,207.	FMV	MEDICAL ASSISTANCE	ONGOING

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GOOD NEWS MINISTRIES/ GOOD NEWS HEALTH CLINIC - 2716 EAST WASHINGTON STREET - INDIANAPOLIS, IN 46201	35-0999233	501(C)(3)	0.	142,377.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD SAMARITAN CLINIC 3880 WATERMELON RD STE A NORTHPORT, AL 35473	63-1199900	501(C)(3)	0.	131,302.	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.	397,003.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD SAMARITAN HEALTH CENTER 1015 DONALD LEE HOLLOWELL PKWY ATLANTA, GA 30318	58-2373395	501(C)(3)	0.	33,575.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD SAMARITAN HEALTH CENTERS INC. 268 HERBERT STREET SAINT AUGUSTINE, FL 32084	52-2125419	501(C)(3)	0.	187,750.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD SAMARITAN HEALTH CLINIC 401 ARNOLD STREET, NE CULLMAN, AL 35055	20-0149215	501(C)(3)	0.	822,053.	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.	65,092.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD SAMARITAN MEDICAL CLINIC 139 CHURCH ST. CHESTER, SC 29706-2904	82-0549226	501(C)(3)	0.	50,185.	FMV	MEDICAL ASSISTANCE	ONGOING
GOOD SHEPHERD CLINIC 6392 MURPHY DRIVE MORROW, GA 30260	58-2578581	501(C)(3)	0.	20,840.	FMV	MEDICAL ASSISTANCE	ONGOING

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GOOD SHEPHERD HEALTHCARE CLINIC OF MUSKOGEE, OKL - 2130 WEST OKMULGEE - MUSKOGEE, OK 74401	73-1581613	501(C)(3)	0.	25,748.	FMV	MEDICAL ASSISTANCE	ONGOING
GOODWIN COMMUNITY HEALTH 311 ROUTE 108 SOMERSWORTH, NH 03878	02-0304203	501(C)(3)	0.	443,386.	FMV	MEDICAL ASSISTANCE	ONGOING
GRACE MEDICAL HOME 1417 E CONCORD ST. ORLANDO, FL 32803	26-1817966	501(C)(3)	0.	22,369.	FMV	MEDICAL ASSISTANCE	ONGOING
GRASSROOTS HEALTHCARE FOUNDATION 743 E. TABOR AVE. FAIRFIELD, CA 94533	32-0600776	501(C)(3)	0.	158,687.	FMV	MEDICAL ASSISTANCE	ONGOING
GREATER KILLEEN FREE CLINIC 718 N 2ND STREET, STE A KILLEEN, TX 76541	74-2724725	501(C)(3)	0.	1,000,718.	FMV	MEDICAL ASSISTANCE	ONGOING
GREATER TEXOMA HEALTH CLINIC 900 N. ARMSTRONG AVE. DENISON, TX 75020	81-0584983	501(C)(3)	0.	181,001.	FMV	MEDICAL ASSISTANCE	ONGOING
GREENVILLE FREE MEDICAL CLINIC 600 ARLINGTON AVENUE GREENVILLE, SC 29601	57-0855205	501(C)(3)	30,000.	30,462.	FMV	MEDICAL ASSISTANCE	ONGOING
GUADALUPE CLINIC 940 S SAINT FRANCIS WICHITA, KS 67211	20-1285208	501(C)(3)	0.	265,668.	FMV	MEDICAL ASSISTANCE	ONGOING
GULF COAST HEALTH CENTER, INC. 2548 MEMORIAL BLVD, PORT ARTHUR, TX 77640	76-0289927	501(C)(3)	0.	360,116.	FMV	MEDICAL ASSISTANCE	ONGOING

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HALEY CENTER 3425 LAKE ALFRED RD WINTER HAVEN, FL 33881	82-5306080	501(C)(3)	0.	394,800.	FMV	MEDICAL ASSISTANCE	ONGOING
HANDS OF HOPE CLINIC, INC. 1010 HOSPITAL DRIVE BLDG B STOCKBRIDGE, GA 30281	42-1591970	501(C)(3)	0.	75,335.	FMV	MEDICAL ASSISTANCE	ONGOING
HARMONY HEALTH CLINIC 201 E. ROOSEVELT RD. LITTLE ROCK, AR 72206	20-5691313	501(C)(3)	0.	8,000.	FMV	MEDICAL ASSISTANCE	ONGOING
HARTVILLE MIGRANT MINISTRIES 3980 SWAMP STREET NE HARTVILLE, OH 44632	34-0899100	501(C)(3)	0.	29,012.	FMV	MEDICAL ASSISTANCE	ONGOING
HAVEN FREE CLINIC 800 HOWARD AVE, 1ST FLOOR NEW HAVEN, CT 06519	06-0646973	501(C)(3)	0.	96,588.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTH ACCESS, INC. 489 WASHINGTON AVENUE CLARKSBURG, WV 26301	55-0715066	501(C)(3)	0.	208,784.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTH AND HOPE CLINIC, INC. 1718 E OLIVE RD PENSACOLA, FL 32514	26-4336638	501(C)(3)	0.	76,269.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTH BRIGADE 1010 NORTH THOMPSON STREET RICHMOND, VA 23230	54-0927792	501(C)(3)	67,500.	31,887.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTH CARE PARTNERS OF SOUTH CAROLINA, INC. - 1708 OAK STREET - CONWAY, SC 29526	57-0679807	501(C)(3)	0.	7,210.	FMV	MEDICAL ASSISTANCE	ONGOING

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HEALTH FOR ALL 3030 EAST 29TH STREET BRYAN, TX 77802	74-2624477	501(C)(3)	0.	34,658.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1596731	501(C)(3)	0.	511,388.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTH PARTNERS OF WESTERN OHIO 329 N. WEST ST LIMA, OH 45801	56-2330309	501(C)(3)	0.	21,983.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTHCARE FOR THE HOMELESS - HOUSTON - 1934 CAROLINE STREET - HOUSTON, TX 77002	76-0647934	501(C)(3)	0.	193,640.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTHFINDERS COLLABORATIVE 1415 TOWN SQUARE LANE FARIBAULT, MN 55021	20-1805262	501(C)(3)	0.	17,021.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTHNET OF ROCK COUNTY, INC. 113 S FRANKLIN STREET JANESVILLE, WI 53548	39-1778804	501(C)(3)	0.	71,642.	FMV	MEDICAL ASSISTANCE	ONGOING
HEALTHREACH COMMUNITY CLINIC 400 EAST STATESVILLE AVE MOORESVILLE, NC 28115	20-1020941	501(C)(3)	0.	249,848.	FMV	MEDICAL ASSISTANCE	ONGOING
HEARTBRIGHT FOUNDATION INC 2101 CAMBRIDGE BELTWAY DRIVE CHARLOTTE, NC 28273	45-0496759	501(C)(3)	0.	33,569.	FMV	MEDICAL ASSISTANCE	ONGOING
HEARTS AND HANDS CLINIC 127 NORTH COLLEGE STREET STATESBORO, GA 30458	26-4597700	501(C)(3)	0.	21,933.	FMV	MEDICAL ASSISTANCE	ONGOING

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HELPING HAND CLINIC 507 NORTH STEELE ST SANFORD, NC 27330	56-1752295	501(C)(3)	0.	10,141.	FMV	MEDICAL ASSISTANCE	ONGOING
HELPING HANDS HEALTH AND WELLNESS CENTER, INC. - 5100 KARL ROAD - COLUMBUS, OH 43229	20-5937457	501(C)(3)	0.	10,240.	FMV	MEDICAL ASSISTANCE	ONGOING
HIGHLANDS HEALTH FREE AND CHARITABLE CLINIC - 315 LOCUST 2ND FLOOR - JOHNSTOWN, PA 15901	23-2922409	501(C)(3)	0.	98,174.	FMV	MEDICAL ASSISTANCE	ONGOING
HILL COUNTRY COMMUNITY MHMR CENTER 819 WATER STREET KERRVILLE, TX 78028	74-2822017	501(C)(3)	0.	97,181.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE CLINIC 411 EAST JEFFERSON WAXAHACHIE, TX 75165	75-2813621	501(C)(3)	0.	47,854.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE CLINIC AND CARE CENTER 1814 APPLETON RD MENASHA, WI 54952-1110	47-3031346	501(C)(3)	30,000.	401,916.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE CLINIC OF GARLAND 800 S. 6TH STREET, SUITE 100 GARLAND, TX 75040	75-2960314	501(C)(3)	0.	33,120.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE CLINIC OF MCKINNEY 103 E. LAMAR ST. MCKINNEY, TX 75069	81-3813928	501(C)(3)	0.	82,935.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE MEDICAL CLINIC 108 SOUTH MAIN NOBLE, OK 73068	82-2624100	501(C)(3)	0.	167,148.	FMV	MEDICAL ASSISTANCE	ONGOING

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HOPE MEDICAL CLINIC 518 HARRIET STREET YPSILANTI, MI 48197-5358	38-2469007	501(C)(3)	0.	104,625.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE MEDICAL CLINIC 150 BEACH DRIVE DESTIN, FL 32541	26-3811078	501(C)(3)	0.	57,447.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPE MEDICAL/DENTAL CLINIC 111 MEADOWVIEW DRIVE CLEBURNE, TX 76033	75-2953856	501(C)(3)	0.	9,296.	FMV	MEDICAL ASSISTANCE	ONGOING
HOPEHEALTH MANNING FAMILY PRACTICE 12 WEST SOUTH STREET MANNING, SC 29102	57-0984427	501(C)(3)	0.	368,734.	FMV	MEDICAL ASSISTANCE	ONGOING
HOUSTON COUNTY VOLUNTEER MEDICAL CLINIC - 125 RUSSELL PARKWAY - WARNER ROBINS, GA 31088-6164	20-1859450	501(C)(3)	0.	254,198.	FMV	MEDICAL ASSISTANCE	ONGOING
I CARE SAN ANTONIO 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	74-2690192	501(C)(3)	0.	114,529.	FMV	MEDICAL ASSISTANCE	ONGOING
IBN SINA FOUNDATION 11226 SOUTH WILCREST DR. HOUSTON, TX 77099	76-0698464	501(C)(3)	30,000.	255,256.	FMV	MEDICAL ASSISTANCE	ONGOING
IMPACT CHRISTIAN MINISTRIES CLINIC 115 W. SOLOMON ST. GRIFFIN, GA 30223	27-0344233	501(C)(3)	0.	89,130.	FMV	MEDICAL ASSISTANCE	ONGOING
INFANT WELFARE SOCIETY OF CHICAGO 3600 WEST FULLERTON AVENUE CHICAGO, IL 60647	36-2167752	501(C)(3)	0.	36,767.	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
INTERFAITH CLINIC 2305 CHAMPAGNOLLE ROAD EL DORADO, AR 71730	71-0236863	501(C)(3)	0.	210,978.	FMV	MEDICAL ASSISTANCE	ONGOING
IUSB HEALTH & WELLNESS CENTER 1960 NORTHSIDE BLVD SOUTH BEND, IN 46615	35-6001673	501(C)(3)	0.	54,696.	FMV	MEDICAL ASSISTANCE	ONGOING
JACKSON COUNTY HEALTH DEPARTMENT 801 W. SECOND ST. SEYMOUR, IN 47274	35-6000159	501(C)(3)	0.	7,359.	FMV	MEDICAL ASSISTANCE	ONGOING
JEAN B PURVIS COMMUNITY HEALTH CENTER - 103 BONNIE DRIVE - BUTLER, PA 16002	20-4852135	501(C)(3)	0.	9,465.	FMV	MEDICAL ASSISTANCE	ONGOING
JFK GLOBAL PRAYER MINISTRY 9494 SOUTHWEST FWY HOUSTON, TX 77074	47-5269630	501(C)(3)	0.	2,084,775.	FMV	MEDICAL ASSISTANCE	ONGOING
KATAHDIN VALLEY HEALTH CENTER 529 SOUTH PATTEN ROAD PATTEN, ME 04765	23-7411014	501(C)(3)	0.	73,968.	FMV	MEDICAL ASSISTANCE	ONGOING
KATALASSO FAMILY HEALTH CENTER 38 SOUTH BELVIDERE AVENUE YORK, PA 17401	45-3170905	501(C)(3)	0.	103,376.	FMV	MEDICAL ASSISTANCE	ONGOING
KENTUCKY MOUNTAIN HEALTH ALLIANCE 279 EAST MAIN ST. HAZARD, KY 41701	61-1355382	501(C)(3)	0.	88,403.	FMV	MEDICAL ASSISTANCE	ONGOING
KENTUCKY PRIMARY CARE ASSOCIATION 101 TOWN & COUNTRY LANE, STE 101 HAZARD, KY 41701	31-0900381	501(C)(3)	0.	7,233.	FMV	MEDICAL ASSISTANCE	ONGOING

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KIAMICHI FAMILY MEDICAL CENTER LLC 2809 NE LINCOLN RD IDABEL, OK 74745	45-0463188	501(C)(3)	0.	26,728.	FMV	MEDICAL ASSISTANCE	ONGOING
KIDS FIRST HEALTH CARE 7190 COLORADO BLVD. #450 COMMERCE CITY, CO 80022	84-0799374	501(C)(3)	0.	8,433.	FMV	MEDICAL ASSISTANCE	ONGOING
LA CLINICA CRISTIANA 1915 AVALON AV MUSCLE SHOALS, AL 35661	20-1624284	501(C)(3)	0.	53,371.	FMV	MEDICAL ASSISTANCE	ONGOING
LAKE COUNTY FREE CLINIC 462 CHARDON ST. PAINESVILLE, OH 44077-3948	34-1081191	501(C)(3)	0.	32,452.	FMV	MEDICAL ASSISTANCE	ONGOING
LAKE HEALTH DISTRICT FUND-NORTHEEAST OHIO DRP - 7757 AUBURN ROAD - PAINESVILLE, OH 44077	34-1598598	501(C)(3)	0.	133,800.	FMV	MEDICAL ASSISTANCE	ONGOING
LAKE NORMAN COMMUNITY HEALTH CLINIC - 14230 HUNTERS RD - HUNTERSVILLE, NC 28078	04-3723062	501(C)(3)	0.	7,889.	FMV	MEDICAL ASSISTANCE	ONGOING
LAKELAND VOLUNTEERS IN MEDICINE 600 W. PEACHTREE ST LAKELAND, FL 33815	52-2351630	501(C)(3)	0.	39,527.	FMV	MEDICAL ASSISTANCE	ONGOING
LAKEVIEW CENTER INC. 1201 W. HERNANDEZ ST PENSACOLA, FL 32501	59-0737872	501(C)(3)	0.	44,302.	FMV	MEDICAL ASSISTANCE	ONGOING
LEBANON VALLEY VOLUNTEERS IN MEDICINE - 711 S 8TH ST - LEBANON, PA 17042	26-3915958	501(C)(3)	0.	13,813.	FMV	MEDICAL ASSISTANCE	ONGOING

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LESTONNAC FREE CLINIC 1215 E CHAPMAN ORANGE, CA 92866	95-3499011	501(C)(3)	0.	10,456.	FMV	MEDICAL ASSISTANCE	ONGOING
LEWIS & CLARK BEHAVIORIAL HEALTH SERVICES, INC. - 1028 WALNUT STREET - YANKTON, SD 57078	46-0309601	501(C)(3)	0.	87,241.	FMV	MEDICAL ASSISTANCE	ONGOING
LIBERTY AND HEALTH ALLIANCE 7031 EAST THUNDERBIRD ROAD SCOTTSDALE, AZ 85254	87-2654750	501(C)(3)	0.	272,955.	FMV	MEDICAL ASSISTANCE	ONGOING
LIFE CHOICES MEDICAL CLINIC 700 S. ZARZAMORA SAN ANTONIO, TX 78207	74-2809910	501(C)(3)	0.	646,437.	FMV	MEDICAL ASSISTANCE	ONGOING
LIFESPRING HEALTH SYSTEMS 480 EVERSMAN DR JASPER, IN 47546	35-1097350	501(C)(3)	0.	192,105.	FMV	MEDICAL ASSISTANCE	ONGOING
LIGHT OF THE WORLD CLINIC, INC. 5333 N. DIXIE HWY FORT LAUDERDALE, FL 33334	65-0266070	501(C)(3)	0.	47,394.	FMV	MEDICAL ASSISTANCE	ONGOING
LIRIOS PEDIATRICS 4201 S CONGRESS AVE, AUSTIN, TX 78745	87-2567395	501(C)(3)	0.	145,541.	FMV	MEDICAL ASSISTANCE	ONGOING
LONGVIEW WELLNESS CENTER, INC. DBA WELLNESS POIN - 1011 E WHALEY ST - LONGVIEW, TX 75601	75-2723993	501(C)(3)	0.	11,010.	FMV	MEDICAL ASSISTANCE	ONGOING
LORAIN COUNTY FREE CLINIC 5040 OBERLIN AVENUE LORAIN, OH 44053	34-1506180	501(C)(3)	0.	51,018.	FMV	MEDICAL ASSISTANCE	ONGOING

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LTP MEDICAL MOBILE INC DBA THE HEALTH HUT - 310 WEST MISSISSIPPI AVE - RUSTON, LA 71270	27-3764078	501(C)(3)	0.	417,005.	FMV	MEDICAL ASSISTANCE	ONGOING
LUKE 52 CLINIC 9615 MAIN ST SUITE B WHITMORE LAKE, MI 48189	81-2779813	501(C)(3)	0.	12,388.	FMV	MEDICAL ASSISTANCE	ONGOING
MACON VOLUNTEER CLINIC 376 ROGERS AVE MACON, GA 31204	74-3055376	501(C)(3)	0.	8,374.	FMV	MEDICAL ASSISTANCE	ONGOING
MAHEC COMMUNITY PHARMACY AT ENKA/CANDLER - 125 HENDERSONVILLE RD - ASHEVILLE, NC 28803	56-1071426	501(C)(3)	0.	61,860.	FMV	MEDICAL ASSISTANCE	ONGOING
MALTA HOUSE OF CARE, INC 136 FARMINGTON AVENUE HARTFORD, CT 06105	20-3562424	501(C)(3)	0.	29,243.	FMV	MEDICAL ASSISTANCE	ONGOING
MANNA MINISTRIES INC 120 STREET A, SUITE A PICAYUNE, MS 39466	20-1788094	501(C)(3)	0.	53,475.	FMV	MEDICAL ASSISTANCE	ONGOING
MARTIN LUTHER KING HEALTH CENTER 865 OLIVE STREET SHREVEPORT, LA 71104	72-1079721	501(C)(3)	0.	8,641.	FMV	MEDICAL ASSISTANCE	ONGOING
MATTHEW 25 HEALTH AND DENTAL CLINIC - 413 E. JEFFERSON BLVD - FORT WAYNE, IN 46802	35-1484951	501(C)(3)	0.	62,859.	FMV	MEDICAL ASSISTANCE	ONGOING
MAYFLOWER CLINIC 401 E. 1ST ST. N WICHITA, KS 67202	27-3298626	501(C)(3)	0.	155,783.	FMV	MEDICAL ASSISTANCE	ONGOING

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MCINTOSH TRAIL, CSB 1209 GREENBELT DRIVE GRIFFIN, GA 30224-4507	20-8623233	501(C)(3)	0.	63,930.	FMV	MEDICAL ASSISTANCE	ONGOING
MCKINNEY MEDICAL CENTER 218 QUARTERMAN STREET WAYCROSS, GA 31501	58-2101260	501(C)(3)	0.	419,938.	FMV	MEDICAL ASSISTANCE	ONGOING
MEDICAL MINISTRIES INC. 633 THOMAS KATE RD DORCHESTER, SC 29437	47-2062464	501(C)(3)	0.	2,309,255.	FMV	MEDICAL ASSISTANCE	ONGOING
MEDICAL MISSIONS FOR CHRIST CLINIC 1974 N. BUSINESS RTE 5 CAMDENTON, MO 65020	20-3637019	501(C)(3)	0.	59,646.	FMV	MEDICAL ASSISTANCE	ONGOING
MEDICAL OUTREACH MINISTRIES 5741 CARMICHAEL PARKWAY MONTGOMERY, AL 36117	63-1204645	501(C)(3)	0.	6,599.	FMV	MEDICAL ASSISTANCE	ONGOING
MERCY GOOD SAMARITAN CLINIC 4505 MEMORIAL CIR, OKLAHOMA CITY, OKLAHOMA CITY, OK 73142	73-0579285	501(C)(3)	0.	473,706.	FMV	MEDICAL ASSISTANCE	ONGOING
MERCY HEALTH CENTER, INC. 700 OGLETHORPE AVE. ATHENS, GA 30606	58-2603523	501(C)(3)	0.	109,218.	FMV	MEDICAL ASSISTANCE	ONGOING
MERCY MEDICAL CLINIC 615 WASHINGTON STREET SHELBYVILLE, KY 40065	61-1211189	501(C)(3)	0.	294,635.	FMV	MEDICAL ASSISTANCE	ONGOING
MERCY MEDICINE FREE CLINIC 500 SOUTH COIT STREET FLORENCE, SC 29501-5221	31-1693093	501(C)(3)	0.	12,615.	FMV	MEDICAL ASSISTANCE	ONGOING

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METROCARE SERVICES 1350 N WESTMORELAND RD DALLAS, TX 75211	75-1285603	501(C)(3)	0.	103,503.	FMV	MEDICAL ASSISTANCE	ONGOING
MIAMI RESCUE MISSION CLINIC INC 2015 NW 1ST AVE MIAMI, FL 33127	45-1481860	501(C)(3)	0.	83,224.	FMV	MEDICAL ASSISTANCE	ONGOING
MIDDLE FLINT AREA COMMUNITY SERVICE BOARD - 415 N JACKSON ST - AMERICUS, GA 31709	58-2111079		0.	9,639.	FMV	MEDICAL ASSISTANCE	ONGOING
MIDWEST FOOD BANK 5601 DIVISION DRIVE FORT MYERS, FL 33905	41-2120170	501(C)(3)	0.	35,862.	FMV	MEDICAL ASSISTANCE	ONGOING
MINISTRIES OF JESUS 1100 E. I-35 FRONTAGE ROAD EDMOND, OK 73034	73-1622804	501(C)(3)	0.	322,933.	FMV	MEDICAL ASSISTANCE	ONGOING
MISSION ARLINGTON MEDICAL CLINIC 210 W. SOUTH ARLINGTON, TX 76010	75-2354962	501(C)(3)	0.	3,527,841.	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.	89,281.	FMV	MEDICAL ASSISTANCE	ONGOING
MISSION HOSPITAL- MEDICATION ASSISTANCE PROGRAM - 2 MEDICAL PARK DRIVE SUITE 101 - ASHEVILLE, NC 28803	58-1450888	501(C)(3)	0.	17,587.	FMV	MEDICAL ASSISTANCE	ONGOING
MISSION MEDICAL CENTER 2125 EAST LASALLE STREET COLORADO SPRINGS, CO 80909	68-0506812	501(C)(3)	0.	405,488.	FMV	MEDICAL ASSISTANCE	ONGOING

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MISSION OF MERCY 22 SOUTH MARKET ST., SUITE 6D FREDERICK, MD 21701	86-0704883	501(C)(3)	0.	916,089.	FMV	MEDICAL ASSISTANCE	ONGOING
MISSION WACO HEALTH CLINIC 1226 WASHINGTON AVE WACO, TX 76701	74-2605621	501(C)(3)	0.	63,337.	FMV	MEDICAL ASSISTANCE	ONGOING
MONROE COUNTY HEALTH DEPARTMENT 1315 JAMIE LANE WATERLOO, IL 62298	37-6001650		0.	24,272.	FMV	MEDICAL ASSISTANCE	ONGOING
MONTGOMERY COUNTY FREE CLINIC 816 MILL ST CRAWFORDSVILLE, IN 47933	27-1198512	501(C)(3)	0.	264,020.	FMV	MEDICAL ASSISTANCE	ONGOING
MORGAN COUNTY MEDICAL CENTER 224 OLD MILL ROAD WARTBURG, TN 37887	62-0913596	501(C)(3)	0.	26,170.	FMV	MEDICAL ASSISTANCE	ONGOING
MOROVIS COMMUNITY HEALTH CENTER CALLE PATRON #2 MOROVIS, PR 00687	66-0480948	501(C)(3)	0.	49,409.	FMV	MEDICAL ASSISTANCE	ONGOING
MORTON COMPREHENSIVE SERVICES 1334 N LANSING AVE TULSA, OK 74106	73-1177858	501(C)(3)	0.	68,877.	FMV	MEDICAL ASSISTANCE	ONGOING
MOUNTAIN COMPREHENSIVE HEALTH CORPORATION - 226 MEDICAL PLAZA LN - WHITESBURG, KY 41858	61-0663787	501(C)(3)	0.	51,376.	FMV	MEDICAL ASSISTANCE	ONGOING
MOUNTAIN HOME CHRISTIAN CLINIC 421 WADE AVE MOUNTAIN HOME, AR 72653	71-0835511	501(C)(3)	0.	29,320.	FMV	MEDICAL ASSISTANCE	ONGOING

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MUSLIM COMMUNITY CENTER FOR HUMAN SERVICES - 7600 GLENVIEW DRIVE - RICHLAND HILLS, TX 76180	75-2580088	501(C)(3)	0.	20,572.	FMV	MEDICAL ASSISTANCE	ONGOING
NC MEDASSIST 4428 TAGGART CREEK RD CHARLOTTE, NC 28208	56-2018957	501(C)(3)	0.	317,928.	FMV	MEDICAL ASSISTANCE	ONGOING
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH NAPLES, FL 34102	59-3546884	501(C)(3)	0.	77,407.	FMV	MEDICAL ASSISTANCE	ONGOING
NEIGHBORHOOD HEALTH PARTNERS OF INDIANAPOLIS - 7911 MICHIGAN RD - INDIANAPOLIS, IN 46268	84-4269148	501(C)(3)	0.	43,223.	FMV	MEDICAL ASSISTANCE	ONGOING
NELSON COUNTY COMMUNITY CLINIC 300 WEST JOHN FITCH AVENUE BARDSTOWN, KY 40004	20-4876401	501(C)(3)	0.	8,530.	FMV	MEDICAL ASSISTANCE	ONGOING
NEVADA OBSTETRICAL CHARITY CLINIC 1950 PINTO LANE LAS VEGAS, NV 89106	26-4834603	501(C)(3)	0.	17,380.	FMV	MEDICAL ASSISTANCE	ONGOING
NEWHOPE CLINIC 41 S. COURT STREET OWINGSVILLE, KY 40360	61-1363437	501(C)(3)	0.	41,568.	FMV	MEDICAL ASSISTANCE	ONGOING
NEXUS RECOVERY CENTER 8733 LA PRADA DR DALLAS, TX 75228	23-7169388	501(C)(3)	0.	43,292.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTH BROWARD HOSPITAL DISTRICT 2011 NW 3RD AVENUE POMPANO BEACH, FL 33060	59-6012065	501(C)(3)	0.	465,377.	FMV	MEDICAL ASSISTANCE	ONGOING

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NORTH CENTRAL DISTRICT HEALTH DEPARTMENT - 422 E DOUGLAS ST - ONEILL, NE 68763	03-0418895	115	0.	33,166.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTH HUDSON COMMUNITY ACTION CORPORATION - 800 31ST STREET - UNION CITY, NJ 07087	22-1818699	501(C)(3)	0.	112,985.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTH JEFFERSON COUNTY CLINIC PHARMACY - 1295 PEARL ST - BEAUMONT, TX 77701	74-6000291		0.	40,649.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTHERN NECK FREE HEALTH CLINIC 51 WILLIAM B. GRAHAM CT. KILMARNOCK, VA 22482	54-1679279	501(C)(3)	0.	18,482.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTHSHORE SCOTTSDALE PHARMACY 6050 STERLING CREEK RD PORTAGE, IN 46368	35-2028588	501(C)(3)	0.	13,525.	FMV	MEDICAL ASSISTANCE	ONGOING
NORTHSIDE CHRISTIAN HEALTH CARE CENTER - 816 MIDDLE STREET - PITTSBURGH, PA 15212	25-1715426	501(C)(3)	0.	6,368.	FMV	MEDICAL ASSISTANCE	ONGOING
NOVA SCRIPTSCENTRAL 6400 ARLINGTON BLVD FALLS CHURCH, VA 22042	65-1275162	501(C)(3)	0.	31,863.	FMV	MEDICAL ASSISTANCE	ONGOING
NURSES GLOBAL OUTREACH, INC. 925 N WACO AVE WICHITA, KS 67203	83-1687039	501(C)(3)	0.	22,283.	FMV	MEDICAL ASSISTANCE	ONGOING
OAKLAWN 330 LAKEVIEW DR. GOSHEN, IN 46528	35-1070041	501(C)(3)	0.	83,711.	FMV	MEDICAL ASSISTANCE	ONGOING

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OASIS FREE CLINICS 66 BARIBEAU DR. SUITE 5B BRUNSWICK, ME 04011	01-0497587	501(C)(3)	0.	101,109.	FMV	MEDICAL ASSISTANCE	ONGOING
OHIO VALLEY HEALTH CENTER 423 SOUTH STREET STEUBENVILLE, OH 43952	20-3924355	501(C)(3)	0.	104,668.	FMV	MEDICAL ASSISTANCE	ONGOING
OLDE TOWNE MEDICAL & DENTAL CENTER 5249 OLDE TOWNE ROAD WILLIAMSBURG, VA 23188	54-1663905	501(C)(3)	0.	84,482.	FMV	MEDICAL ASSISTANCE	ONGOING
ONE HUNDRED ANGELS 3546 E. THOMAS RD PHOENIX, AZ 85018	83-1491716	501(C)(3)	0.	23,699.	FMV	MEDICAL ASSISTANCE	ONGOING
ONE STOP CLINIC 701 17TH AVE W BRADENTON, FL 34205	59-3340921	501(C)(3)	0.	20,761.	FMV	MEDICAL ASSISTANCE	ONGOING
OPEN ARMS CLINIC 109 BIG A ROAD TOCCOA, GA 30577	20-3296577	501(C)(3)	0.	148,291.	FMV	MEDICAL ASSISTANCE	ONGOING
OPEN ARMS HEALTH CLINIC 3311 LITTLE RD. ARLINGTON, TX 76016	45-0621201	501(C)(3)	0.	689,970.	FMV	MEDICAL ASSISTANCE	ONGOING
OPEN CITIES HEALTH CENTER 409 N. DUNLAP STREET SAINT PAUL, MN 55104	36-3381598	501(C)(3)	0.	145,682.	FMV	MEDICAL ASSISTANCE	ONGOING
OPEN DOOR HEALTH CENTER 151 NW 11TH STREET, STE. E202A HOMESTEAD, FL 33030	83-0375996	501(C)(3)	0.	433,419.	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.	293,379.	FMV	MEDICAL ASSISTANCE	ONGOING
OZARKS COMMUNITY HEALTH CENTER - URBANA - 406 S DALLAS ST - URBANA, MO 65767	20-5822485	501(C)(3)	0.	231,353.	FMV	MEDICAL ASSISTANCE	ONGOING
PALMETTO HEALTH COUNCIL, INC. 643 MAIN STREET PALMETTO, GA 30268	58-1307597	501(C)(3)	0.	290,001.	FMV	MEDICAL ASSISTANCE	ONGOING
PANCARE OF FLORIDA, INC. 5336 E 10TH STREET MALONE, FL 32445	91-2189932	501(C)(3)	0.	18,052.	FMV	MEDICAL ASSISTANCE	ONGOING
PARKVIEW MEDICAL CLINIC 1205 DR. MARTIN L KING JR. WAY HAINES CITY, FL 33844	01-0790991	501(C)(3)	0.	46,131.	FMV	MEDICAL ASSISTANCE	ONGOING
PARTNERS WITH FAMILIES & CHILDREN 106 W. MISSION AVE SPOKANE, WA 99201	68-0576560	501(C)(3)	0.	19,798.	FMV	MEDICAL ASSISTANCE	ONGOING
PEACE LUTHERAN CHURCH DBA BORDER SERVANT CORPS - 901 AVENIDA DE MESILLA - LAS CRUCES, NM 88005	85-0371098	501(C)(3)	0.	82,506.	FMV	MEDICAL ASSISTANCE	ONGOING
PEDIPLACE 502 S. OLD ORCHARD LANE LEWISVILLE, TX 75067	75-2512752	501(C)(3)	0.	5,760.	FMV	MEDICAL ASSISTANCE	ONGOING
PEOPLES CLINIC 3111 ELECTRIC AVE PORT HURON, MI 48060	38-3274342		0.	37,344.	FMV	MEDICAL ASSISTANCE	ONGOING

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PEOPLES HEALTH CLINIC 650 ROUND VALLEY DRIVE PARK CITY, UT 84060	87-0638042	501(C)(3)	0.	40,560.	FMV	MEDICAL ASSISTANCE	ONGOING
PLAN A HEALTH, INC 1454 MAIN STREET LOUISE, MS 39097	83-2144751	501(C)(3)	0.	17,354.	FMV	MEDICAL ASSISTANCE	ONGOING
POCATELLO FREE CLINIC 1001 N. 7TH AVE. POCATELLO, ID 83201	82-0351133	501(C)(3)	0.	190,677.	FMV	MEDICAL ASSISTANCE	ONGOING
PONCE MEDICAL SCHOOL FOUNDATION 388 LUI F SALAS STREET PONCE, PR 00732	66-0379122	501(C)(3)	0.	7,161.	FMV	MEDICAL ASSISTANCE	ONGOING
PREMIER MOBILE HEALTH SERVICES 10676 COLONIAL BLVD, STE 20 FORT MYERS, FL 33913	82-5372657	501(C)(3)	0.	17,100.	FMV	MEDICAL ASSISTANCE	ONGOING
PRESBYTERIAN MEDICAL CARE MISSION 1857 PINE ST STE 100 ABILENE, TX 79601	75-1910600	501(C)(3)	0.	14,870.	FMV	MEDICAL ASSISTANCE	ONGOING
PROJECT SOS -SUPPORT OUR SOLDIERS INC. - 2412 DUE WEST DRIVE - THE VILLAGES, FL 32162	27-2932657	501(C)(3)	0.	56,956.	FMV	MEDICAL ASSISTANCE	ONGOING
PROTECT AZ 10599 N TAUM BLVD PARADISE VALLEY, AZ 85253	27-6601178	501(C)(3)	0.	32,072.	FMV	MEDICAL ASSISTANCE	ONGOING
PROTECT AZ 1211 E APACHE ST, PHOENIX, AZ 85034 PHOENIX, AZ 85034	88-2998894	501(C)(3)	0.	33,160.	FMV	MEDICAL ASSISTANCE	ONGOING

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PRYMED MEDICAL CARE CARRETERA 149, KM 13 CIALES, PR 00638	66-0428120	501(C)(3)	0.	354,829.	FMV	MEDICAL ASSISTANCE	ONGOING
RAPHA CLINIC OF WEST GEORGIA INC 253 HWY 78 EAST TEMPLE, GA 30179	27-1188932	501(C)(3)	0.	14,783.	FMV	MEDICAL ASSISTANCE	ONGOING
RAPHAEL COMMUNITY FREE CLINIC, INC. - 1807 WATER STREET - KERRVILLE, TX 78028	74-2819628	501(C)(3)	0.	985,272.	FMV	MEDICAL ASSISTANCE	ONGOING
RICE LAKE AREA FREE CLINIC - VIM 1035 N MAIN STREET, SUITE G02 RICE LAKE, WI 54868	27-0453241	501(C)(3)	0.	63,833.	FMV	MEDICAL ASSISTANCE	ONGOING
RILEY MEDICAL CLINIC/FIRST BAPTIST CHURCH JONESB - 147 CHURCH STREET - JONESBORO, GA 30236	58-0685903	501(C)(3)	0.	343,865.	FMV	MEDICAL ASSISTANCE	ONGOING
RIVER CITY MINISTRY 1021 WASHINGTON NORTH LITTLE ROCK, AR 72114	71-0786539	501(C)(3)	0.	144,660.	FMV	MEDICAL ASSISTANCE	ONGOING
RIVER HILLS COMMUNITY HEALTH CENTER - 201 S MARKET ST - OTTUMWA, IA 52501	42-1489471	501(C)(3)	0.	7,606.	FMV	MEDICAL ASSISTANCE	ONGOING
RIVER VALLEY CHRISTIAN CLINIC 3001 E H STREET RUSSELLVILLE, AR 72802	20-5193973	501(C)(3)	0.	109,805.	FMV	MEDICAL ASSISTANCE	ONGOING
RIVER VALLEY FAMILY HEALTH CENTER 1010 RIO GRANDE AVE MONTROSE, CO 81401	27-3757444	501(C)(3)	0.	925,656.	FMV	MEDICAL ASSISTANCE	ONGOING

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ROLETTE COUNTY PUBLIC HEALTH DISTRICT - 114 3RD ST. NE - ROLLA, ND 58367	02-0761623	501(C)(3)	0.	6,192.	FMV	MEDICAL ASSISTANCE	ONGOING
ROPHE FREE CLINIC 4374 W 52ND ST INDIANAPOLIS, IN 46254	81-2339063	501(C)(3)	0.	6,001.	FMV	MEDICAL ASSISTANCE	ONGOING
ROSE GARDEN CENTER FOR HOPE AND HEALING - 2040 MADISON AVE - COVINGTON, KY 41014	27-2425177	501(C)(3)	0.	99,224.	FMV	MEDICAL ASSISTANCE	ONGOING
ROTACARE INC 15 FLETCHER AVE BOX 1 VALLEY STREAM, NY 11580	11-3135331	501(C)(3)	0.	61,978.	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.	48,050.	FMV	MEDICAL ASSISTANCE	ONGOING
RUTHS PLACE 1411 CRAWFORD AVENUE GRANBURY, TX 76048	20-4594680	501(C)(3)	0.	75,702.	FMV	MEDICAL ASSISTANCE	ONGOING
RUTLAND FREE CLINIC 204 NORTH MAIN ST. RUTLAND, VT 0570 RUTLAND, VT 05701	83-0427544	501(C)(3)	0.	14,989.	FMV	MEDICAL ASSISTANCE	ONGOING
RXASSIST PHARMACY, INCORPORATED 17020 BEAVER SPRINGS DR, HOUSTON, HOUSTON, TX 77070	85-0962828	501(C)(3)	0.	535,283.	FMV	MEDICAL ASSISTANCE	ONGOING
SAFE HARBOR FREE CLINIC 7209 265TH ST. NW #203/204 STANWOOD, WA 98292	26-3825107	501(C)(3)	0.	9,116.	FMV	MEDICAL ASSISTANCE	ONGOING

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SAFENETRX PHARMACY 1500 SE 19TH STREET GRIMES, IA 50111	42-1518875	501(C)(3)	0.	35,331.	FMV	MEDICAL ASSISTANCE	ONGOING
SALUD INTEGRAL EN LA MONTANA (SIM) CARR 164. SECTOR EL DESVO NARANJITO, PR 00719	66-0329532	501(C)(3)	0.	30,297.	FMV	MEDICAL ASSISTANCE	ONGOING
SALUD PARA LA GENTE 195 AVIATION WAY WATSONVILLE, CA 95076	94-2705747	501(C)(3)	0.	36,823.	FMV	MEDICAL ASSISTANCE	ONGOING
SAMARITAN HEALTH AND WELLNESS CENTER, INC. - 2450 EDISON AVE - FORT MYERS, FL 33901	46-0922358	501(C)(3)	0.	18,390.	FMV	MEDICAL ASSISTANCE	ONGOING
SAMARITAN HEALTH CENTER 27 HOSPITAL AVE. DANBURY, CT 06810	75-3258057	501(C)(3)	0.	5,028.	FMV	MEDICAL ASSISTANCE	ONGOING
SAMARITAN HEALTH CLINIC OF PICKENS COUNTY - 303 DACUSVILLE HIGHWAY - EASLEY, SC 29640	57-0947115	501(C)(3)	0.	8,917.	FMV	MEDICAL ASSISTANCE	ONGOING
SAMARITAN HOUSE 114 5TH AVE REDWOOD CITY, CA 94063	23-7416272	501(C)(3)	0.	16,244.	FMV	MEDICAL ASSISTANCE	ONGOING
SAMARITAN REGIONAL HEALTH CLINIC 24 NORTH SPRIGG ST CAPE GIRARDEAU, MO 63701	27-5427837	501(C)(3)	0.	118,399.	FMV	MEDICAL ASSISTANCE	ONGOING
SAMARITANS TOUCH CARE CENTER 2306 HOPE CIRCLE SEBRING, FL 33870	02-0773338	501(C)(3)	0.	606,308.	FMV	MEDICAL ASSISTANCE	ONGOING

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SAMUEL DIXON FAMILY HEALTH CENTERS, INC - 27225 CAMP PLENTY ROAD SUITE 4 - CANYON COUNTRY, CA 91351	95-4278726	501(C)(3)	0.	20,960.	FMV	MEDICAL ASSISTANCE	ONGOING
SAN FRANCISCO FREE CLINIC 4900 CALIFORNIA ST. SAN FRANCISCO, CA 94118	94-3186248	501(C)(3)	0.	28,441.	FMV	MEDICAL ASSISTANCE	ONGOING
SAN JOSE CLINIC 2615 FANNIN ST HOUSTON, TX 77002	76-0373703	501(C)(3)	67,500.	86,956.	FMV	MEDICAL ASSISTANCE	ONGOING
SCOTLAND COMMUNITY HEALTH CLINIC 1405-B WEST BLVD LAURINBURG, NC 28352-9170	20-2841940	501(C)(3)	0.	169,341.	FMV	MEDICAL ASSISTANCE	ONGOING
SCOTT COUNTY HEALTH DEPARTMENT 825 HIGHWAY 31 NORTH AUSTIN, IN 47102	00-3118924		0.	165,578.	FMV	MEDICAL ASSISTANCE	ONGOING
SEE INTERNATIONAL 175 CREMONA DRIVE GOLETA, CA 93117	31-1682275	501(C)(3)	0.	14,400.	FMV	MEDICAL ASSISTANCE	ONGOING
SHELTER HEALTH SERVICES 534 SPRATT ST. CHARLOTTE, NC 28206	20-3041985	501(C)(3)	0.	16,371.	FMV	MEDICAL ASSISTANCE	ONGOING
SHEPHERDS CLINIC 2800 KIRK AVE. BALTIMORE, MD 21218	52-1739001	501(C)(3)	0.	14,095.	FMV	MEDICAL ASSISTANCE	ONGOING
SHIFA CLINIC 668 MARINA DRIVE UNIT A-5 CHARLESTON, SC 29492	04-3810161	501(C)(3)	0.	95,766.	FMV	MEDICAL ASSISTANCE	ONGOING

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SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)(3)	0.	64,397.	FMV	MEDICAL ASSISTANCE	ONGOING
SINCLAIR HEALTH CLINIC 301 N. CAMERON ST. WINCHESTER, VA 22601	54-1373296	501(C)(3)	0.	5,014.	FMV	MEDICAL ASSISTANCE	ONGOING
SLO NOOR FOUNDATION A NON PROFIT CORP - 1428 PHILLIPS LN # 300, - SAN LUIS OBISPO, CA 93401	27-1412176	501(C)(3)	0.	181,080.	FMV	MEDICAL ASSISTANCE	ONGOING
SMITH MEDICAL CLINIC, INC 99 BASKERVILL DRIVE PAWLEYS ISLAND, SC 29585	57-0786699	501(C)(3)	0.	47,116.	FMV	MEDICAL ASSISTANCE	ONGOING
SNAKE RIVER COMMUNITY CLINIC 215 10TH STREET LEWISTON, ID 83501	31-1726460	501(C)(3)	0.	118,607.	FMV	MEDICAL ASSISTANCE	ONGOING
SOCIAL WELFARE BOARD 904 S. 10TH, SUITE A SAINT JOSEPH, MO 64503	80-0308973	501(C)(3)	0.	214,766.	FMV	MEDICAL ASSISTANCE	ONGOING
SOUNDVIEW PREGNANCY SERVICES 1975 HEMPSTEAD TPKE EAST MEADOW, NY 11554	11-3001793	501(C)(3)	0.	6,196.	FMV	MEDICAL ASSISTANCE	ONGOING
SOUTH CENTRAL MISSOURI COMMUNITY HEALTH CENTER - 1081 EAST 18TH STREET - ROLLA, MO 65401	26-2522083	501(C)(3)	0.	265,075.	FMV	MEDICAL ASSISTANCE	ONGOING
SOUTH ROUTT MEDICAL CENTER HEALTH SERVICE DISTRI - 300 MAIN STREET - OAK CREEK, CO 80467	84-6032810	501(C)(3)	0.	5,951.	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.	6,405.	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.	329,086.	FMV	MEDICAL ASSISTANCE	ONGOING
SOUTHEAST INC. 16 WEST LONG STREET COLUMBUS, OH 43215	31-0940189	501(C)(3)	0.	48,660.	FMV	MEDICAL ASSISTANCE	ONGOING
SOUTHWEST MISSOURI AREA COALITION 1011 W MAIN BUFFALO, MO 65622	27-3253482	501(C)(3)	0.	6,369.	FMV	MEDICAL ASSISTANCE	ONGOING
SOUTHWEST UTAH COMMUNITY HEALTH CENTER - 2276 E RIVERSIDE DR - SAINT GEORGE, UT 84790	35-2163112	501(C)(3)	0.	354,146.	FMV	MEDICAL ASSISTANCE	ONGOING
SPACE COAST VOLUNTEERS IN MEDICINE 2555 JUDGE FRAN JAMIESON WAY MELBOURNE, FL 32940	27-2135914	501(C)(3)	0.	36,804.	FMV	MEDICAL ASSISTANCE	ONGOING
SPECTRA HEALTH 212 SOUTH 4TH STREET GRAND FORKS, ND 58201	27-0056777	501(C)(3)	0.	7,191.	FMV	MEDICAL ASSISTANCE	ONGOING
SPINDLETOP CENTER 655 SOUTH 8TH STREET BEAUMONT, TX 77701	74-1684198	501(C)(3)	0.	209,624.	FMV	MEDICAL ASSISTANCE	ONGOING
ST ANDREW COMMUNITY MEDICAL CENTER 3101-B WEST HIGHWAY 98 PANAMA CITY, FL 32401	32-0103234	501(C)(3)	0.	65,117.	FMV	MEDICAL ASSISTANCE	ONGOING

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ST LUKE COMMUNITY CLINIC 316 N ROYAL AVE FRONT ROYAL, VA 22630	54-1801220	501(C)(3)	0.	103,503.	FMV	MEDICAL ASSISTANCE	ONGOING
ST PETERSBURG FREE CLINIC 5501 4TH STREET NORTH SAINT PETERSBURG, FL 33703	23-7208280	501(C)(3)	0.	26,423.	FMV	MEDICAL ASSISTANCE	ONGOING
ST VINCENT DE PAUL CHARITABLE PHARMACY - 1146 BANK ST. - CINCINNATI, OH 45214	30-0272954	501(C)(3)	0.	164,580.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. CLARE MEDICAL OUTREACH 1407 YORK ROAD LUTHERVILLE TIMONIUM, MD 21093	52-1681044	501(C)(3)	0.	302,147.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. FRANCIS COMMUNITY FREE CLINIC 1000 N. KOELLER ST. OSHKOSH, WI 54902	39-1334342	501(C)(3)	0.	76,154.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. JOESPH'S NEIGHBORHOOD CENTER 417 SOUTH AVE. ROCHESTER, NY 14620	46-1176792	501(C)(3)	0.	37,310.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. JOHN BOSCO CLINIC, INC. 730 NW 34 STREET MIAMI, FL 33127	65-0435764	501(C)(3)	0.	715,886.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. JOSEPH HEALTH CENTER 510 W. ADAMS ST PLYMOUTH, IN 46563	35-1142669	501(C)(3)	0.	306,970.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. JOSEPH PRIMARY CARE 4057 US-70 BUS. W. CLAYTON, NC 27520	46-5192720	501(C)(3)	0.	148,457.	FMV	MEDICAL ASSISTANCE	ONGOING

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ST. LUKES FREE MEDICAL CLINIC 162 N. DEAN ST. SPARTANBURG, SC 29302	57-0943232	501(C)(3)	0.	77,948.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. MARY'S HEALTH CLINICS 1890 RANDOLPH AV. SAINT PAUL, MN 55105	41-1760632	501(C)(3)	0.	12,162.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. MARY'S HEALTH WAGON 5626 PATRIOT DRIVE WISE, VA 24293	04-3739083	501(C)(3)	0.	37,198.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. MARY'S LEGACY CLINIC 10919 CARMICHAEL ROAD KNOXVILLE, TN 37932	46-2331706	501(C)(3)	0.	148,438.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. MICHAEL'S MEDICAL CLINIC 426 MULBERRY AVE ANNISTON, AL 36201	82-5246184	501(C)(3)	0.	796,463.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. VINCENT DE PAUL CLINIC 420 WEST WATKINS ROAD PHOENIX, AZ 85003	86-0096789	501(C)(3)	0.	37,154.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. VINCENT DEPAUL COMMUNITY PHARMACY - 502 GRAMMONT ST - MONROE, LA 71201	90-0014479	501(C)(3)	0.	125,507.	FMV	MEDICAL ASSISTANCE	ONGOING
ST. MARY'S DINING ROOM 545 W. SONORA ST. STOCKTON, CA 95203	94-2687280	501(C)(3)	0.	957,416.	FMV	MEDICAL ASSISTANCE	ONGOING
STAYWELL HEALTH CENTER 80 PHOENIX AVENUE WATERBURY, CT 06702	22-3160873	501(C)(3)	0.	10,892.	FMV	MEDICAL ASSISTANCE	ONGOING

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STEPS, INC. 1033 N. PINE HILLS ROAD ORLANDO, FL 32808	63-0836930	501(C)(3)	0.	141,779.	FMV	MEDICAL ASSISTANCE	ONGOING
STILLWATER COMMUNITY HEALTH CENTER 821 SOUTH PINE STREET STILLWATER, OK 74074	73-1502192	501(C)(3)	0.	107,359.	FMV	MEDICAL ASSISTANCE	ONGOING
STREET LEVEL HEALTH PROJECT 3125 E 15TH ST OAKLAND, CA 94601	56-2324355	501(C)(3)	0.	15,528.	FMV	MEDICAL ASSISTANCE	ONGOING
STREET MEDICINE DETROIT 320 E CANFIELD ST. DETROIT, MI 48201	38-3982723	501(C)(3)	0.	23,745.	FMV	MEDICAL ASSISTANCE	ONGOING
STREET OUTREACH TEAMS 11475 E, OUTER DR E, DETROIT, MI 48224	88-4216333	501(C)(3)	0.	253,307.	FMV	MEDICAL ASSISTANCE	ONGOING
SURRY MEDICAL MINISTRIES 951 ROCKFORD STREET MOUNT AIRY, NC 27030	56-1829347	501(C)(3)	0.	236,173.	FMV	MEDICAL ASSISTANCE	ONGOING
TALBOT HOUSE MINISTRIES OF LAKELAND, INC. - 814 NORTH KENTUCKY AVE. - LAKELAND, FL 33801	85-8012641	501(C)(3)	0.	19,109.	FMV	MEDICAL ASSISTANCE	ONGOING
TARZANA TREATMENT CENTERS, INC. 7101 BAIRD AVE RESEDA, CA 91335	94-2219349	501(C)(3)	0.	33,012.	FMV	MEDICAL ASSISTANCE	ONGOING
TEMPLE COMMUNITY CLINIC 1905 CURTIS B ELLIOT DRIVE TEMPLE, TX 76501	74-2634500	501(C)(3)	0.	38,264.	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.	38,648.	FMV	MEDICAL ASSISTANCE	ONGOING
THE ARK 3500 W PETERSON AVE SUITE 302 CHICAGO, IL 60659	23-7164967	501(C)(3)	0.	95,126.	FMV	MEDICAL ASSISTANCE	ONGOING
THE CLINIC 143 CHURCH ST. PHOENIXVILLE, PA 19460	23-3072363	501(C)(3)	0.	85,979.	FMV	MEDICAL ASSISTANCE	ONGOING
THE EL PASO BAPTIST CLINIC 2700 N. PIEDRAS ST EL PASO, TX 79930	20-3046801	501(C)(3)	0.	30,438.	FMV	MEDICAL ASSISTANCE	ONGOING
THE FLOATING HOSPITAL 21-01 41ST AVENUE LONG ISLAND CITY, NY 11101	13-1624169	501(C)(3)	0.	225,455.	FMV	MEDICAL ASSISTANCE	ONGOING
THE FREE CLINICS OF HENDERSON COUNTY - 841 CASE STREET - HENDERSONVILLE, NC 28792	56-2212024	501(C)(3)	0.	36,863.	FMV	MEDICAL ASSISTANCE	ONGOING
THE FREE MEDICAL CLINIC 1875 HARDEN STREET COLUMBIA, SC 29204	57-0779279	501(C)(3)	0.	8,594.	FMV	MEDICAL ASSISTANCE	ONGOING
THE GOOD SAMARITAN CENTER 140 INDUSTRIAL LOOP, STE 100 FREDERICKSBURG, TX 78624	91-2129853	501(C)(3)	0.	109,911.	FMV	MEDICAL ASSISTANCE	ONGOING
THE NEIGHBORHOOD CHRISTIAN CLINIC 1929 W. FILLMORE PHOENIX, AZ 85009	86-0839580	501(C)(3)	0.	11,543.	FMV	MEDICAL ASSISTANCE	ONGOING

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THE RESCUE MISSION FREE CLINIC 402 4TH STREET SE ROANOKE, VA 24013	54-0573900	501(C)(3)	0.	7,941.	FMV	MEDICAL ASSISTANCE	ONGOING
THE SALVATION ARMY NATIONAL HEADQUARTERS - 21457 HAPPYLAND DRIVE - RICHARDSVILLE, VA 22726	22-2406433	501(C)(3)	0.	40,086.	FMV	MEDICAL ASSISTANCE	ONGOING
THE TEXAS INTL. INSTITUTE OF HEALTH PROFESSIONS - 2615 STRAWBERRY ST - PASADENA, TX 77502	46-1267820	501(C)(3)	0.	1,640,472.	FMV	MEDICAL ASSISTANCE	ONGOING
THE UNIVERSITY OF NORTH CAROLINA HEALTH CARE SYS - 4400 EMPEROR BLVD - DURHAM, NC 27703	56-2206970	115	0.	7,643.	FMV	MEDICAL ASSISTANCE	ONGOING
TOMAGWA 455 SCHOOL STREET #30 TOMBALL, TX 77375	76-0280324	501(C)(3)	0.	63,908.	FMV	MEDICAL ASSISTANCE	ONGOING
TOTAL FAMILY MEDICAL, LLC 22601 HWY 190 ROBERT, LA 70455	46-1385117		0.	25,382.	FMV	MEDICAL ASSISTANCE	ONGOING
TREASURE COAST COMMUNITY HEALTH, INC - 4675 28TH COURT - VERO BEACH, FL 32967	59-3219191	501(C)(3)	0.	75,085.	FMV	MEDICAL ASSISTANCE	ONGOING
TRI CITY HEALTH PARTNERSHIP 318 WALNUT STREET SAINT CHARLES, IL 60174	36-4475369	501(C)(3)	0.	275,206.	FMV	MEDICAL ASSISTANCE	ONGOING
TRIANGLE AREA NETWORK 1495 N. 7TH STREET BEAUMONT, TX 77702	76-0226835	501(C)(3)	0.	1,560,435.	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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TROUP CARES 301 MEDICAL DR. SUITE 501 LAGRANGE, GA 30240	20-8176300	501(C)(3)	0.	8,063.	FMV	MEDICAL ASSISTANCE	ONGOING
TRULY FAMILY HEALTHCARE CLINIC 259 WEST PEACE STREET CANTON, MS 39046	64-0877375	501(C)(3)	0.	7,890.	FMV	MEDICAL ASSISTANCE	ONGOING
UBI CARITAS 4400 HIGHLAND AVENUE BEAUMONT, TX 77705	76-0558225	501(C)(3)	37,500.	50,874.	FMV	MEDICAL ASSISTANCE	ONGOING
UBUNTU BLACK FAMILY WELLNESS COLLECTIVE - 2611 GOVERNOR PRINTZ BLVD - WILMINGTON, DE 19802	84-4234815	501(C)(3)	0.	76,510.	FMV	MEDICAL ASSISTANCE	ONGOING
UCSD ASYLUM SEEKERS SHELTER MEDICAL PROGRAM - 4902 PACIFIC HIGHWAY - SAN DIEGO, CA 92110	95-6006144	501(C)(3)	0.	84,458.	FMV	MEDICAL ASSISTANCE	ONGOING
UHI COMMUNITYCARE CLINIC 18441 NW 2ND AVE MIAMI, FL 33169	65-0268904	501(C)(3)	0.	233,497.	FMV	MEDICAL ASSISTANCE	ONGOING
UNDERGROUND FREE CLINIC 2154 UNIVERSITY SQUARE MALL TAMPA, FL 33612	20-4722214	501(C)(3)	0.	7,567.	FMV	MEDICAL ASSISTANCE	ONGOING
UNICARE COMMUNITY HEALTH CENTER, INC. - 437 N. EUCLID AVE. - ONTARIO, CA 91762	95-4746420	501(C)(3)	0.	24,429.	FMV	MEDICAL ASSISTANCE	ONGOING
UNION GOSPEL MISSION 3211 IRVING BLVD DALLAS, TX 75247	75-6003612	501(C)(3)	0.	41,917.	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.	1,237,402.	FMV	MEDICAL ASSISTANCE	ONGOING
UNITED HEALTH PARTNERS (UHP) 110 ROCKLEIGH PL, HOUSTON, TX 77017 HOUSTON, TX 77017	61-1757254	501(C)(3)	0.	173,920.	FMV	MEDICAL ASSISTANCE	ONGOING
UNITED STATES CATHOLIC CONFERENCE 341 N ST JOSEPH AVE KANKAKEE, IL 60901	53-0196617	501(C)(3)	0.	57,829.	FMV	MEDICAL ASSISTANCE	ONGOING
UNIVERSAL COMMUNITY HEALTH CENTER 2801 S. SAN PEDRO ST. LOS ANGELES, CA 90011	27-0600887	501(C)(3)	0.	136,733.	FMV	MEDICAL ASSISTANCE	ONGOING
UNIVERSAL MEDICAL INSTITUTE 700 NW 183RD ST MIAMI, FL 33169	85-0504960	501(C)(3)	0.	371,264.	FMV	MEDICAL ASSISTANCE	ONGOING
UNIVERSITY OF ARIZONA MOBILE HEALTH PROGRAM - 655 N. ALVERNON WAY - TUCSON, AZ 85711	74-2652689	115	0.	52,640.	FMV	MEDICAL ASSISTANCE	ONGOING
UNIVERSITY OF UTAH- UTAH NALOXONE 525 E 100 S SALT LAKE CITY, UT 84102	87-6000525	501(C)(3)	0.	157,099.	FMV	MEDICAL ASSISTANCE	ONGOING
UPHAM'S CORNER HEALTH CENTER 415 COLUMBIA ROAD DORCHESTER, MA 02125	23-7211732	501(C)(3)	0.	12,831.	FMV	MEDICAL ASSISTANCE	ONGOING
URBAN HEALTH AND WELLNESS 777 CLEVELAND AVE SW ATLANTA, GA 30315	81-3845426	501(C)(3)	0.	485,568.	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.	57,077.	FMV	MEDICAL ASSISTANCE	ONGOING
URGENT & PRIMARY CARE OF CLARKSDALE - 125 HIGHWAY 322 - CLARKSDALE, MS 38614	82-1075385		0.	23,649.	FMV	MEDICAL ASSISTANCE	ONGOING
UT HEALTH SCIENCE CENTER AT SAN ANTONIO - FOCUS - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78229-3901	74-1587488	501(C)(3)	0.	83,702.	FMV	MEDICAL ASSISTANCE	ONGOING
VALLEY COMMUNITY HEALTHCARE 9119 HASKELL AVE NORTH HILLS, CA 91343	23-7050082	501(C)(3)	0.	9,059.	FMV	MEDICAL ASSISTANCE	ONGOING
VARIETY CARE 111 W MAIN ST FORT COBB, OK 73038	73-1088577	501(C)(3)	0.	224,261.	FMV	MEDICAL ASSISTANCE	ONGOING
VECINOS FARMWORKER HEALTH PROGRAM 3971 LITTLE SAVANNAH RD CULLOWHEE, NC 28723	57-1192063	501(C)(3)	0.	5,065.	FMV	MEDICAL ASSISTANCE	ONGOING
VIMCARE CLINIC 2400 EAST 17TH STREET COLUMBUS, IN 47201	35-1129669	501(C)(3)	0.	116,460.	FMV	MEDICAL ASSISTANCE	ONGOING
VIRGINIA B. ANDES VOLUNTEER COMMUNITY CLINIC - 21297 OLEAN BLVD - PORT CHARLOTTE, FL 33952	65-0958642	501(C)(3)	0.	16,614.	FMV	MEDICAL ASSISTANCE	ONGOING
VOLUNTEER HEALTHCARE CLINIC 4215 MEDICAL PARKWAY AUSTIN, TX 78756	74-6082464	501(C)(3)	0.	17,816.	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.	63,071.	FMV	MEDICAL ASSISTANCE	ONGOING
VOLUNTEERS IN MEDICINE - CLINIC OF THE CASCADES - 2300 NE NEFF RD. - BEND, OR 97701	93-1327847	501(C)(3)	0.	24,974.	FMV	MEDICAL ASSISTANCE	ONGOING
VOLUNTEERS IN MEDICINE CHRISTIAN COUNTY - 865 N NICHOLAS RD, NIXA, MO 65714 - NIXA, MO 65714	83-3903144	501(C)(3)	0.	44,714.	FMV	MEDICAL ASSISTANCE	ONGOING
VOLUNTEERS IN MEDICINE CLINIC 417 SE BALBOA AVENUE STUART, FL 34994	65-1115793	501(C)(3)	0.	27,224.	FMV	MEDICAL ASSISTANCE	ONGOING
VOLUNTEERS IN MEDICINE CLINIC 2260 MARCOLA ROAD SPRINGFIELD, OR 97477	93-1276816	501(C)(3)	0.	18,341.	FMV	MEDICAL ASSISTANCE	ONGOING
VOLUNTEERS IN MEDICINE OF THE OLYMPICS - 819 GEORGIANA STREET - PORT ANGELES, WA 98362	01-0590704	501(C)(3)	0.	52,195.	FMV	MEDICAL ASSISTANCE	ONGOING
VOLUNTEERS IN MEDICINE WILKES BARRE - 190 N. PENNSYLVANIA AVE - WILKES BARRE, PA 18701-3605	20-3531527	501(C)(3)	0.	19,343.	FMV	MEDICAL ASSISTANCE	ONGOING
WAHID MEDICAL CORP 1108 WARD AVENUE PATTERSON, CA 95363	45-3797437		0.	6,722.	FMV	MEDICAL ASSISTANCE	ONGOING
WAIMANLO HEALTH CENTER 41-1295 KALANIANAOLE HIGHWAY WAIMANALO, HI 96795	99-0273205	501(C)(3)	0.	6,192.	FMV	MEDICAL ASSISTANCE	ONGOING

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WALWORTH COUNTY DEPT. OF HEALTH & HUMAN SERVICES - 1910 COUNTY ROAD NN - ELKHORN, WI 53121	39-6005752		0.	6,178.	FMV	MEDICAL ASSISTANCE	ONGOING
WASATCH COUNTY HEALTH DEPARTMENT 55 SOUTH 500 EAST HEBER CITY, UT 84032	87-6000299		0.	6,192.	FMV	MEDICAL ASSISTANCE	ONGOING
WATER CITY CARE MISSION, INC. 449 HIGH AVE OSHKOSH, WI 54901	84-3899508	501(C)(3)	0.	76,760.	FMV	MEDICAL ASSISTANCE	ONGOING
WAYNE COUNTY PUBLIC HEALTH 100 E SOUTH ST CORYDON, IA 50060	42-6004425		0.	80,714.	FMV	MEDICAL ASSISTANCE	ONGOING
WE CARE OF CENTRAL FLORIDA, INC 205 FARNOL STREET SW WINTER HAVEN, FL 33880	59-3529279	501(C)(3)	0.	103,614.	FMV	MEDICAL ASSISTANCE	ONGOING
WELLNESS TREE COMMUNITY CLINIC 173 MARTIN STREET TWIN FALLS, ID 83301	26-1249939	501(C)(3)	0.	27,446.	FMV	MEDICAL ASSISTANCE	ONGOING
WESLEY CHURCH HEALTH CENTER, INC. 410 SOUTH PITTSBURGH STREET CONNELLSVILLE, PA 15425	25-1844565	501(C)(3)	0.	22,694.	FMV	MEDICAL ASSISTANCE	ONGOING
WESLEY HEALTH CENTER 1300 S. 10TH ST PHOENIX, AZ 85034	86-0133770	501(C)(3)	0.	6,192.	FMV	MEDICAL ASSISTANCE	ONGOING
WEST CALDWELL HEALTH COUNCIL, INC 4330 COLLETTSVILLE RD COLLETTSVILLE, NC 28611-9000	59-1756933	501(C)(3)	0.	7,366.	FMV	MEDICAL ASSISTANCE	ONGOING

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WEST HAWAII COMMUNITY HEALTH CENTER - 75-5751 KUAKINI HWY - KAILUA KONA, HI 96740	20-0495394	501(C)(3)	0.	86,380.	FMV	MEDICAL ASSISTANCE	ONGOING
WEST VIRGINIA UNIVERSITY FOUNDATION - 64 MEDICAL CENTER DRIVE- HSCN- G111A - MORGANTOWN, WV 26505-3409	55-6017181	501(C)(3)	0.	10,167.	FMV	MEDICAL ASSISTANCE	ONGOING
WESTCARE GULFCOAST FLORIDA INC 1735 DR MARTIN LUTHER KING ST SAINT PETERSBURG, FL 33705	59-3714627	501(C)(3)	0.	225,273.	FMV	MEDICAL ASSISTANCE	ONGOING
WESTCARE NEVADA INC. 323 N. MARYLAND PARKWAY LAS VEGAS, NV 89101-3130	94-2778981	501(C)(3)	0.	24,501.	FMV	MEDICAL ASSISTANCE	ONGOING
WESTMINSTER FREE CLINIC 3271 GRANDE VISTA DR NEWBURY PARK, CA 91320	77-0563241	501(C)(3)	0.	31,730.	FMV	MEDICAL ASSISTANCE	ONGOING
WHEELING HEALTH RIGHT INC 61-29TH ST WHEELING, WV 26003	31-1149085	501(C)(3)	0.	23,100.	FMV	MEDICAL ASSISTANCE	ONGOING
WILLING HELPERS MEDICAL, INC 4186 MILL STREET COVINGTON, GA 30014	56-2602392	501(C)(3)	0.	337,184.	FMV	MEDICAL ASSISTANCE	ONGOING
WOFCC HOPE CLINIC 609 WEST AVENUE E ELK CITY, OK 73644	26-1284785	501(C)(3)	0.	11,914.	FMV	MEDICAL ASSISTANCE	ONGOING
WOVEN HEALTH ONE MEDICAL PARKWAY FARMERS BRANCH, TX 75234	75-2616002	501(C)(3)	0.	46,201.	FMV	MEDICAL ASSISTANCE	ONGOING

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WV HEALTH RIGHT INC 1520 WASHINGTON STREET EAST CHARLESTON, WV 25311	31-1066881	501(C)(3)	0.	366,931.	FMV	MEDICAL ASSISTANCE	ONGOING
ZUFALL HEALTH CENTER 18 W. BLACKWELL STREET DOVER, NJ 07801	22-3125397	501(C)(3)	0.	14,174.	FMV	MEDICAL ASSISTANCE	ONGOING
AJO AMBULANCE, INC. 1850 N AJO GILA BEND HWY AJO, AZ 85321	86-0673370	501(C)(3)	10,000.	0.			ONGOING
ALABAMA ASSOCIATION OF FREE AND CHARITABLE CLINICS - 5741 CARMICHAEL PARKWAY - MONTGOMERY, AL 36117	83-3196587	501(C)(3)	46,000.	0.			ONGOING
BALL CREEK VOLUNTEER FIRE DEPARTMENT - 4874 POSSUM TROT RD - LEBURN, KY 41822	61-1210388	501(C)(3)	10,000.	0.			EMERGENCY
CALIFORNIA ASSOCIATION OF FREE AND CHARITABLE CLINICS - 2752 ABEJORRO ST. - CARLSBAD, CA 92009	20-2198446	501(C)(3)	8,500.	0.			ONGOING
CENTERPLACE HEALTH, INC 6950 OUTREACH WAY NORTHPORT, FL 34287	20-2779327	501(C)(3)	60,000.	0.			EMERGENCY
CHARITABLE HEALTHCARE NETWORK 88 NORTH BROAD STREET, SUITE 1475 COLUMBUS, OH 43215	22-3769296	501(C)(3)	8,500.	0.			ONGOING
CHARLOTTE BEHAVIORAL HEALTH CARE, INC - 1700 EDUCATION AVENUE - PUNTA GORDA, FL 33950	59-1234922	501(C)(3)	10,000.	0.			EMERGENCY

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CHRISTIAN APPALACHIAN PROJECT - LANCASTER KY - 322 CRAB ORCHARD STREET - LANCASTER, KY 40444	61-0661137	501(C)(3)	10,000.	0.			EMERGENCY
COSSMA, INC. AVE. EL JIBARO CARR. 172 KM 13.3, CIDRA, PR 00739	66-0434923	501(C)(3)	10,000.	0.			EMERGENCY
CROSSOVER HEALTHCARE MINISTRY 8600 QUIOCCASIN RD, SUITE 101 RICHMOND, VA 23229	54-1371067	501(C)(3)	30,000.	0.			ONGOING
EASTER SEALS OF GREATER HOUSTON 4888 LOOP CENTRAL DR., SUITE 200 HOUSTON, TX 77081	74-1238418	501(C)(3)	10,000.	0.			EMERGENCY
FISTY-DWARF VOLUNTEER FIRE AND RESCUE - 1736 TRACE BRANCH ROAD - FISTY, KY 41743	31-1064608	501(C)(3)	10,000.	0.			EMERGENCY
FLORIDA ASSOCIATION OF FREE AND CHARITABLE CLINICS - 2103 CORAL WAY, 2ND FLOOR - MIAMI, FL 33145	46-3502696	501(C)(3)	8,500.	0.			ONGOING
FREE CLINIC ASSOCIATION OF PENNSYLVANIA - 2520 GREEN TECH DRIVE, SUITE D - STATE COLLEGE, PA 16803	26-0099669	501(C)(3)	8,500.	0.			ONGOING
FREE CLINICS OF IOWA PO BOX 12099 DES MOINES, IA 50312	42-1428706	501(C)(3)	8,500.	0.			ONGOING
GEORGIA CHARITABLE CARE NETWORK INC. - 3032 BRIARCLIFF ROAD NE - ATLANTA, GA 30329	80-0100336	501(C)(3)	46,000.	0.			ONGOING

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GLOBAL RESPONSE MANAGEMENT 463688 SR 200 SUITE 1, #150 YULEE, FL 32097	81-5163032	501(C)(3)	30,000.	0.			ONGOING
GRACE MEDICAL HOME, INC. 1417 E. CONCORD STREET ORLANDO, FL 32803	26-1817966	501(C)(3)	30,000.	0.			ONGOING
GRASSROOTS HEALTHCARE FOUNDATION 743 E TABOR AVE. FAIRFIELD, CA 94533	32-0600776	501(C)(3)	15,000.	0.			EMERGENCY
HEMPHILL COMMUNITY CENTER, INC 2514 HWY 317 JACKHORN, KY 41825	61-1343564	501(C)(3)	10,000.	0.			EMERGENCY
IDAHO ASSOCIATION OF FREE AND CHARITABLE CLINICS - 325 VIA VENITIO - POCATELLO, ID 83201	83-4185979	501(C)(3)	46,000.	0.			ONGOING
ILLINOIS ASSOCIATION OF FREE AND CHARITABLE CLINICS - 42 STEPHEN STREET, #416 - LEMONT, IL 60439	20-1942444	501(C)(3)	8,500.	0.			ONGOING
JONES FORK VOLUNTEER FIRE DEPARTMENT - 9671 EAST HWY. 550 - MOUSIE, KY 41839	43-2064280	501(C)(3)	10,000.	0.			EMERGENCY
KENTUCKY MOUNTAIN HEALTH ALLIANCE, INC - 279 EAST MAIN STREET - HAZARD, KY 41701	61-1355382	501(C)(3)	10,000.	0.			EMERGENCY
KIAMICHI FAMILY MEDICAL CENTER, INC. - 6026 BATTIEST PICKENS RD - BROKEN BOW, OK 74728	45-0463188	501(C)(3)	10,000.	0.			EMERGENCY

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KNOTT COUNTY FISCAL COURT 54 W MAIN ST HINDMAN, KY 41822	61-6000820	501(C)(3)	10,000.	0.			EMERGENCY
LETCHER COUNTY FISCAL COURT 156 MAIN ST, KY WHITESBURG, KY 41858	61-0865570	501(C)(3)	10,000.	0.			EMERGENCY
LONE STAR ASSOCIATION OF CHARITABLE CLINICS - 3710 CEDAR STREET ,ROOM 213 - AUSTIN, TX 78705	33-1115138	501(C)(3)	8,500.	0.			ONGOING
MIAMI RESCUE MISSION CLINIC 2015 NW 1ST AVENUE MIAMI, FL 33127	45-1481860	501(C)(3)	30,000.	0.			ONGOING
MIGRANT HEALTH CENTER WESTERN REGION, INC. - P.O. BOX 190 - MAYAGUEZ, PR 00681-7128	66-0427801	501(C)(3)	22,000.	0.			ONGOING
MISSISSIPPI FOOD NETWORK, INC. 440 W. BEATTY ST., P.O. BOX 411 JACKSON, MS 39205-0411	64-0676325	501(C)(3)	10,000.	0.			EMERGENCY
MISSOURI ASSOCIATION OF FREE AND CHARITABLE CLINICS - 904 S. 10TH, SUITE A - ST. JOSEPH, MO 64503	26-3575248	501(C)(3)	8,500.	0.			ONGOING
MOUNTAIN COMPREHENSIVE HEALTH CORPORATION - P.O. BOX 200513 - HELENA, MT 59620-0513	61-0712406	501(C)(3)	10,000.	0.			EMERGENCY
NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS - 1800 DIAGONAL RD - ALEXANDRA, VA 22314	56-2273242	501(C)(3)	97,500.	0.			ONGOING

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NORTH CAROLINA ASSOCIATION OF FREE AND CHARITABLE - 1399 ASHLEYBROOK LN, SUITE 110 - WINSTON-SALEM, NC 27103	56-2062170	501(C)(3)	46,000.	0.			ONGOING
OKLAHOMA CHARITABLE CLINIC ASSOCIATION - 3000 UNITED FOUNDERS BLVD., STE 244 - OKLAHOMA CITY, OK 73112	45-0716546	501(C)(3)	46,000.	0.			ONGOING
ONE HUNDRED ANGELS 23233 N. PIMA RD., SUITE 113-119 SCOTTSDALE, AZ 85255	83-1491716	501(C)(3)	25,000.	0.			ONGOING
OUR HOUSE 173 BOULEVARD NE ATLANTA, GA 30312	58-1743333	501(C)(3)	30,000.	0.			ONGOING
PLEA: GLOBAL RESOURCE SHARING 2169 PLANTATION OAK DRIVE ORLANDO, FL 32824	47-2830307	501(C)(3)	10,000.	0.			EMERGENCY
POCATELLO FREE CLINIC 429 WASHINGTON POCATELLO, ID 83201	82-0351133	501(C)(3)	37,500.	0.			ONGOING
PREMIER MOBILE HEALTH SERVICES 10676 COLONIAL BLVD SUITE 20 FORT MYERS, FL 33913	82-5372657	501(C)(3)	56,230.	0.			EMERGENCY
PRESBYTERIAN COUNSELING CENTER 430 BRADDOCK AVENUE DAYTONA BEACH, FL 32118	59-2750846	501(C)(3)	10,000.	0.			EMERGENCY
PRESIDENTS AND FELLOWS OF HARVARD COLLEGE - 1033 MASSACHUETTS AVE - CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	270,961.	0.			ONGOING

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SALUD INTEGRAL DE LA MONTANA, INC RD 164 KM 0.2 SECTOR EL DESVIO BO A NARANJITO, PR 00719	66-0329532	501(C)(3)	20,000.	0.			EMERGENCY
SAMARITAN HEALTH AND WELLNESS CENTER, INC. - 643 CAPE CORAL PARKWAY EAST, SUITE B - CAPE CORAL, FL 33904	46-0922358	501(C)(3)	340,000.	0.			EMERGENCY
SAMARITAN'S TOUCH CARE CENTER 3015 HERRING AVE. SEBRING, FL 33880	02-0773338	501(C)(3)	10,000.	0.			EMERGENCY
SHEPHERD'S CLINIC INC 2800 KIRK AVENUE BALTIMORE, MD 21218	52-1739001	501(C)(3)	37,500.	0.			ONGOING
SPECIALIZED TREATMENT EDUCATION AND PREVENTION SERVICES, INC (STEPS) - 1033 NORTH PINE HILLS ROAD - ORLANDO, FL 32808	63-0836930	501(C)(3)	10,000.	0.			EMERGENCY
SUNCOAST NEIGHBORHOOD TASK FORCE, INC - 2241 CASE LN - N FT MYERS, FL 33917-1627	94-3415530	501(C)(3)	10,000.	0.			EMERGENCY
TALBOT HOUSE MINISTRIES OF LAKELAND, INC. - 814 N KENTUCKY AVE. - LAKEALND, FL 33801	59-2151802	501(C)(3)	10,000.	0.			EMERGENCY
TALLER SALUD, INC. P.O. BOX 525 LOIZA, PR 00772	66-0494692	501(C)(3)	9,000.	0.			EMERGENCY
TENNESSEE CHARITABLE CARE NETWORK (TCCN) - 1515 B HAYDEN - NASHVILLE, TN 37206	46-4916133	501(C)(3)	46,000.	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
THE KENTUCKY RURAL HEALTH COLLABORATIVE, INC. - 651 COMANCHE TRAIL - FRANKFORT, KY 40601	85-1600980	501(C)(3)	20,000.	0.			EMERGENCY
UHPHEALTH 110ROCKLEIGH PL HOUSTON, TX 77017-2516	61-1757254	501(C)(3)	37,500.	0.			ONGOING
UNIVERSAL COMMUNITY HEALTH CENTER 2801 S. SAN PEDRO ST. LOS ANGELES, CA 90011	27-0600887	501(C)(3)	10,000.	0.			EMERGENCY
VIDA MOBILE CLINIC 10718 WHITE OAK AVE., UNIT 6 GRANADA HILLS, CA 91344	81-4209248	501(C)(3)	10,000.	0.			EMERGENCY
VIRGINIA ASSOCIATION OF FREE AND CHARITABLE CLINICS - 1801 LIBBIE AVE. - RICHMOND, VA 23226	54-1802019	501(C)(3)	8,500.	0.			ONGOING
VIRGINIA B. ANDES VOLUNTEER COMMUNITY CLINIC, INC. - 21297 OLEAN BOULEVARD - PORT CHARLOTTE, FL 33952	65-0958642	501(C)(3)	20,000.	0.			EMERGENCY
VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND (VIM HHI) - 15 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	37,500.	0.			ONGOING
WELLSPACE HEALTH 77 12 ST SACRAMENTO, CA 95814	94-1713704	501(C)(3)	25,000.	0.			ONGOING
WISCONSIN ASSOCIATION OF FREE AND CHARITABLE CLINICS - 1256 CAPITOL DRIVE, SUITE 700, #210 - PEWAUKEE, WI 53072-2581	47-2298281	501(C)(3)	8,500.	0.			ONGOING

Schedule I (Form 990)

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	182733	0.	950,122,455.	FMV	PRESCRIPTION
MEDICAL OUTREACH IN THE U.S	514	0.	706,679.	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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

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
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2022

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)	500,579.	50,000.	0.	20,665.	40,532.	611,776.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELANA LOPEZ CHIEF PEOPLE OFFICER	(i)	295,363.	0.	0.	18,087.	40,532.	353,982.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RICHARD K. TROWBRIDGE, JR. CFO, TREASURER, SVP, GIK OPERATIONS	(i)	293,317.	0.	0.	18,550.	40,532.	352,399.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JENNY GOLDSTEIN SVP & CHIEF DEVELOPMENT OFFICER	(i)	285,394.	0.	0.	17,480.	40,467.	343,341.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) M. RASHAD MASSOUD MD, MPH, FACP SENIOR VP, CPO (THRU 08/2022)	(i)	239,775.	0.	53,045.	14,653.	0.	307,473.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MEGIN WOLFMAN SVP, STRATEGY & COS	(i)	247,070.	0.	0.	14,955.	40,533.	302,558.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JED SELKOWITZ SVP & CH. MKTG. OFF. (THRU 08/2022)	(i)	203,433.	0.	77,155.	12,179.	0.	292,767.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MATT MOSNER GEN. COUNS. (THRU 12/2022)	(i)	243,100.	0.	0.	14,599.	29,316.	287,015.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JOAN LITTLEFIELD DEPUTY SR VP, GLOBAL PROGRAMS	(i)	216,667.	320.	0.	13,086.	26,028.	256,101.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Yael GOTTlieb DEPUTY SR VP, INDIVI. PHILANTHROPY	(i)	199,852.	7,000.	0.	6,539.	40,467.	253,858.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) VISHESH JAIN DEPUTY SVP, IT AND FACILITIES	(i)	237,143.	0.	0.	12,733.	969.	250,845.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JULIE VARUGHESE CHIEF MEDICAL OFFICER	(i)	236,617.	320.	0.	11,536.	979.	249,452.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) GABRIELA SALVADOR MD, MPH SVP, GL OPERATIONS (THRU 08/2022)	(i)	177,489.	0.	57,047.	10,787.	0.	245,323.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) DONNA LUCAS VP, MARKETING AND COMMUNICATIONS	(i)	187,045.	320.	0.	11,341.	40,467.	239,173.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) LYNEISHA VAUGH-PEREZ VP, FINANCE, PLANNING & GRANTS	(i)	190,837.	320.	0.	11,536.	1,510.	204,203.	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:

THE FOLLOWING OFFICERS RECEIVED SEVERANCE PAYMENTS IN CALENDAR YEAR 2022:

M. RASHAD MASSOUD MD, MPH, FACP, SENIOR VP, CPO - \$53,045

JED SELKOWITZ, SVP & CHIEF MARKETING OFFICER - \$77,155

GABRIELA SALVADOR MD, MPH, SVP, GL OPERATIONS - \$57,047

THESE AMOUNTS ARE REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III).

SCHEDULE J, PART I, LINE 7

THE PRESIDENT AND CEO IS ENTITLED TO AN ANNUAL BONUS PURSUANT TO HER

EMPLOYMENT CONTRACT AT THE DISCRETION OF THE COMPENSATION COMMITTEE OF

THE FOUNDATION'S BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE

CONVENES EACH YEAR TO DETERMINE IF THE PRESIDENT HAS EXCEEDED CERTAIN

PERFORMANCE-BASED CRITERIA, AND IF SHE HAS, THEY WILL AUTHORIZE A

BONUS. IN CALENDAR YEAR 2022, THE PRESIDENT RECEIVED A \$50,000

DISCRETIONARY BONUS.

THE FOUNDATION HAS A BONUS POLICY IN PLACE THAT PERMITS BONUSES TO

OTHER EMPLOYEES BASED ON CERTAIN FACTORS: RELOCATION BONUSES, SIGN-ON

BONUSES, RETENTION BONUSES AND PERFORMANCE BONUSES. IN CALENDAR YEAR

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.

2022, THE FOUNDATION ISSUED A FEW SMALL BONUSES TO THREE INDIVIDUALS

REPORTED ON THE FORM 990, SCHEDULE J.

THE AMERICARES STAFF ARE THE MAIN DRIVER OF ALL OF OUR WORK IN THE

WORLD AND, AS SUCH, WE STRIVE TO RECOGNIZE THEIR CONTRIBUTIONS

CONSISTENTLY IN WAYS THAT ARE COMPETITIVE, EQUITABLE AND TRANSPARENT,

AS LAID OUT IN OUR COMPENSATION PHILOSOPHY. THERE ARE A SMALL NUMBER OF

CIRCUMSTANCES IN WHICH WE MAY NEED TO GO ABOVE AND BEYOND THIS BASE

COMPENSATION IN ORDER TO RECOGNIZE THE NEEDS AND EFFORTS OF OUR STAFF.

THIS POLICY OUTLINES THE CIRCUMSTANCES IN WHICH BONUS PAY WILL BE

CONSIDERED.

HOWEVER, IT IS IMPORTANT TO NOTE THAT, AS A NON-PROFIT ORGANIZATION,

AMERICARES ALSO TAKES OUR RESPONSIBILITY TO DONORS AND FUNDERS VERY

SERIOUSLY. AS SUCH, WE CONSIDER BONUS PAY TO BE A VERY RARE OCCURRENCE,

ONLY EMPLOYED WHEN THERE IS CLEAR NEED.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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 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 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	97	1,484,388.	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	307,784	122,934.	COST/WHOLESALE PRICE
20 Drugs and medical supplies	X	5058649	1,465,591,378.	COST/WHOLESALE PRICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (NON-MEDICAL SUP)	X	952,517	3,118,274.	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** 11

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
 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?
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 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) 2022

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 for the latest information.

OMB No. 1545-0047

2022

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 FOR THE YEAR ENDING JUNE 30,
2023 TO UPDATE THE PROFESSIONAL FUNDRAISERS IT DISCLOSES ON SCHEDULE G.
NO OTHER CHANGES WERE MADE TO THE FORM 990.

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 ONE OF THE WORLD'S LEADING NONPROFIT PROVIDER OF DONATED MEDICINES
AND SUPPLIES, AMERICARES REACHED 90 COUNTRIES IN FY23 WITH MEDICINE,
MEDICAL SUPPLIES, SUPPORT AND TECHNICAL ASSISTANCE VALUED AT MORE THAN
\$1.47 BILLION THROUGH OUR MEDICINE SECURITY, EMERGENCY PROGRAMS AND
HEALTH SERVICES 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
INTERNATIONAL HEALTH CARE INSTITUTIONS AND FACILITIES THAT INCLUDE
HOSPITALS, CLINICS, LOCAL HEALTH CENTERS, MINISTRIES OF HEALTH AND

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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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: IMPROVE AND EXPAND HEALTH

SERVICES, PREVENT DISEASE AND PROMOTE GOOD HEALTH.

ACROSS ITS PROGRAMS, AMERICARES PRIORITIZES MENTAL HEALTH, WOMEN'S AND

CHILDREN'S HEALTH, TREATMENT AND PREVENTION OF INFECTIOUS DISEASES AND

MANAGEMENT OF HYPERTENSION AND DIABETES.

THROUGH COLLABORATION WITH OUR EXTENSIVE WORLDWIDE PARTNER NETWORK, WE

IMPLEMENTED 411 HEALTH PROJECTS AND LEVERAGED MORE THAN \$1.38 BILLION

WORTH OF DONATED AND PROCURED COMMODITIES TO RESPOND TO EMERGENCIES AND

RELIEVE SHORTAGES OF MEDICINES AND SUPPLIES. THIS SUPPORT INCLUDED

ENOUGH MEDICINE TO FILL MORE THAN 32.2 MILLION PRESCRIPTIONS AND MORE

THAN 4.5 MILLION UNITS OF SUPPLIES. THROUGH MEDICINE ALONE, WE ESTIMATE

THAT WE IMPROVED THE HEALTH OF 8.1 MILLION PEOPLE.

FORM 990 PART III, LINE 4A

MEDICINE SECURITY

TO IMPROVE HEALTH OUTCOMES FOR PATIENTS AND COMMUNITIES, AMERICARES

INCREASES ACCESSIBILITY, AVAILABILITY, AFFORDABILITY AND ACCEPTABILITY

OF MEDICINE AND SUPPLIES FOR PARTNER HEALTH PROVIDERS.

A STRONG AND EXPANDING NETWORK OF OVER 200 PHARMACEUTICAL AND MEDICAL

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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SUPPLY CORPORATIONS DONATE THESE MEDICINES, MEDICAL SUPPLIES, PERSONAL CARE PRODUCTS, MEDICAL EQUIPMENT AND TECHNOLOGY.

AMERICARES MEDICINE SECURITY PROGRAM DISTRIBUTES HIGH-QUALITY MEDICINES DIRECTLY TO A NETWORK OF PARTNERS ACROSS THE GLOBE. 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 \$59.6 MILLION IN DONATED MEDICINES AND SUPPLIES AS WELL AS MEDICAL TRAINING TOOLS AND RESOURCES WHICH THEY USED TO PROVIDE CARE IN 70 COUNTRIES, INCLUDING THE UNITED STATES.

IN ALL, AMERICARES PROVIDED AID VALUED AT \$1.3 BILLION THROUGH OUR MEDICINE SECURITY PROGRAM, INCLUDING ENOUGH MEDICINE TO FILL 28.4 MILLION PRESCRIPTIONS AND 2.6 MILLION MEDICAL SUPPLIES. WE ESTIMATE THAT 7.7 MILLION PEOPLE BENEFITED FROM THE MEDICINE PROVIDED BY AMERICARES MEDICINE SECURITY PROGRAM.

FORM 990 PART III, LINE 4B
EMERGENCY PROGRAMS

FROM JULY 2022 TO JUNE 2023, AMERICARES RESPONDED TO 40 NATURAL DISASTERS AND HUMANITARIAN CRISES IN 28 COUNTRIES, INCLUDING THE UNITED STATES, WITH TECHNICAL ASSISTANCE, SHIPMENTS OF MEDICINES AND EMERGENCY SUPPLIES AS WELL AS PREPAREDNESS, RESPONSE AND RECOVERY PROJECTS.

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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ACROSS ALL EMERGENCIES IN FY23, AMERICARES EMERGENCY PROGRAMS DELIVERED

MORE THAN \$102 MILLION IN EMERGENCY AND DISASTER AID, INCLUDING

SHIPMENTS OF MEDICINES AND RELIEF SUPPLIES; THROUGH MEDICINE ALONE,

AMERICARES EMERGENCY PROGRAMS REACHED MORE THAN 450,000 PEOPLE. IN

EMERGENCY SETTINGS, AMERICARES PROVIDED GRANTS AND SUPPORT FOR 203

PROJECTS, WHICH DIRECTLY BENEFITED MORE THAN 578,000 PEOPLE.

AMERICARES COMPREHENSIVE PROGRAM TO PROVIDE PRIMARY CARE SERVICES TO

VENEZUELAN MIGRANTS AND COLOMBIAN RETURNEES IN COLOMBIA CONTINUED IN

FY23.

AMERICARES EMERGENCY PROGRAMS PROVIDED AID TO EMERGENCIES IN THE

FOLLOWING COUNTRIES:

1. AFGHANISTAN

2. ARMENIA

3. BANGLADESH

4. COLOMBIA

5. DOMINICAN REPUBLIC

6. EL SALVADOR

7. ETHIOPIA

8. GREECE

9. HONDURAS

10. INDIA

11. INDONESIA

12. IRAQ

13. JORDAN

14. KENYA

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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- 15. LEBANON
- 16. MADAGASCAR
- 17. MALAWI
- 18. PAKISTAN
- 19. PERU
- 20. PHILIPPINES
- 21. SIERRA LEONE
- 22. SOMALIA
- 23. SYRIA
- 24. TAJIKISTAN
- 25. TRKIYE
- 26. UKRAINE
- 27. UNITED STATES
- 28. YEMEN

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

AMERICARES SUPPORTS THE CAPACITY OF LOCAL HEALTH DELIVERY PARTNERS AND PROMOTES HEALTH AND DISEASE PREVENTION IN LOW-INCOME COMMUNITIES ACROSS THE U.S. AND WORLDWIDE. THROUGH WORK IN OUR OWN CLINICS AND THAT OF OUR PARTNERS, AMERICARES PROVIDED AID VALUED AT MORE THAN \$28.6 MILLION THROUGH OUR HEALTH SERVICES PROGRAM.

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IN FY23, AMERICARES COMMUNITY HEALTH PROGRAMS SPANNED A RANGE OF HEALTH

THEMES INCLUDING MENTAL HEALTH, WOMEN'S AND CHILDREN'S HEALTH,

INFECTIOUS DISEASE, NON-COMMUNICABLE DISEASE (SUCH AS DIABETES AND

HYPERTENSION) AND HEALTH SYSTEM STRENGTHENING.

WITH LOCAL MANAGEMENT AND STAFF, AMERICARES OPERATES A CLINIC IN EL

SALVADOR, CLINICA INTEGRAL DE ATENCION FAMILIAR; WE ALSO PARTNER

CLOSELY WITH AMERICARES INDIA AND AMERICARES FREE CLINICS IN

CONNECTICUT.

IN FY23, AMERICARES ALSO SUPPORTED U.S.-BASED MEDICAL VOLUNTEERS ON 623

SHORT-TERM MEDICAL OUTREACH TRIPS TO 70 COUNTRIES. FOR THESE

VOLUNTEERS, AMERICARES MAKES AVAILABLE MEDICINE, AND ALSO SURGICAL

SUPPLIES SUCH AS PULSE OXIMETERS, SURGICAL SETS AND SAFE-SURGERY

CHECKLISTS; VOLUNTEER SURGICAL TEAMS USED THESE AND OTHER DONATED

PRODUCTS TO PERFORM 28,000 SURGERIES IN 60 COUNTRIES IN FY23. TEAMS

ALSO DONATE THE PRODUCTS TO HOST FACILITIES AND TRAIN LOCAL STAFF, LAST

YEAR TRAINING MORE THAN 6,000 HEALTH WORKERS.

AMERICARES ALSO PROVIDES RESOURCES AND TRAINING SO HEALTH WORKERS CAN

BETTER SERVE THEIR COMMUNITIES AND IMPROVE THE HEALTH OF LOW-INCOME

PATIENTS. IN FY23, AMERICARES CAPACITY-BUILDING TRAINING REACHED 34,546

HEALTH CARE WORKERS ACROSS THE GLOBE.

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

EL SALVADOR, HAITI, LIBERIA, NEPAL,

PHILIPPINES, TANZANIA, COLOMBIA, MALAWI

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

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.

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

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

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	-7,182.
LOSS ON FOREIGN CURRENCY	-150,652.
TOTAL TO FORM 990, PART XI, LINE 9	-157,834.

**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 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization <p align="center">AMERICARES FOUNDATION, INC.</p>	Employer identification number <p align="center">06-1008595</p>
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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) 2022

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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s 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 TANZANIA	B	4,106,093.	COST
(2) AMERICARES TANZANIA	P	3,908,309.	COST
(3) AMERICARES FREE CLINICS, INC.	B	1,656,578.	FMV (GOODS)
(4) AMERICARES FREE CLINICS, INC.	Q	353,188.	COST
(5) AMERICARES MALAWI	B	325,584.	COST
(6) AMERICARES FREE CLINICS, INC.	Q	300,000.	LOAN GUARANTEE

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) AMERICARES MALAWI	P	122,465.	COST
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VII Supplemental Information

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

SCHEDULE R, PART V, LINE 2

AMERICARES TANZANIA COUNTRY OFFICE, LOCATED IN MWANZA, STAFFED WITH PROFESSIONAL RELIEF AND DEVELOPMENT WORKERS, COORDINATES OUR EXISTING AND FUTURE PROGRAMMING IN THE MWANZA, MARA, SHINYANGA, AND KIGOMA REGIONS. AMERICARES OPERATES NUMEROUS HEALTH PROJECTS AND PROGRAMS IN TANZANIA WHICH TOUCH ON EACH OF THE AMERICARES GLOBAL PROGRAM AREAS.

AMERICARES TANZANIA INCURRED \$3,908,309 OF EXPENDITURES IN THE YEAR ENDING JUNE 30, 2023; THOSE EXPENSES ARE FUNDED BY THE AMERICARES FOUNDATION. IN ADDITION, AMERICARES AWARDED \$197,783 OF FUNDING TO SUPPORT THEIR RELIEF WORK.

AMERICARES MALAWI IS ESTABLISHING A NETWORK OF THRIVING HEALTH CENTERS THAT IMPROVE HEALTH OUTCOMES AND BUILD COMMUNITY RESILIENCE. AMERICARES MALAWI INCURRED \$122,465 OF EXPENDITURES IN THE YEAR ENDING JUNE 30, 2023; THOSE EXPENSES ARE FUNDED BY THE AMERICARES FOUNDATION. IN ADDITION, AMERICARES DISTRIBUTED MEDICINES AND SUPPLIES TO AMERICARES MALAWI VALUED AT \$165,983, AND AWARDED \$37,135 OF FUNDING TO SUPPORT THEIR RELIEF WORK.