

**AmeriCares Foundation, Inc.**

**IRS Form 990**

**Fiscal Year 2014**

<b>Cumulative e-File History 2013</b>	
<b>Federal</b>	
Locator:	7714IN
Taxpayer Name:	AmeriCares Foundation, Inc.
Return Type:	990, 990
Submitted Date:	03/12/2015 17:14:11
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Submission ID:	13037220150715000061

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning 07/01, 2013, and ending 06/30, 2014

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2013

Department of the Treasury Internal Revenue Service

Name of exempt organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Name and title of officer

RICHARD K. TROWBRIDGE, SVP OPERATIONS AND CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b, 1b-5b). Row 1a: Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 560246100.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize GRANT THORNTON LLP to enter my PIN 23222 as my signature. ERO firm name. Enter five numbers, but do not enter all zeros.

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

[Handwritten signature]

Date 03/12/2015

Part III Certification and Authentication

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

13037236605

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

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

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2013)

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2013 calendar year, or tax year beginning** 07/01, 2013, and ending 06/30, 2014

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> AMERICARES FOUNDATION, INC. Doing Business As			<b>D Employer identification number</b> 06-1008595	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b> (203) 658-9500	
	City or town, state or province, country, and ZIP or foreign postal code STAMFORD, CT 06902-3111			<b>G Gross receipts \$</b> 574,809,083.	
	<b>F Name and address of principal officer:</b> MICHAEL J. NYENHUIS 88 HAMILTON AVENUE STAMFORD, CT 06902			<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>J Website:</b> ▶ WWW.AMERICARES.ORG					
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				<b>L Year of formation:</b> 1979 <b>M State of legal domicile:</b> CT	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: AMERICARES IS A NONPROFIT GLOBAL HEALTH & DISASTER RELIEF ORGANIZATION THAT DELIVERS MEDICINES, MEDICAL SUPPLIES & HUMANITARIAN AID TO PEOPLE IN NEED AROUND THE WORLD AND IN THE U.S.			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	18.	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	17.	
	<b>5</b>	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	136.	
	<b>6</b>	Total number of volunteers (estimate if necessary)	44.	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	0	
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	0		
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	620,146,474.	558,924,455.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	655,426.	727,259.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,004,219.	659,678.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44,704.	-65,292.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	621,850,823.	560,246,100.
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	590,735,261.
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,080,160.	13,920,999.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	108,450.	846,966.
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,159,609.		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	56,236,621.	28,850,727.
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	660,160,492.	564,795,170.
<b>Net Assets or Fund Balances</b>	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-38,309,669.	-4,549,070.
			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b>	Total assets (Part X, line 16)	125,441,206.	121,747,672.
	<b>21</b>	Total liabilities (Part X, line 26)	10,295,961.	10,372,148.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	115,145,245.	111,375,524.	

**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.

<b>Sign Here</b>	Signature of officer _____ Date _____	
	Type or print name and title _____	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature 	Date 03.12.15	Check <input type="checkbox"/> if self-employed	PTIN P00741490
	Firm's name ▶ GRANT THORNTON LLP			Firm's EIN ▶ 36-6055558	
	Firm's address ▶ 757 THIRD AVE., 4TH FLOOR NEW YORK, NY 10017-2013			Phone no. 212-599-0100	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2013)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 412,155,712. including grants of \$ 384,448,047. ) (Revenue \$ 0 )

ATTACHMENT 2

4b (Code: ) (Expenses \$ 137,817,626. including grants of \$ 135,401,792. ) (Revenue \$ 0 )

ATTACHMENT 3

4c (Code: ) (Expenses \$ 1,546,207. including grants of \$ 1,326,638. ) (Revenue \$ 1,576,789. )

ATTACHMENT 4

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **▶** 551,519,545.

**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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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 Revenue Procedure 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 temporarily restricted endowments, permanent endowments, or 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	
12 a 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
14 a 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 (see instructions)</i> . . . . .	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
20 a 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? . . . . .		

**Part IV Checklist of Required Schedules (continued)**

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

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 columns for question number, question text, and Yes/No response boxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).



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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 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? b Describe in 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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 b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 ATTACHMENT 6
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: GARY L. LEEDS, VP, CFO 88 HAMILTON AVENUE STAMFORD, CT 06902 203-658-9500

**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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH P. ALLEN DIRECTOR	1.00	X					0	0	0	
(2) CAROL B. BAUER DIRECTOR	1.00	X					0	0	0	
(3) ELIZABETH F. FRANK DIRECTOR	1.00	X					0	0	0	
(4) C. ROBERT HENRIKSON DIRECTOR	1.00	X					0	0	0	
(5) JOHN L. KELLY DIRECTOR (THRU 6/26/2014)	1.00	X					0	0	0	
(6) PAUL J. KUEHNER DIRECTOR	1.00	X					0	0	0	
(7) JERRY P. LEAMAN DIRECTOR	1.00	X					0	0	0	
(8) ROBERT G. LEARY DIRECTOR	1.00	X					0	0	0	
(9) ALMA JANE MACAULEY VICE CHAIRMAN	1.00	X		X			0	0	0	
(10) C. DEAN MAGLARIS CHAIRMAN	1.00	X		X			0	0	0	
(11) ROBERT BAYLIS DIRECTOR	1.00	X					0	0	0	
(12) BEVERLY L. SCHUCH DIRECTOR	1.00	X					0	0	0	
(13) FRED WEISMAN DIRECTOR	1.00	X					0	0	0	
(14) STEPHEN WINTER, MD DIRECTOR (THRU 6/26/2014)	1.00	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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) JOSEPH J. RUCCI, JR. DIRECTOR AND SECRETARY	1.00	X		X				0	0	0
( 16) CURTIS R. WELLING PRESIDENT & CEO (THRU 1/14)	40.00	X		X				276,110.	0	44,461.
( 17) MICHAEL J. NYENHUIS PRESIDENT & CEO (AS OF 1/14)	40.00	X		X				0	0	0
( 18) SAMHITA JAYANTI DIRECTOR	1.00	X						0	0	0
( 19) KEITH MCALLISTER DIRECTOR	1.00	X						0	0	0
( 20) ALAN RWAMBUYA DIRECTOR	1.00	X						0	0	0
( 21) STEPHEN SADOVE DIRECTOR	1.00	X						0	0	0
( 22) KEVIN ALLAN SENIOR V.P., DEVELOPMENT	40.00			X				192,785.	0	30,536.
( 23) KEVIN GILRAIN SENIOR V.P., HUMAN RESOURCES	40.00			X				172,649.	0	29,736.
( 24) RACHEL GRANGER V.P. - POST EMERGENCY RESPONSE	40.00			X				134,551.	0	16,515.
( 25) ELLA GUDWIN SR. V.P.- STRATEGY & PRGM DEV.	40.00			X				154,482.	0	42,791.
<b>1b Sub-total</b> . . . . .								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								3,105,848.	0	522,515.
<b>d Total (add lines 1b and 1c)</b> . . . . .								3,105,848.	0	522,515.

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 ► 23

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		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
ATTACHMENT 7		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 7

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) GARRETT INGOGLIA ----- V.P. - EMERGENCY RESPONSE	40.00			X			125,357.	0	17,657.	
( 27) GEOFF KNEISEL ----- V.P. - CORP RELATIONS	40.00			X			110,027.	0	34,832.	
( 28) GARY LEEDS ----- VICE PRESIDENT/CFO	40.00			X			153,948.	0	31,463.	
( 29) DIANA MAGUIRE ----- V.P. - INSTITUTIONAL RELATIONS	40.00			X			126,030.	0	11,517.	
( 30) WILLIAM POST ----- VICE PRESIDENT - TREASURER	30.00			X			91,612.	0	8,298.	
( 31) KATHERINE SEARS ----- SENIOR V.P. GLOBAL PROGRAM OP.	40.00			X			221,763.	0	34,088.	
( 32) CAROL SHATTUCK ----- SENIOR V.P. - COMMUNICATIONS	40.00			X			180,508.	0	32,333.	
( 33) LEE WEINER ----- V.P. - DIRECT RESPONSE	40.00			X			133,090.	0	26,519.	
( 34) ADAM ZAYAN ----- V.P. - GLOBAL PARTNERSHIPS	40.00			X			146,874.	0	38,430.	
( 35) ANDREA VAKOS ----- V.P., INDIVIDUAL PHILANTHROPY	40.00			X			108,497.	0	40,300.	
( 36) MELISSA WOOLFORD ----- V.P., LEADERSHIP GIFTS	40.00			X			118,297.	0	7,549.	
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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 ► 23

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

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 179,126.				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 1,952,439.				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 556,792,890.				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$ . . . . .	528,226,272.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		558,924,455.			
<b>Program Service Revenue</b>	<b>2a</b>	EL SALVADOR PATIENT VISIT REVENUE	<b>Business Code</b> 621400	661,008.	661,008.		
	<b>b</b>	EL SALVADOR CAFETERIA INCOME	900099	62,009.		62,009.	
	<b>c</b>	EL SALVADOR MISCELLANEOUS INCOME	900099	4,242.		4,242.	
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		727,259.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		670,734.		670,734.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b>	Royalties . . . . .		0			
	<b>6a</b>	Gross rents . . . . .	(i) Real	177,852.			
			(ii) Personal				
	<b>b</b>	Less: rental expenses . . . . .		166,444.			
	<b>c</b>	Rental income or (loss) . . . . .		11,408.			
	<b>d</b>	<b>Net rental income or (loss)</b> . . . . .		11,408.		11,408.	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	13,238,510.			
			(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .		13,249,566.			
	<b>c</b>	Gain or (loss) . . . . .		-11,056.			
<b>d</b>	<b>Net gain or (loss)</b> . . . . .		-11,056.		-11,056.		
<b>8a</b>	Gross income from fundraising events (not including \$ 1,952,439. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b> 104,390.					
<b>b</b>	Less: direct expenses . . . . .	<b>b</b> 493,400.					
<b>c</b>	<b>Net income or (loss) from fundraising events</b> . . . . .		-389,010.		-389,010.		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b>	Less: direct expenses . . . . .	<b>b</b>					
<b>c</b>	<b>Net income or (loss) from gaming activities</b> . . . . .		0				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	885,085.				
		<b>b</b>	653,573.				
		<b>c</b>	<b>Net income or (loss) from sales of inventory</b> . . . . .		231,512.		231,512.
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b>	MISCELLANEOUS	900099	80,798.		80,798.		
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		80,798.				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		560,246,100.	661,008.		660,637.	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .	87,290,057.	87,290,057.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	137,184,159.	137,184,159.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .	296,702,262.	296,702,262.		
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,991,611.	1,339,586.	671,062.	980,963.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	8,173,328.	4,488,907.	1,727,400.	1,957,021.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	385,271.	250,626.	49,236.	85,409.
9 Other employee benefits . . . . .	1,640,928.	869,404.	262,108.	509,416.
10 Payroll taxes . . . . .	729,861.	449,325.	102,584.	177,952.
11 Fees for services (non-employees):				
a Management . . . . .	796,983.	701,250.	23,748.	71,985.
b Legal . . . . .	11,145.	10,912.	233.	
c Accounting . . . . .	166,390.	16,390.	150,000.	
d Lobbying . . . . .	0			
e Professional fundraising services. See Part IV, line 17 . . . . .	846,966.			846,966.
f Investment management fees . . . . .	42,528.		42,528.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	807,275.	140,804.	175,594.	490,877.
12 Advertising and promotion . . . . .	1,391,301.	32,797.	434.	1,358,070.
13 Office expenses . . . . .	93,146.	62,300.	12,158.	18,688.
14 Information technology . . . . .	677,314.	14,986.	170,470.	491,858.
15 Royalties . . . . .	0			
16 Occupancy . . . . .	2,007,819.	1,472,407.	202,037.	333,375.
17 Travel . . . . .	1,039,915.	742,533.	69,566.	227,816.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	49,109.	46,382.	410.	2,317.
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	487,174.	283,065.	72,331.	131,778.
23 Insurance . . . . .	282,911.	122,560.	89,936.	70,415.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a INVENTORY WRITE-OFF	15,008,192.	15,008,192.		
b POSTAGE AND FREIGHT	4,988,016.	3,932,481.	9,141.	1,046,394.
c MISCELLANEOUS	1,001,509.	358,160.	285,040.	358,309.
d _____				
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>564,795,170.</b>	<b>551,519,545.</b>	<b>4,116,016.</b>	<b>9,159,609.</b>
<b>26 Joint costs.</b> 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) . . . . .	0			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	3,402.	<b>1</b>	1,126.
	<b>2</b> Savings and temporary cash investments	4,677,871.	<b>2</b>	7,275,506.
	<b>3</b> Pledges and grants receivable, net	996,107.	<b>3</b>	2,038,186.
	<b>4</b> Accounts receivable, net	89,504.	<b>4</b>	74,190.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	88,460,919.	<b>8</b>	85,604,874.
	<b>9</b> Prepaid expenses and deferred charges	559,400.	<b>9</b>	801,693.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 5,876,167.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 2,821,765.	3,176,951.	<b>10c</b> 3,054,402.
	<b>11</b> Investments - publicly traded securities	23,724,016.	<b>11</b>	18,947,667.
	<b>12</b> Investments - other securities. See Part IV, line 11	26,155.	<b>12</b>	10,280.
	<b>13</b> Investments - program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	3,726,881.	<b>15</b>	3,939,748.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	125,441,206.	<b>16</b>	121,747,672.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	5,144,420.	<b>17</b>	5,363,917.
	<b>18</b> Grants payable	3,342,743.	<b>18</b>	2,339,539.
	<b>19</b> Deferred revenue	0	<b>19</b>	439,963.
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,808,798.	<b>25</b>	2,228,729.
	<b>26 Total liabilities.</b> Add lines 17 through 25	10,295,961.	<b>26</b>	10,372,148.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	70,294,534.	<b>27</b>	67,525,632.
	<b>28</b> Temporarily restricted net assets	40,437,661.	<b>28</b>	39,224,758.
	<b>29</b> Permanently restricted net assets	4,413,050.	<b>29</b>	4,625,134.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	115,145,245.	<b>33</b>	111,375,524.
<b>34</b> Total liabilities and net assets/fund balances	125,441,206.	<b>34</b>	121,747,672.	



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	560,246,100.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	564,795,170.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-4,549,070.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	115,145,245.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	759,853.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	19,496.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	111,375,524.

**Part XII Financial Statements and Reporting**

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

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2013**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

<b>Name of the organization</b> AMERICARES FOUNDATION, INC.	<b>Employer identification number</b> 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 11, 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.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)		
(ii) A family member of a person described in (i) above? .....	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)		

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

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

Schedule A (Form 990 or 990-EZ) 2013

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

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished; 4 Total; 5 Excess contributions; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2013 (68.94%); 15 Public support percentage from 2012 Schedule A, Part II, line 14 (66.18%); 16a 33 1/3% support test - 2013; 16b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; 17b 10%-facts-and-circumstances test - 2012; 18 Private foundation.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (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 under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 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; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (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 in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2012 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2013. 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 - 2012. 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 Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
SPECIAL EVENTS	371,489.	485,013.	539,897.	91,080.	104,390.	1,591,869.
SALES OF INVENTORY	333,262.	331,713.	466,262.	789,468.	885,085.	2,805,790.
MISCELLANEOUS	-5,444.	2,539.	9,042.	84,801.	80,798.	171,736.
TOTALS	<u>699,307.</u>	<u>819,265.</u>	<u>1,015,201.</u>	<u>965,349.</u>	<u>1,070,273.</u>	<u>4,569,395.</u>

**Schedule of Contributors**

**2013**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

<b>Name of the organization</b> AMERICARES FOUNDATION, INC.	<b>Employer identification number</b>  06-1008595
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**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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

Name of organization **AMERICARES FOUNDATION, INC.**

Employer identification number  
06-1008595

**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	----- ----- -----	\$ 47,658,260.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 40,948,027.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 79,476,673.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 32,679,008.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 30,732,849.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 27,878,874.	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

**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	----- ----- -----	\$ 20,823,114.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 14,799,435.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 13,358,130.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ 77,279,073.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	MEDICINE, MEDICAL SUPPLIES & RELATED ----- ----- -----	\$ 47,658,260.	VAR -----
2	MEDICINE, MEDICAL SUPPLIES & RELATED ----- ----- -----	\$ 40,948,027.	VAR -----
3	MEDICINE, MEDICAL SUPPLIES & RELATED ----- ----- -----	\$ 79,476,673.	VAR -----
4	MEDICINE, MEDICAL SUPPLIES & RELATED ----- ----- -----	\$ 32,679,008.	VAR -----
5	MEDICINE, MEDICAL SUPPLIES & RELATED ----- ----- -----	\$ 30,732,849.	VAR -----
6	MEDICINE, MEDICAL SUPPLIES & RELATED ----- ----- -----	\$ 27,878,874.	VAR -----

Name of organization **AMERICARES FOUNDATION, INC.**

Employer identification number

06-1008595

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	MEDICINE, MEDICAL SUPPLIES & RELATED ----- ----- -----	\$ 20,823,114.	VAR
8	MEDICINE, MEDICAL SUPPLIES & RELATED ----- ----- -----	\$ 14,799,435.	VAR
9	MEDICINE, MEDICAL SUPPLIES & RELATED ----- ----- -----	\$ 13,358,130.	VAR
10	MEDICINE, MEDICAL SUPPLIES & RELATED ----- ----- -----	\$ 77,279,073.	VAR
	----- ----- -----	\$ -----	-----
	----- ----- -----	\$ -----	-----

Name of organization **AMERICARES FOUNDATION, INC.**

Employer identification number

06-1008595

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** 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 information once. See instructions.) ► \$ \_\_\_\_\_

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
----- ----- -----	----- ----- -----

(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
----- ----- -----	----- ----- -----

(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
----- ----- -----	----- ----- -----

(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
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate contributions, aggregate grants, aggregate value, and two Yes/No questions.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and a table for held easements at the end of the tax year.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III with questions 1a, 1b, 2, and 2a, 2b regarding reporting requirements for art and historical treasures, including dollar amounts.

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 are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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?

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g Balance and changes.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment 72.0483 %
c Temporarily restricted endowment 27.9517 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a-1e Land, Buildings, Leasehold improvements, Equipment, Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other -----		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶

**Part IX Other Assets.**

Complete if the organization answered "Yes" to 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" to 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	2,228,729.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,228,729.	

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



**Part XIII** Supplemental Information (continued)

## ENDOWMENT FUNDS

FORM 990, SCHEDULE D, PART V, LINE 4

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

## INCOME TAXES

FORM 990, SCHEDULE D, PART X

AMERICARES RECOGNIZES A TAX POSITION BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. DURING FISCAL 2014 AND 2013, AMERICARES EVALUATED ITS TAX POSITIONS AND CONCLUDED THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT MEET THE CRITERIA UNDER THIS STANDARD. THE TAX YEARS ENDING 2011, 2012, 2013, AND 2014 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

## REVENUE ON BOOKS NOT ON RETURN

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

CHANGES IN SPLIT INTEREST AGREEMENTS	\$19,496
--------------------------------------	----------

## REVENUE ON RETURN NOT ON BOOKS

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

RENTAL PROPERTY EXPENSE	(\$166,444)
SPECIAL EVENTS EXPENSE	(\$493,400)
COST OF GOODS SOLD	(\$653,573)



**Part XIII** Supplemental Information (continued)

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TOTAL	(\$1,313,417)
-------	---------------

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

SPECIAL EVENTS EXPENSE	\$493,400
------------------------	-----------

COST OF GOODS SOLD	\$653,573
--------------------	-----------

RENTAL PROPERTY EXPENSE	\$166,444
-------------------------	-----------

-----

TOTAL	\$1,313,417
-------	-------------

## RECONCILIATION

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

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" 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 region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN	2.	99.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	2,192,171.
(2) EAST ASIA AND THE PACIFIC	1.	2.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	1,817,881.
(3) EUROPE			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	49,866.
(4) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	79,516.
(5) NORTH AMERICA			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	1,974,855.
(6) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	89,296.
(7) SOUTH AMERICA			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	103,177.
(8) SOUTH ASIA	1.	4.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	305,169.
(9) SUB-SAHARAN AFRICA			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	596,815.
(10) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		111,835,552.
(11) EAST ASIA AND THE PACIFIC			GRANTMAKING		37,716,049.
(12) EUROPE			GRANTMAKING		9,902,693.
(13) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		29,053,899.
(14) NORTH AMERICA			GRANTMAKING		653,523.
(15) RUSSIA/INDEPENDENT STATES			GRANTMAKING		49,377,736.
(16) SOUTH AMERICA			GRANTMAKING		10,172,590.
(17) SOUTH ASIA			GRANTMAKING		13,390,528.
<b>3a</b> Sub-total	4.	105.			269,311,316.
<b>b</b> Total from continuation sheets to Part I					34,599,692.
<b>c Totals</b> (add lines 3a and 3b)	4.	105.			303,911,008.

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

Schedule F (Form 990) 2013

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" 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 region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) SUB-SAHARAN AFRICA			GRANTMAKING		34,599,692.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total					
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)					

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

Schedule F (Form 990) 2013

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	HAITI - INTE	407,700.	WIRE			
(2)			CENT. AMERICA/CARIBBEAN	HAITI - CHOL	173,786.	WIRE			
(3)			CENT. AMERICA/CARIBBEAN	HAITI - PERS	120,000.	WIRE			
(4)			CENT. AMERICA/CARIBBEAN	HAITI - CHOL	85,650.	WIRE			
(5)			CENT. AMERICA/CARIBBEAN	HAITI - REST	66,339.	WIRE			
(6)			CENT. AMERICA/CARIBBEAN	HAITI - REDU	54,900.	WIRE			
(7)			CENT. AMERICA/CARIBBEAN	HAITI - CHOL	48,266.	WIRE			
(8)			CENT. AMERICA/CARIBBEAN	HAITI - CHOL	44,881.	WIRE			
(9)			CENT. AMERICA/CARIBBEAN	HAITI - REST	30,000.	WIRE			
(10)			CENT. AMERICA/CARIBBEAN	HAITI - CHOL	28,620.	WIRE			
(11)			CENT. AMERICA/CARIBBEAN	HAITI - PERS	22,267.	WIRE			
(12)			CENT. AMERICA/CARIBBEAN	MEXICO - 201	15,000.	WIRE			
(13)			CENT. AMERICA/CARIBBEAN	HAITI - CHOL	13,714.	WIRE			
(14)			CENT. AMERICA/CARIBBEAN	HAITI - REST	10,000.	WIRE			
(15)			CENT. AMERICA/CARIBBEAN	HAITI - GENE	9,000.	WIRE			
(16)			CENT. AMERICA/CARIBBEAN	GUATEMALA -	8,935.	WIRE			

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

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	PHILIPPINES	299,996.	WIRE			
(2)			EAST ASIA/PACIFIC	PHILIPPINES	200,329.	WIRE			
(3)			EAST ASIA/PACIFIC	VIETNAM - PE	180,000.	WIRE			
(4)			EAST ASIA/PACIFIC	PHILIPPINES	172,750.	WIRE			
(5)			EAST ASIA/PACIFIC	PHILIPPINES	170,962.	WIRE			
(6)			EAST ASIA/PACIFIC	JAPAN - MENT	165,741.	WIRE			
(7)			EAST ASIA/PACIFIC	PHILIPPINES	98,728.	WIRE			
(8)			EAST ASIA/PACIFIC	JAPAN - MENT	94,843.	WIRE			
(9)			EAST ASIA/PACIFIC	JAPAN - DIS	91,993.	WIRE			
(10)			EAST ASIA/PACIFIC	INDIA - UTT	80,000.	WIRE			
(11)			EAST ASIA/PACIFIC	JAPAN - ELDE	68,041.	WIRE			
(12)			EAST ASIA/PACIFIC	PHILIPPINES	66,894.	WIRE			
(13)			EAST ASIA/PACIFIC	JAPAN - MENT	53,225.	WIRE			
(14)			EAST ASIA/PACIFIC	JAPAN - EVAC	49,965.	WIRE			
(15)			EAST ASIA/PACIFIC	JAPAN - MENT	46,625.	WIRE			
(16)			EAST ASIA/PACIFIC	INDIA - PART	43,097.	WIRE			

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(1)			EAST ASIA/PACIFIC	INDIA - PART	43,097.	WIRE			
(2)			EAST ASIA/PACIFIC	JAPAN - MENT	37,350.	WIRE			
(3)			EAST ASIA/PACIFIC	INDIA - PART	34,354.	WIRE			
(4)			EAST ASIA/PACIFIC	INDIA - PART	34,354.	WIRE			
(5)			EAST ASIA/PACIFIC	INDIA - PART	34,354.	WIRE			
(6)			EAST ASIA/PACIFIC	INDIA - AMER	34,118.	WIRE			
(7)			EAST ASIA/PACIFIC	JAPAN - MENT	34,000.	WIRE			
(8)			EAST ASIA/PACIFIC	JAPAN - MENT	30,808.	WIRE			
(9)			EAST ASIA/PACIFIC	JAPAN - MENT	30,541.	WIRE			
(10)			EAST ASIA/PACIFIC	INDIA - PART	29,880.	WIRE			
(11)			EAST ASIA/PACIFIC	INDIA - AMER	29,880.	WIRE			
(12)			EAST ASIA/PACIFIC	INDIA - AMER	29,880.	WIRE			
(13)			EAST ASIA/PACIFIC	PHILIPPINES	29,099.	WIRE			
(14)			EAST ASIA/PACIFIC	INDIA - PART	28,768.	WIRE			
(15)			EAST ASIA/PACIFIC	INDIA - MOBI	27,917.	WIRE			
(16)			EAST ASIA/PACIFIC	INDIA - MOBI	27,917.	WIRE			

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(1)			EAST ASIA/PACIFIC	JAPAN - MENT	27,185.	WIRE			
(2)			EAST ASIA/PACIFIC	PHILIPPINES	26,430.	WIRE			
(3)			EAST ASIA/PACIFIC	JAPAN - MENT	25,567.	WIRE			
(4)			EAST ASIA/PACIFIC	INDIA - MOBI	25,346.	WIRE			
(5)			EAST ASIA/PACIFIC	INDIA - MOBI	25,346.	WIRE			
(6)			EAST ASIA/PACIFIC	INDIA - MOBI	25,346.	WIRE			
(7)			EAST ASIA/PACIFIC	PHILIPPINES	25,000.	WIRE			
(8)			EAST ASIA/PACIFIC	JAPAN - MENT	24,530.	WIRE			
(9)			EAST ASIA/PACIFIC	INDIA - MOBI	24,089.	WIRE			
(10)			EAST ASIA/PACIFIC	JAPAN - HEAL	23,484.	WIRE			
(11)			EAST ASIA/PACIFIC	JAPAN - MENT	22,894.	WIRE			
(12)			EAST ASIA/PACIFIC	INDIA - PART	22,315.	WIRE			
(13)			EAST ASIA/PACIFIC	JAPAN - MENT	22,083.	WIRE			
(14)			EAST ASIA/PACIFIC	INDIA - PART	21,108.	WIRE			
(15)			EAST ASIA/PACIFIC	INDIA - PART	21,000.	WIRE			
(16)			EAST ASIA/PACIFIC	INDIA - UTT	20,000.	WIRE			

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(1)			EAST ASIA/PACIFIC	PHILIPPINES	18,426.	WIRE			
(2)			EAST ASIA/PACIFIC	INDIA - MOBI	16,756.	WIRE			
(3)			EAST ASIA/PACIFIC	INDIA - AMER	16,291.	WIRE			
(4)			EAST ASIA/PACIFIC	INDIA - PART	15,257.	WIRE			
(5)			EAST ASIA/PACIFIC	INDIA - AMER	15,072.	WIRE			
(6)			EAST ASIA/PACIFIC	INDIA - AMER	15,072.	WIRE			
(7)			EAST ASIA/PACIFIC	BANGLADESH:	15,000.	WIRE			
(8)			EAST ASIA/PACIFIC	PAKISTAN - 2	15,000.	WIRE			
(9)			EAST ASIA/PACIFIC	SRI LANKA -	15,000.	WIRE			
(10)			EAST ASIA/PACIFIC	PHILIPPINES	15,000.	WIRE			
(11)			EAST ASIA/PACIFIC	INDONESIA -	14,982.	WIRE			
(12)			EAST ASIA/PACIFIC	INDIA - PART	14,571.	WIRE			
(13)			EAST ASIA/PACIFIC	INDIA - PART	14,571.	WIRE			
(14)			EAST ASIA/PACIFIC	INDIA - AMER	13,660.	WIRE			
(15)			EAST ASIA/PACIFIC	INDIA - AMER	13,660.	WIRE			
(16)			EAST ASIA/PACIFIC	INDIA - PART	13,643.	WIRE			

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(1)			EAST ASIA/PACIFIC	PHILIPPINES	11,000.	WIRE			
(2)			EAST ASIA/PACIFIC	PHILIPPINES	10,689.	WIRE			
(3)			EAST ASIA/PACIFIC	INDIA - UTT	10,000.	WIRE			
(4)			EAST ASIA/PACIFIC	PHILIPPINES	10,000.	WIRE			
(5)			EAST ASIA/PACIFIC	INDIA - SHIR	9,632.	WIRE			
(6)			EAST ASIA/PACIFIC	INDIA - SHIR	9,632.	WIRE			
(7)			EAST ASIA/PACIFIC	INDIA - SHIR	9,336.	WIRE			
(8)			EAST ASIA/PACIFIC	PHILIPPINES	8,654.	WIRE			
(9)			EAST ASIA/PACIFIC	AFGHANISTAN	8,618.	WIRE			
(10)			EAST ASIA/PACIFIC	INDIA - AMER	8,354.	WIRE			
(11)			EAST ASIA/PACIFIC	INDIA - AMER	8,001.	WIRE			
(12)			EAST ASIA/PACIFIC	INDIA - MOBI	7,890.	WIRE			
(13)			EAST ASIA/PACIFIC	INDIA - AMER	7,841.	WIRE			
(14)			EAST ASIA/PACIFIC	INDIA - AMER	7,841.	WIRE			
(15)			EAST ASIA/PACIFIC	INDIA - AMER	7,841.	WIRE			
(16)			EAST ASIA/PACIFIC	INDIA - MOBI	6,336.	WIRE			

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(1)			EAST ASIA/PACIFIC	INDIA - AMER	6,058.	WIRE			
(2)			EAST ASIA/PACIFIC	INDIA - AMER	6,058.	WIRE			
(3)			EAST ASIA/PACIFIC	INDIA - AMER	5,843.	WIRE			
(4)			EAST ASIA/PACIFIC	JAPAN - COMM	5,827.	WIRE			
(5)			EAST ASIA/PACIFIC	INDIA - AMER	5,386.	WIRE			
(6)			EAST ASIA/PACIFIC	INDIA - AMER	5,386.	WIRE			
(7)			EAST ASIA/PACIFIC	INDIA - PART	5,336.	WIRE			
(8)			EAST ASIA/PACIFIC	INDIA - PART	5,336.	WIRE			
(9)			EAST ASIA/PACIFIC	INDIA - AMER	5,336.	WIRE			
(10)			EAST ASIA/PACIFIC	INDIA - AMER	5,315.	WIRE			
(11)			EAST ASIA/PACIFIC	INDIA - PART	5,227.	WIRE			
(12)			EAST ASIA/PACIFIC	INDIA - PART	5,227.	WIRE			
(13)			RUSSIA/NEWLY IND. STATES	UZBEKSTAN -	22,320.	WIRE			
(14)			RUSSIA/NEWLY IND. STATES	UKRAINE - TO	14,301.	WIRE			
(15)			RUSSIA/NEWLY IND. STATES	ARMENIA - RE	11,606.	WIRE			
(16)			RUSSIA/NEWLY IND. STATES	ARMENIA - PA	6,475.	WIRE			

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(1)			RUSSIA/NEWLY IND. STATES	ARMENIA - RE	5,314.	WIRE			
(2)			SOUTH AMERICA	CHILE - EART	17,500.	WIRE			
(3)			SOUTH AMERICA	COLUMBIA - 2	14,992.	WIRE			
(4)			SOUTH AMERICA	PERU - PARTN	10,000.	WIRE			
(5)			SUB-SAHARAN AFRICA	GHANA - ONE	45,858.	WIRE			
(6)			SUB-SAHARAN AFRICA	GHANA - ONE	39,696.	WIRE			
(7)			SUB-SAHARAN AFRICA	LIBERIA - EB	30,574.	WIRE			
(8)			SUB-SAHARAN AFRICA	MADAGASCAR -	13,563.	WIRE			
(9)			CENT. AMERICA/CARIBBEAN	EMERGENCY			95,020.	MED. SUPPL.	FAIR MKT VAL
(10)			CENT. AMERICA/CARIBBEAN	EMERGENCY			21,465.	MED. SUPPL.	FAIR MKT VAL
(11)			CENT. AMERICA/CARIBBEAN	EMERGENCY			17,138.	MED. SUPPL.	FAIR MKT VAL
(12)			CENT. AMERICA/CARIBBEAN	EMERGENCY			6,410.	MED. SUPPL.	FAIR MKT VAL
(13)			CENT. AMERICA/CARIBBEAN	EMERGENCY			5,199.	MED. SUPPL.	FAIR MKT VAL
(14)			EAST ASIA/PACIFIC	EMERGENCY			84,548.	MED. SUPPL.	FAIR MKT VAL
(15)			EAST ASIA/PACIFIC	EMERGENCY			13,961,768.	MED. SUPPL.	FAIR MKT VAL
(16)			EAST ASIA/PACIFIC	EMERGENCY			1,628,926.	MED. SUPPL.	FAIR MKT VAL

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(1)			EAST ASIA/PACIFIC	EMERGENCY			408,353.	MED. SUPPL.	FAIR MKT VAL
(2)			EAST ASIA/PACIFIC	EMERGENCY			358,551.	MED. SUPPL.	FAIR MKT VAL
(3)			EAST ASIA/PACIFIC	EMERGENCY			94,100.	MED. SUPPL.	FAIR MKT VAL
(4)			EAST ASIA/PACIFIC	EMERGENCY			36,476.	MED. SUPPL.	FAIR MKT VAL
(5)			EAST ASIA/PACIFIC	EMERGENCY			27,800.	MED. SUPPL.	FAIR MKT VAL
(6)			EAST ASIA/PACIFIC	EMERGENCY			16,772.	MED. SUPPL.	FAIR MKT VAL
(7)			EAST ASIA/PACIFIC	EMERGENCY			11,626.	MED. SUPPL.	FAIR MKT VAL
(8)			EAST ASIA/PACIFIC	EMERGENCY			8,887.	MED. SUPPL.	FAIR MKT VAL
(9)			EAST ASIA/PACIFIC	EMERGENCY			8,227.	MED. SUPPL.	FAIR MKT VAL
(10)			EAST ASIA/PACIFIC	EMERGENCY			5,512.	MED. SUPPL.	FAIR MKT VAL
(11)			EUROPE/ICELAND/GREENLAND	EMERGENCY			18,000.	MED. SUPPL.	FAIR MKT VAL
(12)			EUROPE/ICELAND/GREENLAND	EMERGENCY			13,000.	MED. SUPPL.	FAIR MKT VAL
(13)			MIDDLE EAST/NORTH AFRICA	EMERGENCY			853,052.	MED. SUPPL.	FAIR MKT VAL
(14)			SUB-SAHARAN AFRICA	EMERGENCY			15,250.	MED. SUPPL.	FAIR MKT VAL
(15)			SUB-SAHARAN AFRICA	EMERGENCY			759,348.	MED. SUPPL.	FAIR MKT VAL
(16)			SUB-SAHARAN AFRICA	EMERGENCY			71,518.	MED. SUPPL.	FAIR MKT VAL

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	EMERGENCY			42,046.	MED. SUPPL.	FAIR MKT VAL
(2)			SUB-SAHARAN AFRICA	EMERGENCY			39,510.	MED. SUPPL.	FAIR MKT VAL
(3)			SUB-SAHARAN AFRICA	EMERGENCY			18,000.	MED. SUPPL.	FAIR MKT VAL
(4)			SUB-SAHARAN AFRICA	EMERGENCY			17,800.	MED. SUPPL.	FAIR MKT VAL
(5)			CENT. AMERICA/CARIBBEAN	ON-GOING			10,332,965.	MED. SUPPL.	FAIR MKT VAL
(6)			CENT. AMERICA/CARIBBEAN	ON-GOING			4,506,320.	MED. SUPPL.	FAIR MKT VAL
(7)			CENT. AMERICA/CARIBBEAN	ON-GOING			3,274,258.	MED. SUPPL.	FAIR MKT VAL
(8)			CENT. AMERICA/CARIBBEAN	ON-GOING			4,318,234.	MED. SUPPL.	FAIR MKT VAL
(9)			CENT. AMERICA/CARIBBEAN	ON-GOING			3,949,211.	MED. SUPPL.	FAIR MKT VAL
(10)			CENT. AMERICA/CARIBBEAN	ON-GOING			1,823,075.	MED. SUPPL.	FAIR MKT VAL
(11)			CENT. AMERICA/CARIBBEAN	ON-GOING			33,677,120.	MED. SUPPL.	FAIR MKT VAL
(12)			CENT. AMERICA/CARIBBEAN	ON-GOING			14,697,083.	MED. SUPPL.	FAIR MKT VAL
(13)			CENT. AMERICA/CARIBBEAN	ON-GOING			91,041.	MED. SUPPL.	FAIR MKT VAL
(14)			CENT. AMERICA/CARIBBEAN	ON-GOING			7,055,814.	MED. SUPPL.	FAIR MKT VAL
(15)			CENT. AMERICA/CARIBBEAN	ON-GOING			525,600.	MED. SUPPL.	FAIR MKT VAL
(16)			EAST ASIA/PACIFIC	ON-GOING			5,279,479.	MED. SUPPL.	FAIR MKT VAL

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

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

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(1)			EAST ASIA/PACIFIC	ON-GOING			3,253,844.	MED. SUPPL.	FAIR MKT VAL
(2)			EAST ASIA/PACIFIC	ON-GOING			3,210,303.	MED. SUPPL.	FAIR MKT VAL
(3)			EAST ASIA/PACIFIC	ON-GOING			223,451.	MED. SUPPL.	FAIR MKT VAL
(4)			EUROPE/ICELAND/GREENLAND	ON-GOING			189,806.	MED. SUPPL.	FAIR MKT VAL
(5)			EUROPE/ICELAND/GREENLAND	ON-GOING			3,791,832.	MED. SUPPL.	FAIR MKT VAL
(6)			EUROPE/ICELAND/GREENLAND	ON-GOING			3,508,835.	MED. SUPPL.	FAIR MKT VAL
(7)			EUROPE/ICELAND/GREENLAND	ON-GOING			1,072,670.	MED. SUPPL.	FAIR MKT VAL
(8)			MIDDLE EAST/NORTH AFRICA	ON-GOING			7,327,943.	MED. SUPPL.	FAIR MKT VAL
(9)			MIDDLE EAST/NORTH AFRICA	ON-GOING			1,025,603.	MED. SUPPL.	FAIR MKT VAL
(10)			MIDDLE EAST/NORTH AFRICA	ON-GOING			10,659,746.	MED. SUPPL.	FAIR MKT VAL
(11)			MIDDLE EAST/NORTH AFRICA	ON-GOING			8,845,496.	MED. SUPPL.	FAIR MKT VAL
(12)			MIDDLE EAST/NORTH AFRICA	ON-GOING			1,487,160.	MED. SUPPL.	FAIR MKT VAL
(13)			RUSSIA/NEWLY IND. STATES	ON-GOING			2,525,060.	MED. SUPPL.	FAIR MKT VAL
(14)			RUSSIA/NEWLY IND. STATES	ON-GOING			159,160.	MED. SUPPL.	FAIR MKT VAL
(15)			RUSSIA/NEWLY IND. STATES	ON-GOING			46,640,722.	MED. SUPPL.	FAIR MKT VAL
(16)			SOUTH AMERICA	ON-GOING			437,885.	MED. SUPPL.	FAIR MKT VAL

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1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	ON-GOING			869,250.	MED. SUPPL.	FAIR MKT VAL
(2)			SOUTH AMERICA	ON-GOING			452,580.	MED. SUPPL.	FAIR MKT VAL
(3)			SOUTH AMERICA	ON-GOING			5,035,959.	MED. SUPPL.	FAIR MKT VAL
(4)			SOUTH ASIA	ON-GOING			1,960,970.	MED. SUPPL.	FAIR MKT VAL
(5)			SOUTH ASIA	ON-GOING			1,994,341.	MED. SUPPL.	FAIR MKT VAL
(6)			SOUTH ASIA	ON-GOING			2,048,894.	MED. SUPPL.	FAIR MKT VAL
(7)			SOUTH ASIA	ON-GOING			1,941,059.	MED. SUPPL.	FAIR MKT VAL
(8)			SOUTH ASIA	ON-GOING			126,684.	MED. SUPPL.	FAIR MKT VAL
(9)			SOUTH ASIA	ON-GOING			3,843,062.	MED. SUPPL.	FAIR MKT VAL
(10)			SOUTH ASIA	ON-GOING			76,764.	MED. SUPPL.	FAIR MKT VAL
(11)			SUB-SAHARAN AFRICA	ON-GOING			4,848,393.	MED. SUPPL.	FAIR MKT VAL
(12)			SUB-SAHARAN AFRICA	ON-GOING			6,018,646.	MED. SUPPL.	FAIR MKT VAL
(13)			SUB-SAHARAN AFRICA	ON-GOING			2,982,397.	MED. SUPPL.	FAIR MKT VAL
(14)			SUB-SAHARAN AFRICA	ON-GOING			296,252.	MED. SUPPL.	FAIR MKT VAL
(15)			SUB-SAHARAN AFRICA	ON-GOING			83,546.	MED. SUPPL.	FAIR MKT VAL
(16)			SUB-SAHARAN AFRICA	ON-GOING			836,103.	MED. SUPPL.	FAIR MKT VAL

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	ON-GOING			441,672.	MED. SUPPL.	FAIR MKT VAL
(2)			SUB-SAHARAN AFRICA	ON-GOING			356,052.	MED. SUPPL.	FAIR MKT VAL
(3)			SUB-SAHARAN AFRICA	ON-GOING			247,947.	MED. SUPPL.	FAIR MKT VAL
(4)			SUB-SAHARAN AFRICA	ON-GOING			3,751,949.	MED. SUPPL.	FAIR MKT VAL
(5)			SUB-SAHARAN AFRICA	ON-GOING			759,838.	MED. SUPPL.	FAIR MKT VAL
(6)			SUB-SAHARAN AFRICA	ON-GOING			3,133,106.	MED. SUPPL.	FAIR MKT VAL
(7)			SUB-SAHARAN AFRICA	ON-GOING			213,042.	MED. SUPPL.	FAIR MKT VAL
(8)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			95,575.	MED. SUPPL.	FAIR MKT VAL
(9)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			86,694.	MED. SUPPL.	FAIR MKT VAL
(10)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			77,551.	MED. SUPPL.	FAIR MKT VAL
(11)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			70,321.	MED. SUPPL.	FAIR MKT VAL
(12)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			38,237.	MED. SUPPL.	FAIR MKT VAL
(13)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			36,350.	MED. SUPPL.	FAIR MKT VAL
(14)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			23,057.	MED. SUPPL.	FAIR MKT VAL
(15)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			12,601.	MED. SUPPL.	FAIR MKT VAL
(16)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			11,835.	MED. SUPPL.	FAIR MKT VAL

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



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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			9,603.	MED. SUPPL.	FAIR MKT VAL
(2)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			9,004.	MED. SUPPL.	FAIR MKT VAL
(3)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			6,975.	MED. SUPPL.	FAIR MKT VAL
(4)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			6,697.	MED. SUPPL.	FAIR MKT VAL
(5)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			6,191.	MED. SUPPL.	FAIR MKT VAL
(6)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			5,998.	MED. SUPPL.	FAIR MKT VAL
(7)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			5,224.	MED. SUPPL.	FAIR MKT VAL
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . **215.**

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) MEDICAL OUTREACH	CENT. AMERICA/CARIBBEAN	591.			13,569,762.	MEDICINE	FMV
(2) MEDICAL OUTREACH	EAST ASIA/PACIFIC	173.			4,313,981.	MEDICINE	FMV
(3) MEDICAL OUTREACH	EUROPE/ICELAND/GREENLAND	12.			1,323,842.	MEDICINE	FMV
(4) MEDICAL OUTREACH	MIDDLE EAST/NORTH AFRICA	8.			72,347.	MEDICINE	FMV
(5) MEDICAL OUTREACH	NORTH AMERICA	34.			618,953.	MEDICINE	FMV
(6) MEDICAL OUTREACH	RUSSIA/NEWLY IND. STATES	4.			12,392.	MEDICINE	FMV
(7) MEDICAL OUTREACH	SOUTH AMERICA	175.			3,333,631.	MEDICINE	FMV
(8) MEDICAL OUTREACH	SOUTH AMERICA	41.			788,353.	MEDICINE	FMV
(9) MEDICAL OUTREACH	SUB-SAHARAN AFRICA	324.			9,484,664.	MEDICINE	FMV
(10) EMERGENCY RESPONSE	CENT. AMERICA/CARIBBEAN	265.			10,637,329.	MEDICINE	FMV
(11) EMERGENCY RESPONSE	EAST ASIA/PACIFIC	26.			2,402,442.	MEDICINE	FMV
(12) EMERGENCY RESPONSE	MIDDLE EAST/NORTH AFRICA	6.			225,008.	MEDICINE	FMV
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**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 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).* . . . . .  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 file Form 5713, International Boycott Report (see Instructions for Form 5713).* . . . . .  Yes  No

Schedule F (Form 990) 2013

**Part V Supplemental Information**

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

FORM 990, SCHEDULE F, PART I, LINE 2

TO ENSURE THAT DONATED GOODS AND FUNDS ARE USED TO FULFILL OUR MISSION, AMERICARES TRACKS EVERY DONATION AS IT ENTERS AND LEAVES OUR WAREHOUSES AND REQUIRES REPORTING OF EACH RECEIVING PARTNER ORGANIZATION, WHICH INCLUDE DETAILED CONFIRMATION OF RECEIPT AND QUARTERLY UPDATES ON DISTRIBUTION. INDIVIDUAL LICENSED HEALTH CARE PROVIDERS RECEIVING DONATIONS THROUGH OUR MEDICAL OUTREACH PROGRAM MUST PROVIDE A REPORT DETAILING HOW THE DONATION WAS USED, NUMBER OF PATIENTS TREATED AND OTHER INFORMATION. HEALTH PARTNERS THAT RECEIVE FUNDING FROM AMERICARES ARE REQUIRED TO COMPLETE A GRANT APPLICATION AND A GRANT REPORT, INCLUDING DATA ON HOW FUNDS WERE USED AND, IF APPLICABLE, THE HEALTH OUTCOME OF THE 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 G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

**Part I**

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

- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants                |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |  |

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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			
<b>1</b> DONORDIGITAL INC	INTERNET		X	3,177,030.	222,250.	2,954,780.
<b>2</b> DONOR SERVICES GROUP	TELEPHONE		X	1,550,987.	232,011.	1,318,976.
<b>3</b> MAL WARWICK ASSOCIATES	DIRECT MAIL		X	3,770,218.	369,425.	3,400,793.
<b>4</b> SD&A TELESERVICES, INC.	TELEPHONE		X	54,919.	23,280.	31,639.
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b> .....				8,553,154.	846,966.	7,706,188.

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 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
		AIRLIFT BENEFIT (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	2,056,829.			2,056,829.
	<b>2</b> Less: Contributions . . . . .	1,952,439.			1,952,439.
	<b>3</b> Gross income (line 1 minus line 2). . . . .	104,390.			104,390.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	233,191.			233,191.
	<b>7</b> Food and beverages . . . . .	123,187.			123,187.
	<b>8</b> Entertainment . . . . .	25,000.			25,000.
	<b>9</b> Other direct expenses . . . . .	112,022.			112,022.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				493,400.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				-389,010.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .				
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				

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

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

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

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  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 explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I - FUNDRAISING CONSULTANTS

THE AMOUNTS PAID BY AMERICARES TO THE FUNDRAISING CONSULTANTS LISTED IN SCHEDULE G ARE REPORTED (AS REQUIRED BY THE FORM 990) ON A FISCAL YEAR BASIS. THESE CONSULTANTS MAY BE REPRESENTED IN PART VII, SECTION B AS TOP HIGHLY PAID INDEPENDENT CONTRACTORS. THE AMOUNTS REPORTED IN PART VII ARE REPORTED ON A CALENDAR-YEAR BASIS, THEREFORE THEY MAY DIFFER FROM AMOUNTS REPORTED ON SCHEDULE G. PER ALL CONTRACTS, EXPENSES ARE BUDGETED

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

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

Name ▶ -----

Address ▶ -----

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  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 explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

AND APPROVED SEPARATELY FROM CONSULTING FEES.

IN FY 2014, IN ADDITION TO THE CONSULTING FEES LISTED IN SCHEDULE G, PART I, AMERICARES PAID OTHER NON-CONSULTING FUNDRAISING EXPENSES TO DONORDIGITAL OF \$269,698, DONOR SERVICES GROUP OF \$31,313, AND MAL WARWICK OF \$20,326. AMERICARES ALSO PAID PARADYSZ MATERA \$159,234 FOR NON-CONSULTING FUNDRAISING EXPENSES.



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) URBAN NEIGHBORHOOD SERVICES - COMMUNITY HEA 1718 MERMAID AVENUE BROOKLYN, NY 11224	14-1997299	501 (C) (3)	140,000.				USA - HURRICANE SAND
(2) NORMAN REGINAL HEALTH FOUNDATION - PROCUREM 901 NORTH PORTER NORMAN, OK 73070	73-1203942	501 (C) (3)	251,772.				USA - OKLAHOMA TORNA
(3) CHILDREN'S HEALTH FUND - CHILDREN & FAMILIE 215 WEST 125TH STREET NEW YORK, NY 10027	13-3468427	501 (C) (3)	110,975.				USA - HURRICANE SAND
(4) ROCKAWAY RESCUE ALLIANCE - SHORE SOUP PROJE 121 BEACH 92ND ROCKAWAY BEACH, NY 11693	13-2612524	501 (C) (3)	100,000.				USA - HURRICANE SAND
(5) CHCANYS - RAPID DAMAGE DATA COLLECTION TOOL 111 BROADWAY NEW YORK, NY 10006	13-2690296	501 (C) (3)	91,300.				USA - HURRICANE SAND
(6) SUNSET PARK HEALTH COUNCIL - NY PEER HEALTH 150-55TH STREET BROOKLYN, NY 11220	20-2508411	501 (C) (3)	89,707.				USA - HURRICANE SAND
(7) VILLAGE OF GIFFORD WATER TOWER REPAIRS 104 E CENTER STREET GIFFORD, IL 61847	37-6020971	115	81,763.				USA - ILLINOIS TORNA
(8) JEWISH FAMILY SERVICES - INTEGRATED HEALTH 607 NORTH JEROME AVENUE MARGATE, NJ 08402	22-2119902	501 (C) (3)	75,000.				USA - HURRICANE SAND
(9) CATHOLIC CHARITIES DIOCESE OF CAMDEN - BILI 1845 HADDON AVENUE CAMDEN, NJ 08103	22-3759994	501 (C) (3)	71,064.				USA - HURRICANE SAND
(10) ACTION CENTER FOR EDUCATION & COMMUNITY - A 57-10 BEACH CHANNEL DRIVE ARVERNE, NY 11691	75-3014243	501 (C) (3)	66,314.				USA - HURRICANE SAND
(11) PROJECT HOSPITALITY FOR HEALTH REFERRAL COU 100 PARK AVENUE STATEN ISLAND, NY 10302	13-3234441	501 (C) (3)	65,690.				USA - HURRICANE SAND
(12) JEWISH COMMUNITY CENTER OF STATEN ISLAND - 1466 MANOR ROAD STATEN ISLAND, NY 10314	13-5563356	501 (C) (3)	63,302.				USA - HURRICANE SAND

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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Department of the Treasury  
Internal Revenue Service

Name of the organization

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Employer identification number

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(1) EVANGELICAL LUTHERAN CHURCH IN AMERICA - LU 8765 WEST HIGGINS ROAD CHICAGO, IL 60631	41-1568278	501 (C) (3)	60,000.				USA - ILLINOIS TORN
(2) SAINT FRANCIS MEDICAL CENTER FOR TELEHEALTH 530 NE GLEN OAK AVE PEORIA, IL 61637	37-0662569	501 (C) (3)	115,959.				USA - ILLINOIS - RES
(3) HOMEFRONT - LONG TERM HOUSING RECOVERY 88 HAMILTON AVENUE STAMFORD, CT 06902	30-0281085	501 (C) (3)	50,000.				USA - HURRICANE SAND
(4) TAZEWELL COUNTY EMERGENCY MANAGEMENT AGENCY 21304 STATE ROUTE 9 TREMONT, IL 61568	37-6002171	115	38,097.				USA - ILLINOIS TELEH
(5) PROVIDENCE HOUSE DOMESTIC VIOLENCE - COUNSE 88 SCHOOLHOUSE ROAD WHITING, NJ 08759	21-0634494	501 (C) (3)	37,192.				USA - HURRICANE SAND
(6) COMMUNITY HEALTH ACTION OF STATEN ISLAND - 56 BAY STREET STATEN ISLAND, NY 10301	13-3556132	501 (C) (3)	35,000.				USA - HURRICANE SAND
(7) SRT, INC. - OKLAHOMA LEADERSHIP DEVELOPMENT 7628 DORIS PLACE OKLAHOMA CITY, OK 73162	45-4528673	501 (C) (3)	34,570.				USA - OKLAHOMA LEADE
(8) CHAMPAIGN COUNTY EMERGENCY MANAGE AGENCY FO 1905 E. MAIN STREET URBANA, IL 61802	37-6006910	501 (C) (3)	21,722.				USA - ILLINOIS - RES
(9) GREATER MERIDIAN HEALTH CLINIC FOR TEMPORAR 2701 DAVIS STREET MERIDIAN, MS 39301	64-0732893	501 (C) (3)	12,600.				USA - MISSISSIPPI TE
(10) WHEELING HEALTH RIGHT INC 61-29TH ST WHEELING, WV 26003	31-1149085	501 (C) (3)		1,773,404.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) NEIGHBOR FOR NEIGHBOR 505 E. 36TH STREET NORTH TULSA, OK 74106	73-0776404	501 (C) (3)		1,306,190.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) BREAD OF HEALING CLINIC 1821 N 16TH ST MILWAUKEE, WI 53205	81-0669867	501 (C) (3)		1,205,141.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2013**

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Department of the Treasury  
Internal Revenue Service

Name of the organization <b>AMERICARES FOUNDATION, INC.</b>	Employer identification number <b>06-1008595</b>
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**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> GREATER HICKORY COOPERATIVE CHRISTIAN MINIS 31 1ST AVE SE HICKORY, NC 28602	56-0934855	501(C)(3)		1,168,014.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(2)</b> AMERICARES FREE CLINICS, INC. 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501(C)(3)		1,147,119.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(3)</b> STEHOUWER FREE CLINIC 201 N. MITCHELL CADILLAC, MI 49601	61-1401888	501(C)(3)		1,114,771.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(4)</b> LEFLORE COUNTY HEALTH CENTER 706 HWY 82 WEST GREENWOOD, MS 38930	20-0069223	501(C)(3)		1,095,042.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(5)</b> NORTHSHORE SCOTTSDALE PHARMACY 3564 SCOTTSDALE ST PORTAGE, IN 46368	35-2028588	501(C)(3)		1,069,785.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(6)</b> COMMUNITY MEDICINE FOUNDATION 1131 SALUDA STREET ROCK HILL, SC 29730-5776	57-0891008	501(C)(3)		1,008,211.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(7)</b> HEALING HANDS MINISTRIES INC 8515 GREENVILLE AVENUE DALLAS, TX 75243	65-1259379	501(C)(3)		963,712.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(8)</b> TARZANA TREATMENT CENTERS, INC. 18646 OXNARD STREET TARZANA, CA 91356	94-2219349	501(C)(3)		879,491.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(9)</b> ST CHARLES/MCAULEY CLINIC 5024 N GROVE OKLAHOMA CITY, OK 73122	73-0701035	501(C)(3)		859,209.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(10)</b> GULF COAST HEALTH CENTER, INC. 2548 MEMORIAL BLVD. PORT ARTHUR, TX 77640	76-0289927	501(C)(3)		837,294.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(11)</b> SHELBY COMMUNITY HEALTH CENTER 1640 E STATE RD. 44 SHELBYVILLE, IN 46176	30-0174146	501(C)(3)		836,189.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(12)</b> MEDLINK GEORGIA, INC. 11 CHARLIE MORRIS ROAD COLBERT, GA 30628	58-1394645	501(C)(3)		800,114.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

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Department of the Treasury  
Internal Revenue Service

Name of the organization <b>AMERICARES FOUNDATION, INC.</b>	Employer identification number <b>06-1008595</b>
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**Part I General Information on Grants and Assistance**

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

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

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<b>(1)</b> FIRSTMED HEALTH AND WELLNES 3343 S. EASTERN AVENUE LAS VEGAS, NV 89169	27-0759056	501(C)(3)		782,948.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(2)</b> GREATER KILLEEN FREE CLINIC 718 N 2ND STREET, STE A KILLEEN, TX 76541	74-2724725	501(C)(3)		780,170.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(3)</b> COMPASSIONATE CARE OF SHELBY COUNTY, INC. 124 N. OHIO AVE SIDNEY, OH 45365	20-8479583	501(C)(3)		779,115.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(4)</b> WV HEALTH RIGHT INC 1520 WASHINGTON ST. CHARLESTON, WV 25311	31-1066881	501(C)(3)		764,515.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(5)</b> SAMARITAN REGIONAL HEALTH CLINIC 937 BROADWAY CAPE GIRARDEAU, MO 63701	27-5427837	501(C)(3)		689,670.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(6)</b> COMMUNITY CARE CENTER FOR FORSYTH CO. INC. 2135 NEW WALKERTOWN RD	58-1403699	501(C)(3)		688,861.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(7)</b> BETHESDA COMMUNITY CLINIC, INC 107 MOUNTAIN BROOK DR CANTON, GA 30115	27-4923001	501(C)(3)		686,591.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(8)</b> COMMUNITY CLINIC OF SHELBYVILLE BEDFORD CO 200 DOVER ST SUITE 203	34-1974609	501(C)(3)		665,546.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(9)</b> SOCIAL WELFARE BOARD 904 S. 10TH, SUITE A ST. JOSEPH, MO 64503	44-6000455	501(C)(3)		659,442.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(10)</b> CHRIST CLINIC 5504 FIRST STREET KATY, TX 77493	90-0789318	501(C)(3)		603,166.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(11)</b> HEALTH AND HOPE CLINIC, INC. 1718 E OLIVE RD PENSACOLA, FL 32514	26-4336638	501(C)(3)		600,813.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(12)</b> WOMENS HEALTH CONNECTIONS 205 E. BARAZOS ST. PALESTINE, TX 75801	20-0776090	501(C)(3)		585,761.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2013)

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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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(1) EUNICE COMMUNITY HEALTH CENTER 450 MOOSA BLVD. STE. E EUNICE, LA 70535	27-0213992	501 (C) (3)		585,277.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) NORTH HUDSON COMMUNITY ACTION CORPORATION 714-31ST STREET UNION CITY, NJ 07087	22-1818699	501 (C) (3)		578,041.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) AGAPE CLINIC AT GRACE UNITED METHODIST CHUR 4105 JUNIUS STREET DALLAS, TX 75246	14-1847977	501 (C) (3)		572,218.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) BETHESDA HEALTH CLINIC 409 WEST FERGUSON TYLER, TX 75702	26-0036674	501 (C) (3)		546,037.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(5) EXCELTH INC. FOHC 4422 GENERAL MEYER NEW ORLEANS, LA 70131	72-1193464	501 (C) (3)		535,945.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) LIGHT OF THE WORLD CLINIC, INC. 806 E. PROSPECT ROAD OAKLAND PARK, FL 33334	65-0266070	501 (C) (3)		526,686.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) COMMUNITY HEALTH CENTERS, INC. 12716 N.E. 36TH STREET SPENCER, OK 73084	73-0930123	501 (C) (3)		523,119.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) PRESBYTERIAN MEDICAL CARE MISSION 1857 PINE ST STE 100 ABILENE, TX 79601	75-1910600	501 (C) (3)		522,886.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(9) MISSION ARLINGTON MEDICAL CLINIC 210 W. SOUTH ARLINGTON, TX 76010	75-2724385	501 (C) (3)		517,002.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) RURAL HEALTH CLINIC OF THE CUMBERLANDS 9400 SPARTA HIGHWAY CROSSVILLE, TN 38572	20-5562191	501 (C) (3)		509,815.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) GREATER TEXOMA HEALTH CLINIC 900 N. ARMSTRONG AVE. DENISON, TX 75020	81-0584983	501 (C) (3)		504,683.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) ORANGEBURG-CALHOUN FREE MEDICAL CLINIC 860 HOLLY STREET ORANGEBURG, SC 29115	26-3762573	501 (C) (3)		503,951.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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Department of the Treasury  
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Name of the organization <b>AMERICARES FOUNDATION, INC.</b>	Employer identification number <b>06-1008595</b>
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<b>(1)</b> BAPTIST MISSION CENTER 2125 EXCHANGE AVE OKLAHOMA CITY, OK 73108	73-0644143	501(C)(3)		476,401.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(2)</b> ROCK SPRINGS CLINIC 219 ROCK SPRINGS ROAD MILNER, GA 30257	26-4485460	501(C)(3)		457,400.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(3)</b> THE FLOATING HOSPITAL 4140 27TH ST LONG ISLAND CITY, NY 11101	13-1624169	501(C)(3)		456,641.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(4)</b> COMMUNITY HELPING HANDS HEALTH CLINIC 34-C COURTHOUSE SQUARE CLEVELAND, GA 30528	64-0950194	501(C)(3)		453,510.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(5)</b> MEDICAL OUTREACH MINISTRIES 1401 E SOUTH BOULEVARD MONTGOMERY, AL 36116	63-1204645	501(C)(3)		448,289.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(6)</b> SNAKE RIVER COMMUNITY CLINIC 215 10TH STREET LEWISTON, ID 83501	31-1726460	501(C)(3)		438,654.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(7)</b> DR GARY BURNSTEIN COMMUNITY HEALTH CLINIC 90 W UNIVERSITY PONTIAC, MI 48342	32-0015321	501(C)(3)		437,412.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(8)</b> JOHNSTOWN FREE MEDICAL CLINIC 340 MAIN STREET JOHNSTOWN, PA 15901	23-2922409	501(C)(3)		433,555.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(9)</b> GOOD SAMRITAN CLINIC 4704 AUGUSTA RD. GARDEN CITY, GA 31408	58-2288758	501(C)(3)		411,092.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(10)</b> THE GOOD SAMARITAN CENTER 140 INDUSTRIAL FREDERICKSBURG, TX 78624	91-2129853	501(C)(3)		410,354.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(11)</b> GOOD SAMARITAN HEALTH AND WELLNESS CENTER 209 WEST STATE S. FULTON, TN 38257	45-3745315	501(C)(3)		403,994.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(12)</b> COMMUNITY HEALTH CLINIC OF HARDIN & LARUE C 114 E. MEMORIAL DR ELIZABETHTOWN, KY 42701	30-0042070	501(C)(3)		403,417.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEMO HEALTH NETWORK 415 MAIN STREET NEW MADRID, MO 63869	43-1253101	501(C)(3)		402,079.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) ST. CLARE HEALTH CLINIC 1121 S. INDIANA AVE CROWN POINT, IN 46307	35-1330472	501(C)(3)		398,712.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) ANGELS COMMUNITY CLINIC 1005 POPLAR STREET MURRAY, KY 42071	62-1777249	501(C)(3)		397,132.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) HEALTHQUEST OF UNION COUNTY 415 E. FRANKLIN STREET MONROE, NC 28112	56-2117596	501(C)(3)		396,955.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(5) ST JOSEPH COUNTY HEALTH CENTER 677 E MAIN CENTREVILLE, MI 49032	38-2473493	501(C)(3)		396,761.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) SOCIAL WELFARE BOARD 904 S. 10TH, SUITE A ST. JOSEPH, MO 64503	44-6000455	501(C)(3)		394,972.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) OPEN DOOR COMMUNITY HEALTH CENTERS 670 9TH ST ARCATA, CA 95521	95-2671455	501(C)(3)		393,079.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) FAITH FAMILY CLINIC 700 S ZARZAMORA SAN ANTONIO, TX 78207	26-3791828	501(C)(3)		385,734.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(9) SACRED HEART COMMUNITY CLINIC 620 ROUND ROCK WEST #8 ROUND ROCK, TX 78681	27-2901548	501(C)(3)		379,053.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) PRESBYTERIAN MEDICAL CARE MISSION 1857 PINE ST STE 100 ABILENE, TX 79601	75-1910600	501(C)(3)		370,591.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) NORTH COUNTY HEALTH SERVICES 150 VALPREDA RD. SAN MARCOS, CA 92069	95-2847102	501(C)(3)		363,290.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) THE CLINIC 143 CHURCH ST. PHOENIXVILLE, PA 19460	23-3072363	501(C)(3)		359,610.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VOLUNTEERS IN MEDICINE CLINIC 2260 MARCOLA ROAD SPRINGFIELD, OR 97477	93-1276816	501 (C) (3)		355,731.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) HEALTH UNIT ON DAVISON AVENUE CLNIC 13240 WOODROW WILSON AVE DETROIT, MI 48238	37-1490937	501 (C) (3)		352,683.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) HELPING KIDS: HEALTH ACCESS WITHOUT WALLS 968 E SAHARA LAS VEGAS, NV 89104	20-5552699	501 (C) (3)		348,876.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) VALLEY FAMILY HEALTH CARE 1441 N.E. 10TH AVE. PAYETTE, ID 83655	82-0371383	501 (C) (3)		346,053.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(5) SAMARITAN REGIONAL HEALTH CLINIC 937 BROADWAY CAPE GIRARDEAU, MO 63701	27-5427837	501 (C) (3)		345,760.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) PEOPLES CLINIC FOR THE UNINSURED 183 N. SCHUYLER AVE KANKAKEE, IL 60901	45-4183388	501 (C) (3)		343,823.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) MARTIN LUTHER KING HEALTH CENTER 865 OLIVE STREET SHREVEPORT, LA 71104	72-1079721	501 (C) (3)		342,113.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) LOW COUNTRY HEALTH CARE SYSTEM, INC. P.O. BOX 990 FAIRFAX, SC 29827	58-2366697	501 (C) (3)		340,314.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(9) OPEN DOOR HEALTH CENTER 1350 SW 4 ST. HOMESTEAD, FL 33030	83-0375996	501 (C) (3)		337,420.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) FIRST BAPTIST CHURCH MEDICAL/DENTAL CLINIC 1607 CHERRY STREET VICKSBURG, MS 39180	64-0356253	501 (C) (3)		336,605.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) KIDS COME FIRST COMMUNITY HEALTH CENTER 1556 S. SULTANA AVE. ONTARIO, CA 91761	33-0969025	501 (C) (3)		331,155.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) FAMILY RESOURCE CENTER ON YOUR FEET INC. SAN DIEGO, CA 92105	35-2329448	501 (C) (3)		326,123.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2013)

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> MINISTRIES OF JESUS 1100 E. I-35 FRONTAGE ROAD EDMOND, OK 73034	73-1622804	501(C)(3)		320,527.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(2)</b> MERCY MISSION SERVICES DBA ST. JOHN BOSCO C 3661 S. MIAMI AVENUE MIAMI, FL 33133	65-0435764	501(C)(3)		320,203.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(3)</b> THE FREE MEDICAL CLINIC OF GREATER CLEVELAN 12201 EUCLID AVE CLEVELAND, OH 44146	23-7078501	501(C)(3)		320,020.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(4)</b> CONWAY INTERFAITH CLINIC 830 NORTH CREEK CONWAY, AR 72032	41-2058756	501(C)(3)		317,793.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(5)</b> RUTHS PLACE 1411 CRAWFORD AVENUE GRANBURY, TX 76048	20-4594680	501(C)(3)		314,275.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(6)</b> FUNDACION MANOS JUNTAS 1330 NORTH CLASSEN BLVD.	73-1523135	501(C)(3)		310,903.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(7)</b> VOLUNTEER HEALTH CORPS OF BATON ROUGE 4655 SHERWOOD COMMON BATON ROUGE, LA 70816	20-4852337	501(C)(3)		308,682.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(8)</b> THE RESCUE MISSION FREE CLINIC 402 4TH STREET SE ROANOKE, VA 24013	54-0573900	501(C)(3)		308,424.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(9)</b> CATHERINE MCAULEY CLINIC 5514 HOHMAN AVE HAMMOND, IN 46320	35-1835133	501(C)(3)		308,370.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(10)</b> CITY ON A HILL MINISTRIES HEALTH CLINIC 100 S. PINE ST SUITE 140 ZEELAND, MI 49464	20-3901260	501(C)(3)		308,156.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(11)</b> AVENAL COMMUNITY HEALTH CENTER 1000 SKYLINE BLVD AVENAL, CA 93204	77-0425496	501(C)(3)		306,386.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(12)</b> NEW HORIZONS COMMUNITY SERVICE BOARD 2100 COMER AVE COLUMBUS, GA 31904	58-2108870	501(C)(3)		304,968.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE RD N NAPLES, FL 34102	59-3546884	501(C)(3)		303,346.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) MEDICAL OUTREACH MINISTRIES 1401 E SOUTH BOULEVARD MONTGOMERY, AL 36116	63-1204645	501(C)(3)		302,774.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) HOPE HEALTH CLINIC 1025 SANIBEL WAY LAGRANGE, KY 40031	45-2340606	501(C)(3)		301,928.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) EDWARD R. LEAHY JR. CENTER CLINIC FOR THE U 800 LINDEN STREET SCRANTON, PA 18510	24-0795495	501(C)(3)		294,999.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(5) CROSSINGS COMMUNITY CLINIC 2208 W HEFNER RD OKLAHOMA CITY, OK 73112	86-1115863	501(C)(3)		294,644.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) HEALTHREACH COMMUNITY CLINIC 400 EAST STATESVILLE MOORESVILLE, NC 28115	20-1020941	501(C)(3)		292,609.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) ROANOKE CHOWAN COMMUNITY HEALTH CENTER (RCC 120 HEALTH CENTER DRIVE AHOSSKIE, NC 27910	42-1638714	501(C)(3)		291,858.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) KEVINS COMMUNITY CENTER 153 S MAIN STREET NEWTOWN, CT 06470	61-1436909	501(C)(3)		291,329.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(9) CONWAY INTERFAITH CLINIC 830 NORTH CREEK CONWAY, AR 72032	41-2058756	501(C)(3)		290,974.	FAIR MARKET VALUE	MEDICAL SUPPLIES	EMERGENCY
(10) HELPING HANDS CLINIC, INC. 810 HARPER AVE LENOIR, NC 28645	56-2076541	501(C)(3)		285,891.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) KANSAS CITY CARE CLINIC 3515 BROADWAY KANSAS CITY, MO 64111	43-0967292	501(C)(3)		277,034.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) PEOPLE'S COMMUNITY CLINIC 4139 VERDUGO ROAD #A LOS ANGELES, CA 90065	80-0716363	501(C)(3)		275,122.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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(1) A PROMISE TO HELP 1332 WINOLA LANE BIRMINGHAM, AL 35235	26-4401185	501 (C) (3)		274,648.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) GRACE MEDICAL HOME 51 PENNSYLVANIA ST ORLANDO, FL 32806	26-1817966	501 (C) (3)		273,519.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) COMMUNITY HEALTH CARE 410 ROUTE 9 CAPE MAY COURTHOUSE, NJ 08210	22-2763588	501 (C) (3)		273,490.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) COMMUNITY HEALTH CARE CLINIC 902 N. FRANKLIN NORMAL, IL 61761	37-1316328	501 (C) (3)		272,305.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(5) GEORGIA HIGHLANDS MEDICAL SERVICES INC 260 ELM ST CUMMING, GA 30040	58-1338038	501 (C) (3)		271,097.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) VNA/POTTAWATTAMIE COUNTY PUBLIC HEALTH DEPA 822 S. MAIN ST COUNCIL BLUFFS, IA 51534	42-6004433	501 (C) (3)		271,077.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) PRIMARY CARE & HOPE CLINIC 1453 HOPE WAY MURFREESBORO, TN 37129	62-1482091	501 (C) (3)		264,260.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) ST. MARYS HEALTH CENTER 1302 DRAYTON ST SAVANNAH, GA 31401	58-2282758	501 (C) (3)		261,736.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(9) RUTLAND FREE CLINIC 145 STATE STREET RUTLAND, VT 05701	83-0427544	501 (C) (3)		261,513.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) CHRISTIAN APPALACHIAN PROJECT 6550 US 321 SOUTH HAGERHILL, KY 41222	61-0661137	501 (C) (3)		261,097.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) HEARTBRIGHT FOUNDATION INC 2923 SOUTH TRYON CHARLOTTE, NC 28203	45-0496759	501 (C) (3)		261,033.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) JOHNSTOWN FREE MEDICAL CLINIC 340 MAIN STREET JOHNSTOWN, PA 15901	23-2922409	501 (C) (3)		258,265.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2013)

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

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Department of the Treasury  
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Name of the organization

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) DIVINE GRACE MEDICAL MISSIONARIES 2 MOCKINGBIRD CIRCLE HOUSTON, TX 77074	27-400666	501 (C) (3)		258,110.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) PALMETTO HEALTH COUNCIL, INC. 643 MAIN STREET PALMETTO, GA 30268	58-1307597	501 (C) (3)		257,936.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) ST VINCENT DE PAUL CHARITABLE PHARMACY 1125 BANK ST. CINCINNATI, OH 45214	30-0272954	501 (C) (3)		254,556.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) BLUEGRASS COMMUNITY HEALTH CENTER 1306 VERSAILLES ROAD LEXINGTON, KY 40504	61-1131682	501 (C) (3)		246,705.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(5) ATHENS NURSES CLINIC 496 REESE STREET ATHENS, GA 30601	58-2490925	501 (C) (3)		246,420.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) COOS COUNTY FAMILY HEALTH SERVICES CCFHS BERLIN, NH 03570	02-0350051	501 (C) (3)		244,625.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) BETHESDA HEALTH CLINIC 409 WEST FERGUSON TYLER, TX 75702	26-0036674	501 (C) (3)		242,769.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) PUBLIC HEALTH - SEATTLE & KING COUNTY 401 5TH AVE SEATTLE, WA 98104	91-6001327	501 (C) (3)		240,081.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(9) GOOD SAMARITAN HOUSE FREE COMMUNITY HEALTH 213 N. MAIN ST DEARING, GA 30808	32-0126528	501 (C) (3)		238,522.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) ALCONA CITIZENS FOR HEALTH (DBA ALCONA HEAL 177 N. BARLOW RD. LINCOLN, MI 48742	38-2170985	501 (C) (3)		237,814.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) MATTHEW 25 HEALTH AND DENTAL CLINIC 413 E. JEFFERSON BLVD FORT WAYNE, IN 46802	35-1484951	501 (C) (3)		235,079.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) CARIDAD CENTER 8645 W BOYNTON BEACH BLVD BOYNTON BEACH, FL	65-0149423	501 (C) (3)		233,660.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) EAST ARKANSAS FAMILY HEALTH CENTER, INC. 215 EAST BOND AVE WEST MEMPHIS, AR 72301	23-7128104	501(C)(3)		229,187.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) THE KITCHEN CLINIC 1630 N. JEFFERSON SPRINGFIELD, MO 65803	43-1384531	501(C)(3)		227,981.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) EXCELTH INC. FOHC 4422 GENERAL MEYER NEW ORLEANS, LA 70131	72-1193464	501(C)(3)		227,048.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) TRAY FREE CLINIC 652 WEST 11TH STREET TRACY, CA 95376	26-4130481	501(C)(3)		222,199.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(5) FOREST BAPTIST CHURCH MEDICAL MISSION CLINI 439 EAST FIRST ST. FOREST, MS 39074	64-0368681	501(C)(3)		221,618.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) GOODWIN COMMUNITY HEALTH CENTER, INC. DBA C 2605 PARKWOOD DR BRUNSWICK, GA 31520	01-0576945	501(C)(3)		219,799.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) CITY SQUARE 2835 GRAND AVE DALLAS, TX 75215	79-2332948	501(C)(3)		217,112.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) ANDERSON FREE CLINIC 414 N FANT ST ANDERSON, SC 29621	57-0787584	501(C)(3)		216,104.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(9) CHRISTIAN HEALTH CENTER 1115 FAIRVIEW CAMDEN, AR 71701	71-0804142	501(C)(3)		209,948.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) CAPE FEAR CLINIC, INC. 1605 DOCTORS CIRCLE WILMINGTON, NC 28401	56-1984630	501(C)(3)		209,620.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) NORTH COUNTRY HEALTHCARE 2920 N 4TH STREET FLAGSTAFF, AZ 86004	86-0663432	501(C)(3)		206,162.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) GRACE MEDICAL CLINIC 211 S. 8TH ST. MAYFIELD, KY 42066	61-1351519	501(C)(3)		205,651.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization <b>AMERICARES FOUNDATION, INC.</b>	Employer identification number <b>06-1008595</b>
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<b>(1)</b> ROTACARE INC 875 JERUSALEM AVE UNIONDALE, NY 11530	11-3135331	501 (C) (3)		202,908.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(2)</b> OPEN ARMS HEALTH CLINIC 3921 W GREEN OAKS BLVD. ARLINGTON, TX 76017	45-0621201	501 (C) (3)		202,712.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(3)</b> CLEVELAND COUNTY HEALTH DEPARTMENT 315 E GROVER ST SHELBY, NC 28150	56-6000288	115		201,520.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(4)</b> CROSS AND CROWN CLINIC 1008 N. MCKINLEY STREET	73-1608071	501 (C) (3)		200,954.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(5)</b> MISSION ARLINGTON MEDICAL CLINIC 210 W. SOUTH ARLINGTON, TX 76010	75-2724385	501 (C) (3)		198,504.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(6)</b> ST. VINCENT DEPAUL COMMUNITY PHARMACY 502 GRAMMONT ST MONROE, LA 71201	90-0014479	501 (C) (3)		198,300.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(7)</b> COMMUNITY FREE CLINIC, INC. 249 MILL STREET HAGERSTOWN, MD 21740	52-1772594	501 (C) (3)		198,114.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(8)</b> PARK WEST MEDICAL CENTER 9352 PARK WEST KNOXVILLE, TN 37923	62-1646734	501 (C) (3)		196,944.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(9)</b> GOOD SAMARITAN HEALTH CLINIC OF PASCO, INC 5334 ASPEN ST. NEW PORT RICHEY, FL 34652	59-3072334	501 (C) (3)		196,720.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(10)</b> OPEN ARMS HEALTH CLINIC 3921 W GREEN OAKS BLVD. ARLINGTON, TX 76017	45-0621201	501 (C) (3)		194,953.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(11)</b> CABRINI CLINIC 1234 PORTER STREET DETROIT, MI 48226	38-3129349	501 (C) (3)		194,342.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(12)</b> LORAIN COUNTY FREE CLINIC 3323 PEARL AVE. LORAIN, OH 44055	34-1506180	501 (C) (3)		191,626.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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

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Schedule I (Form 990) (2013)

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization <b>AMERICARES FOUNDATION, INC.</b>	Employer identification number <b>06-1008595</b>
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**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
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<b>(1)</b> FREE CLINIC OF CULPEPER 610 LAUREL STREET CULPEPER, VA 22701	52-1366700	501 (C) (3)		190,585.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(2)</b> ACS COMMUNITY LIFT MEDICAL SERVICES 5045 WEST 1ST AVE DENVER, CO 80219	52-0643036	501 (C) (3)		190,373.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(3)</b> GREATER TRENTON CMHC INC 1001 SPRUCE STREET TRENTON, NJ 08638	22-2351183	501 (C) (3)		185,622.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(4)</b> SAFE HARBOR FREE CLINIC 7209 265TH ST. STANWOOD, WA 98292	26-3825107	501 (C) (3)		184,605.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(5)</b> UNISON BEHAVIORAL HEALTH 1007 MARY STREET WAYCROSS, GA 31501	58-2107877	501 (C) (3)		183,392.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(6)</b> SAN JOSE CLINIC 2615 FANNIN ST. HOUSTON, TX 77002	76-0373703	501 (C) (3)		182,170.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(7)</b> CABRINI CLINIC 1234 PORTER STREET DETROIT, MI 48226	38-3129349	501 (C) (3)		178,904.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(8)</b> LAKE COUNTY FREE CLINIC 54 SOUTH STATE ST SUITE 302	34-1081191	501 (C) (3)		177,478.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(9)</b> COMMUNITY HEALTH CLINIC OF JOPLIN 701 S. JOPLIN AVE JOPLIN, MO 64801	43-1643962	501 (C) (3)		171,233.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(10)</b> NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS 715 PYLE DR. KINGSFORD, MI 49802	38-3210490	501 (C) (3)		169,913.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(11)</b> HOPE HEALTH CLINIC 1025 SANIBEL WAY LAGRANGE, KY 40031	45-2340606	501 (C) (3)		167,408.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(12)</b> ST. CLARE HEALTH CLINIC 1121 S. INDIANA AVE CROWN POINT, IN 46307	35-1330472	501 (C) (3)		165,363.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2013)

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization <b>AMERICARES FOUNDATION, INC.</b>	Employer identification number <b>06-1008595</b>
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**Part I General Information on Grants and Assistance**

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<b>(1)</b> JEFFERSON COUNTY FOURTH STREET HEALTH CENTE ONE ROSS PARK STEUBENVILLE, OH 43952	20-3924355	501 (C) (3)		165,333.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(2)</b> CAPITAL AREA HEALTHNETWORK 719 N. 25TH STREET RICHMOND, VA 23223	54-1884190	501 (C) (3)		164,961.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(3)</b> HEALING HANDS HEALTH CENTER 210 MEMORIAL DR. BRISTOL, TN 37620	62-1677000	501 (C) (3)		163,686.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(4)</b> WESTMINSTER FREE CLINIC 5560 NAPOLEON DRIVE OAK PARK, CA 91377	77-0563241	501 (C) (3)		161,991.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(5)</b> MERCY MEDICAL CLINIC 615 WASHINGTON STREET SHELBYVILLE, KY 40065	61-1211189	501 (C) (3)		161,659.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(6)</b> CHRISTIAN COMMUNITY ACTION 200 SOUTH MILL STREET LEWISVILLE, TX 75057	23-7319371	501 (C) (3)		161,391.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(7)</b> FLORIDA HOSPITAL WATERMAN COMMUNITY HEALTH 2300 KURT STREET EUSTIS, FL 32726	59-3140669	501 (C) (3)		161,243.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(8)</b> ST. LUKES FREE MEDICAL CLINIC 162 N. DEAN ST. SPARTANBURG, SC 29302	57-0943232	501 (C) (3)		159,848.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(9)</b> SMITH MEDICAL CLINIC, INC 116 BASKERVILL DRIVE	57-0786699	501 (C) (3)		159,203.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(10)</b> FOUNDATION FOR HIV AND KIDNEY DIALYSIS INC. 14 ZIRKEL. AVENUE. PISCATAWAY, NJ 08854	43-2024266	501 (C) (3)		158,566.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(11)</b> MORTON COMPREHENSIVE SERVICES 1334 N LANSING AVE TULSA, OK 74106	73-1177858	501 (C) (3)		158,104.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(12)</b> MAMOU HEALTH RESOURCES, INC. 300 SOUTH STREET MAMOU, LA 70554	72-0949444	501 (C) (3)		156,783.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2013)



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

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(1) CENTRO SAN VICENTE 8061 ALAMEDA AVE. EL PASO, TX 79915	74-2505561	501(C)(3)		153,789.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) ETOWAH FREE COMMUNITY CLINIC 423 S. 3RD. STREET GADSDEN, AL 35901	82-0562064	501(C)(3)		151,567.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) ETOWAH FREE COMMUNITY CLINIC 423 S. 3RD. STREET GADSDEN, AL 35901	82-0562064	501(C)(3)		150,529.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) MENTAL HEALTH CENTER OF DENVER 4141 E DICKENSON PL DENVER, CO 80222	74-2499946	501(C)(3)		147,562.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(5) SOUTHWEST MISSOURI AREA COALITION 11 TERRACE LN BUFFALO, MO 65622	27-3253482	501(C)(3)		146,425.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) AMERICARES FREE CLINIC OF NORWALK 98 SOUTH MAIN STREET NORWALK, CT 06854	06-1008595	501(C)(3)		141,536.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) REACH OUT OF MONTGOMERY COUNTY 25 E. FORAKER DAYTON, OH 45409	31-1434282	501(C)(3)		139,157.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) THE HEALTH CARE CONNECTION 1401 STEFFEN AVENUE CINCINNATI, OH 45215	31-0822524	501(C)(3)		135,542.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(9) DAMIAN FAMILY CARE CENTERS, INC. 138-02 QUEENS BLVD., BRIARWOOD, NY 11435	22-3433831	501(C)(3)		135,373.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) ST. VINCENT'S STUDENT FREE CLINIC 2817 POST OFFICE ST GALVESTON, TX 77550	74-1384864	501(C)(3)		134,728.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) ELLENSBURG COMMUNITY HEALTH CLINIC 110 W 6TH AVE ELLENSBURG, WA 98926	65-1185178	501(C)(3)		134,158.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) THE BRIDGE CLINIC 318 NORTH CHURCH STREET ROCKFORD, IL 61111	27-3097955	501(C)(3)		133,882.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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Name of the organization

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) RAPHAEL COMMUNITY FREE CLINIC, INC. 1807 WATER STREET KERRVILLE, TX 78028	74-2819628	501 (C) (3)		132,020.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) HOPE CLINIC OF GARLAND 808 W. AVE A GARLAND, TX 75040	75-2960314	501 (C) (3)		131,959.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) DELTA HEALTH ALLIANCE P.O. BOX 277 STONEVILLE, MS 38776	64-0892954	501 (C) (3)		130,268.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) COMMUNITY HEALTH CENTER OF CENTRAL WYOMING 5000 BLACKMORE RD CASPER, WY 82609	83-0326307	501 (C) (3)		129,447.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(5) CROSSOVER MINISTRY 108 COWARDIN AVE RICHMOND, VA 23224	54-1371067	501 (C) (3)		129,332.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) GRAND AVE FREE MEDICAL CLINIC/FREE CLINICS 605 NORTH GRAND AVENUE SPENCER, IA 51301	42-1428706	501 (C) (3)		128,168.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) CHCGD EAST DAYTON HEALTH CENTER 2132 E. THIRD ST DAYTON, OH 45403	26-1253235	501 (C) (3)		127,923.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) GRACE MEDICAL HOME 51 PENNSYLVANIA ST ORLANDO, FL 32806	26-1817966	501 (C) (3)		127,870.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(9) MERCY MEDICAL CLINIC 615 WASHINGTON STREET SHELBYVILLE, KY 40065	61-1211189	501 (C) (3)		127,580.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) COMMUNITY FREE CLINIC, INC. 249 MILL STREET HAGERSTOWN, MD 21740	52-1772594	501 (C) (3)		127,397.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) INTERFAITH CLINIC 403 W. OAK, SUITE 200 EL DORADO, AR 71730	71-0236863	501 (C) (3)		126,297.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) COMMUNITY HEALTHWORX 1543 MCGINNIS STREET ALEXANDRIA, LA 71301	72-1444312	501 (C) (3)		125,028.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEMO HEALTH NETWORK 415 MAIN STREET NEW MADRID, MO 63869	43-1253101	501(C)(3)		124,867.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) GOOCHLAND FREE CLINIC AND FAMILY SERVICES 1800 SANDY HOOK RD. GOOCHLAND, VA 23063	54-1967650	501(C)(3)		124,802.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) SAN FRANCISCO FREE CLINIC 4900 CALIFORNIA ST. SAN FRANCISCO, CA 94118	94-3186248	501(C)(3)		124,686.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) PEOPLES CLINIC 3110 GOULDEN PORT HURON, MI 48060	38-3274342	501(C)(3)		123,560.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(5) THE GOOD SAMARITAN HEALTH CENTER 313 ARNOLD AVENUE GREENVILLE, MS 38701	26-2117290	501(C)(3)		123,261.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) FORT BEND FAMILY HEALTH CENTER D/B/A ACCESS 400 AUSTIN ST. RICHMOND, TX 77469-4406	74-1951476	501(C)(3)		121,823.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) NEWHOPE CLINIC 41 S. COURT STREET OWINGSVILLE, KY 40360	61-1363437	501(C)(3)		121,183.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) THE DR. ALBERT B. CLEAGE, SR. MEMORIAL HEAL 700 SEWARD STREET DETROIT, MI 48202	11-3754940	501(C)(3)		120,936.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(9) BECKLEY HEALTH RIGHT INC 111 RANDOLPH STREET BECKLEY, WV 25801	55-0774466	501(C)(3)		119,071.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) LAFAYETTE COMMUNITY HEALTHCARE CLINIC 1317 JEFFERSON STREET LAFAYETTE, LA 70501	72-1221982	501(C)(3)		117,657.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) VOLUNTEERS IN MEDICINE 190 N. PENNSYLVANIA WILKES BARRE, PA 18702	20-3531527	501(C)(3)		117,257.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) SAMUEL DIXON FAMILY HEALTH CENTERS, INC 25115 W. AVENUE STANFORD VALENCIA, CA 91355	95-4278726	501(C)(3)		115,925.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MISSION MEDICAL CLINIC 2125 E. LASALLE COLORADO SPRINGS, CO 80909	68-0506812	501(C)(3)		115,922.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) CAPITAL AREA HEALTHNETWORK 719 N. 25TH STREET RICHMOND, VA 23223	54-1884190	501(C)(3)		114,042.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) MERCY COMMUNITY SERVICES OUTREACH CENTER 142 WEBSTER AVENUE ROCHESTER, NY 14609	16-1463421	501(C)(3)		113,478.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) FAMILY HEALTH PARTNERSHIP CLINIC 401 CONGRESS PARKWAY CRYSTAL LAKE, IL 60014	36-4277029	501(C)(3)		113,226.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(5) YAKIMA NEIGHBORHOOD HEALTH SERVICES 12 SOUTH 8TH STREET YAKIMA, WA 98907-2605	91-0928817	501(C)(3)		112,287.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) URBAN MINISTRIES OF WAKE COUNTY, INC. 1390 CAPITAL BLVD. RALEIGH, NC 27603	58-1422700	501(C)(3)		112,221.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) SOUTHEAST INC. 16 WEST LONG STREET COLUMBUS, OH 43215	31-0940189	501(C)(3)		112,106.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) DELTA HEALTH ALLIANCE P.O. BOX 277 STONEVILLE, MS 38776	64-0892954	501(C)(3)		111,260.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(9) THE MEDINA HEALTH MINISTRY 970 E. WASHINGTON STREET MEDINA, OH 44256	30-0092944	501(C)(3)		108,712.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) GOOD HEALTH CLINIC, INC 91555 OVERSEAS HWY TAVERNIER, FL 33070	04-3745805	501(C)(3)		108,320.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) GAIN, INC. (GREATER ASSISTANCE TO THOSE IN 712 W. 3RD STREET LITTLE ROCK, AR 72201	71-0763418	501(C)(3)		107,672.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) WARREN COUNTY FREE CLINIC INC 546 W.RIDGEWAY ST WARRENTON, NC 27589	20-4307481	501(C)(3)		103,562.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SET FAMILY MEDICAL CLINICS 2864 S. CIRCLE COLORADO SPRINGS, CO 80906	84-1183335	501(C)(3)		103,030.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) GREENVILLE FREE MEDICAL CLINIC 600 ARLINGTON AVENUE GREENVILLE, SC 29601	57-0855205	501(C)(3)		101,293.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) PARTNERING FOR HEALTH 501 HOWARD AVE SUITE 204B ALTOONA, PA 16601	25-1842308	501(C)(3)		99,355.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) ETOWAH FREE COMMUNITY CLINIC 423 S. 3RD. STREET GADSDEN, AL 35901	82-0562064	501(C)(3)		99,039.	FAIR MARKET VALUE	MEDICAL SUPPLIES	EMERGENCY
(5) IBN SINA FOUNDATION 11226 S. WILCREST DR HOUSTON, TX 77099	76-0698464	501(C)(3)		98,170.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) NEIGHBORHOOD SERVICE ORGANIZATION 3430 THIRD AVE DETROIT, MI 48201	38-1561624	501(C)(3)		98,031.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) FAITH FAMILY MEDICAL CLINIC 326 21ST AVE N NASHVILLE, TN 37203	62-1816811	501(C)(3)		97,638.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) OPEN DOOR CLINIC OF ALAMANCE COUNTY 319 N. GRAHAM-HOPEDALE RD	56-1794210	501(C)(3)		97,433.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(9) MAMOU HEALTH RESOURCES, INC. 300 SOUTH STREET MAMOU, LA 70554	72-0949444	501(C)(3)		96,992.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) FREE MEDICAL CLINIC OF OAK RIDGE 116 E. DIVISION RD. OAK RIDGE, TN 37830	90-0715369	501(C)(3)		95,973.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) GOOD SHEPHERD COMMUNITY CLINIC 240 E WASHINGTON MARTINSVILLE, IN 46151	35-1365963	501(C)(3)		93,921.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) COMMUNITY CARE CLINIC OF HIGHLANDS-CASHIERS 52 AUNT DORA DRIVE HIGHLANDS, NC 28741	65-1251915	501(C)(3)		93,038.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> TRI CITY HEALTH PARTNERSHIP 318 WALNUT STREET SAINT CHARLES, IL 60174	36-4475369	501(C)(3)		92,618.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(2)</b> CHRIST CLINIC 914 W. CARLISLE AVE. SPOKANE, WA 99205	91-1435174	501(C)(3)		92,430.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(3)</b> ETOWAH BAPTIST CHARITY PHARMACY 18901 E. ETOWAH RD NOBLE, OK 73068	73-1637087	501(C)(3)		92,278.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(4)</b> PARTNERS FOR HEALING INC 109 WEST BLACKWELL TULLAHOMA, TN 37388	62-1834800	501(C)(3)		90,684.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(5)</b> FREE MEDICAL CLINIC 47 W LONG AVENUE DUBOIS, PA 15801	25-1804763	501(C)(3)		90,430.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(6)</b> MANNA MINISTRIES INC 120 STREET A, SUITE A PICAYUNE, MS 39466	20-1788094	501(C)(3)		90,123.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(7)</b> POLK COUNTY HEALTH CENTER 1317 W. BROADWAY BOLIVAR, MO 65613	43-1268665	501(C)(3)		89,000.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(8)</b> KONZA PRAIRIE COMMUNITY HEALTH CENTER 361 GRANT AVENUE JUNCTION CITY, KS 66441	48-1150706	501(C)(3)		88,879.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(9)</b> CATHERINES HEALTH CENTER 1211 LAFAYETTE GRAND RAPIDS, MI 49505	20-3572418	501(C)(3)		86,674.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(10)</b> GOOD SHEPHERD CLINIC 6392 MURPHY DRIVE MORROW, GA 30260	58-2578581	501(C)(3)		86,318.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(11)</b> MOORE FREE CARE CLINIC, INC. 211 TRIMBLE SOUTHERN PINES, NC 28387	01-0781234	501(C)(3)		85,711.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(12)</b> MALTA HOUSE OF CARE, INC 19 WOODLAND STREET HARTFORD, CT 06105	20-3562424	501(C)(3)		85,636.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
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Schedule I (Form 990) (2013)

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization <b>AMERICARES FOUNDATION, INC.</b>	Employer identification number <b>06-1008595</b>
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**Part I General Information on Grants and Assistance**

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> THE CLINIC 143 CHURCH ST. PHOENIXVILLE, PA 19460	23-3072363	501 (C) (3)		85,423.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(2)</b> NORTH BROWARD HOSPITAL DISTRICT D/B/A BROWA 303 SE 17TH FORT LAUDERDALE, FL 33316	59-6012065	501 (C) (3)		85,348.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(3)</b> ARTHUR NAGEL COMMUNITY CLINIC 1116 12TH STREET, UNIT #3 BANDERA, TX 78003	77-0697361	501 (C) (3)		85,229.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(4)</b> BROAD STREET CLINIC 534 N. 35TH STREET, SUITE K	56-1853604	501 (C) (3)		84,782.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(5)</b> ZUFALL HEALTH CENTER 18 W. BLACKWELL STREET DOVER, NJ 07801	22-3125397	501 (C) (3)		83,538.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(6)</b> LA CLINICA DE LA ESPERANZA 3200 GRAND AVENUE DES MOINES, IA 50312	42-0680452	501 (C) (3)		83,528.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(7)</b> GET UP PROJECT 10401 ANDERSON MILL RD, AUSTIN, TX 78750	45-4931906	501 (C) (3)		83,187.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(8)</b> SANTA ROSA COMMUNITY HEALTH CENTERS 3569 ROUND BARN CR SANTA ROSA, CA 95403	68-0365296	501 (C) (3)		82,966.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(9)</b> TRAVERSE HEALTH CLINIC 3147 LOGAN VALLEY RD	30-0224028	501 (C) (3)		82,563.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(10)</b> HARMONY HEALTH CLINIC 201 E. ROOSEVELT LITTLE ROCK, AR 72206	20-5691313	501 (C) (3)		81,162.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(11)</b> CRISIS CONTROL MINISTRY 200 EAST 10TH WINSTON-SALEM, NC 27101	23-7348168	501 (C) (3)		80,345.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(12)</b> FERNCARE FREE CLINIC, INC. 459 E. NINE MILE ROAD FERNDALE, MI 48220	32-0246843	501 (C) (3)		79,880.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

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Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY HEALTH CENTER OF THE BLACK HILLS 504 E. MONROE ST RAPID CITY, SD 57701	46-0418932	501 (C) (3)		79,137.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) AZZARELLI OUTREACH CLINIC 341 N ST JOSEPH AVE KANKAKEE, IL 60901	36-2312493	501 (C) (3)		76,828.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) DADE COUNTY HEALTH DEPARTMENT 413 W WATER STREET GREENFIELD, MO 65661	43-1266535	115		76,471.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) BEAR LAKE/CACHE VALLEY COMMUNITY HEALTH CEN 1515 N 400 E SUITE 104 N.LOGAN, UT 84341	81-0587644	501 (C) (3)		75,722.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(5) GOOD SAMARITAN HOUSE FREE COMMUNITY HEALTH 213 N. MAIN ST DEARING, GA 30808	32-0126528	501 (C) (3)		75,031.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) THE GOOD SAMARITAN CLINIC OF JACKSON COUNTY 293 HOSPITAL ROAD SYLVA, NC 28779	56-2266536	501 (C) (3)		72,020.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) THE OPEN DOOR CLINIC 130 W CENTRAL CHIPPEWA FALLS, WI 54729	20-3673759	501 (C) (3)		71,980.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) HEALTHCARE FOR THE HOMELESS - HOUSTON 2505 FANNIN STREET HOUSTON, TX 77002	76-0647934	501 (C) (3)		71,713.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(9) VOLUNTEERS IN MEDICINE CLINIC OF MONROE COU 811 W. SECOND STREET BLOOMINGTON, IN 47403	20-5383915	501 (C) (3)		71,382.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) CITY ON A HILL MINISTRIES HEALTH CLINIC 100 S. PINE ST SUITE 140 ZEELAND, MI 49464	20-3901260	501 (C) (3)		71,081.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) SERVOLUTION HEALTH SERVICES, INC. 245 POWELL VALLEY SPEEDWELL, TN 37870	45-4486454	501 (C) (3)		70,239.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) GOOD SAMARITAN HEALTH CLINIC 401 ARNOLD STREET, NE CULLMAN, AL 35055	20-0149215	501 (C) (3)		68,897.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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

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

Schedule I (Form 990) (2013)



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

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Department of the Treasury  
Internal Revenue Service

Name of the organization <b>AMERICARES FOUNDATION, INC.</b>	Employer identification number <b>06-1008595</b>
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**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> VOLUNTEERS IN MEDICINE, INC. 1039 S. DUCHESNE ST CHARLES, MO 63301	43-1791543	501(C)(3)		68,180.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(2)</b> JEWISH RENAISSANCE MEDICAL CENTER 275 HOBART ST PERTH AMBOY, NJ 08861	22-3780067	501(C)(3)		67,633.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(3)</b> NHAN HOA COMPREHENSIVE HEALTH CARE CLINIC 7761 GARDEN GROVE BLVD.	33-0477323	501(C)(3)		67,232.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(4)</b> GOODWIN COMMUNITY HEALTH CENTER, INC. DBA C 2605 PARKWOOD DR BRUNSWICK, GA 31520	01-0576945	501(C)(3)		66,824.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(5)</b> KIDS COME FIRST COMMUNITY HEALTH CENTER 1556 S. SULTANA AVE. ONTARIO, CA 91761	33-0969025	501(C)(3)		65,984.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(6)</b> ST. JOSEPHS NEIGHBORHOOD CENTER ST. JOSEPH'S NEIGHBORHOOD CTR.	46-1176792	501(C)(3)		65,529.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(7)</b> PARTNERING FOR HEALTH 501 HOWARD AVE SUITE 204B ALTOONA, PA 16601	25-1842308	501(C)(3)		64,797.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(8)</b> GLACIER COMMUNITY HEALTH CENTER 519 E. MAIN STREET CUT BANK, MT 59427	77-0597067	501(C)(3)		64,485.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(9)</b> SOUTHWEST MISSOURI AREA COALITION 11 TERRACE LN BUFFALO, MO 65622	27-3253482	501(C)(3)		64,203.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(10)</b> HEALTH PARTNERS OF WESTERN OHIO 441 E. 8TH ST. LIMA, OH 45804	56-2330309	501(C)(3)		64,038.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(11)</b> COMMUNITYHEALTH 2611 W. CHICAGO AVE. CHICAGO, IL 60622	36-3931793	501(C)(3)		63,656.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(12)</b> THE SALVATION ARMY - USA WESTERN TERRITORY 1370 PENNSYLVANIA STREET DENVER, CO 80203	94-1156347	501(C)(3)		63,377.	FAIR MARKET VALUE	MEDICAL SUPPLIES	EMERGENCY

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NEW ORLEANS DREAM CENTER 1137 SAINT CHARLES NEW ORLEANS, LA 70130	30-0591534	501 (C) (3)		62,937.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) UNIVERSITY OF LOUISVILLE WINGS CLINIC 550 S. JACKSON STREET LOUISVILLE, KY 40202	61-1029626	501 (C) (3)		62,644.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) LA CLINICA CRISTIANA 3200 WOODWARD AV MUSCLE SHOALS, AL 35661	20-1624284	501 (C) (3)		62,490.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) THE COMMUNITY FREE CLINIC 528 A LAKE CONCORD RD CONCORD, NC 28025	58-2131301	501 (C) (3)		62,400.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(5) OZANAM CHARITABLE PHARMACY, INC 571 DAUPHIN STREET MOBILE, AL 36602	72-1386236	501 (C) (3)		62,390.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) SOUTHWEST UTAH PUBLIC HEALTH DEPARTMENT 620 SOUTH 400 EAST #400 ST.GEORGE, UT 84770	87-0331280	115		61,590.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) GRAND PRAIRIE WELLNESS CENTER 1710 SMALL STREET GRAND PRAIRIE, TX 75050	75-2877107	501 (C) (3)		61,385.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) RICHMOND AREA HIGH BLOOD PRESSURE CENTER 1200 WEST CARY STREET RICHMOND, VA 23220	52-1303481	501 (C) (3)		61,234.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(9) GET UP PROJECT 10401 ANDERSON MILL RD, AUSTIN, TX 78750	45-4931906	501 (C) (3)		61,212.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) UNION GOSPEL MISSION CLINIC @ UNION GOSPEL DALLAS, TX 75232	75-6003612	501 (C) (3)		60,919.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) NORTHWEST ARKANSAS FREE HEALTH CENTER 1100 NORTH WOOLSEY FAYETTEVILLE, AR 72703	58-1691790	501 (C) (3)		60,826.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) UNIVERSITY OF MIAMI 1601 NW 12 AVE. #4067 MIAMI, FL 33136	59-0624458	501 (C) (3)		60,687.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

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

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(1) NORTH DALLAS SHARED MINISTRIES 2875 MERRELL ROAD DALLAS, TX 75229	75-1908563	501(C)(3)		60,475.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) MCKINNEY MEDICAL CENTER 218 QUARTERMAN ST WAYCROSS, GA 31501	58-2101260	501(C)(3)		60,160.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) CORPUS CHRISTI METRO MINISTRIES 1919 LEOPARD ST. CORPUS CHRISTI, TX 78408	74-2247261	501(C)(3)		59,741.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) THE WAY FREE MEDICAL CLINIC, INC. 479 HOUSTON GREEN COVE, FL 32043	76-0828154	501(C)(3)		59,040.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(5) KANSAS CITY FREE HEALTH CLINIC 3515 BROADWAY KANSAS CITY, MO 64111	43-0967292	501(C)(3)		58,998.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) SHEPHERDS CARE MEDICAL CLINIC 304 B PONY ROAD ZEBULON, NC 27597	26-2757593	501(C)(3)		58,445.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) WAIMANLO HEALTH CENTER WAIMANALO HEALTH WAIMANALO, HI 96795-1247	99-0273205	501(C)(3)		58,351.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) VOLUNTEERS IN MEDICINE 14395 MANCHESTER RD MANCHESTER, MO 63011	27-5088124	501(C)(3)		57,255.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(9) MACON VOLUNTEER CLINIC 376 ROGERS AVE MACON, GA 31204	74-3055376	501(C)(3)		56,540.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) A COMMUNITY CLINIC, INC 335 MARKET STREET SUNBURY, PA 17801	20-4051982	501(C)(3)		55,973.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) COMMUNITY HEALTH AND SOCIAL SERVICES CENTER 5635 W FORT ST DETROIT, MI 48209-3154	38-3094394	501(C)(3)		55,694.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) THE DR. ALBERT B. CLEAGE, SR. MEMORIAL HEAL 700 SEWARD STREET DETROIT, MI 48202	11-3754940	501(C)(3)		55,308.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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(1) ARTHUR NAGEL COMMUNITY CLINIC 1116 12TH STREET, UNIT #3 BANDERA, TX 78003	77-0697361	501(C)(3)		55,036.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) WESTMINSTER FREE CLINIC 5560 NAPOLEON DRIVE OAK PARK, CA 91377	77-0563241	501(C)(3)		54,877.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) GOOD SAMARITAN PHARMACY & HEALTH SERVICES, 2502 TAMiami TRAIL NORTH NOKOMIS, FL 34275	26-2295558	501(C)(3)		54,493.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) UNITY HEALTH CARE, INC. 1220 12TH STREET S.E. WASHINGTON, DC 20003	52-1572431	501(C)(3)		53,970.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(5) CHURCH HILL FREE CLINIC 401 RICHMOND STREET CHURCH HILL, TN 37642	62-1391365	501(C)(3)		53,848.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) THE FLOATING HOSPITAL 4140 27TH ST LONG ISLAND CITY, NY 11101	13-1624169	501(C)(3)		53,723.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) VOLUNTEERS IN MEDICINE CLINIC 2260 MARCOLA ROAD SPRINGFIELD, OR 97477	93-1276816	501(C)(3)		53,328.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) UNION GOSPEL MISSION CLINIC 1300 N 1ST STREET YAKIMA, WA 98901	23-7050061	501(C)(3)		52,857.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(9) CHILDREN AND COMMUNITY HEALTH CENTER 120 S. CENTRAL EXPRESSWAY	20-0637782	501(C)(3)		52,108.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) GREATER TEXOMA HEALTH CLINIC 900 N. ARMSTRONG AVE. DENISON, TX 75020	81-0584983	501(C)(3)		51,709.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) REFUGE CLINIC 525 CORRAL STREET LEXINGTON, KY 40508	37-1547506	501(C)(3)		51,248.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) FIRST REFUGE MINISTRIES MEDICAL CLINIC 1701 BROADWAY STREET DENTON, TX 76201	45-5606427	501(C)(3)		51,107.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

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Employer identification number

06-1008595

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(1) WASATCH HOMELESS HEALTH CARE, INC. 409 WEST 400 SOUTH SALT LAKE CITY, UT 84101	87-0569356	501 (C) (3)		50,652.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) LAKE ST LOUIS VOLUNTEERS IN MEDICINE 10714 VETERANS MEMORIAL	27-3109107	501 (C) (3)		50,325.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) BREVARD HEALTH ALLIANCE 2120 SARNO RD MELBOURNE, FL 32935	90-0068515	501 (C) (3)		50,174.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) PEOPLES HEALTH WELLNESS CLINIC 553 NORTH MAIN STREET BARRE, VT 05641	03-0343290	501 (C) (3)		50,053.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(5) GRACE MEDICAL CLINIC 211 S. 8TH ST. MAYFIELD, KY 42066	61-1351519	501 (C) (3)		49,625.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) ATHENS NURSES CLINIC 496 REESE STREET ATHENS, GA 30601	58-2490925	501 (C) (3)		49,180.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) NEW ORLEANS DREAM CENTER 1137 SAINT CHARLES AVENUE	30-0591534	501 (C) (3)		48,497.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) I CARE SAN ANTONIO 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	74-2690192	501 (C) (3)		48,121.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(9) UTAH COUNTY HEALTH DEPARTMENT 151 S UNIVERSITY AVE PROVO, UT 84601	87-6000312	115		47,748.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) ROCK SPRINGS CLINIC 219 ROCK SPRINGS ROAD MILNER, GA 30257	26-4485460	501 (C) (3)		46,106.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE RD N NAPLES, FL 34102	59-3546884	501 (C) (3)		46,075.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501 (C) (3)		46,036.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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Department of the Treasury  
Internal Revenue Service

Name of the organization <b>AMERICARES FOUNDATION, INC.</b>	Employer identification number <b>06-1008595</b>
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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> REFUGE CLINIC 525 CORRAL STREET LEXINGTON, KY 40508	37-1547506	501 (C) (3)		46,028.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(2)</b> PITT COUNTY CARE INC. BRODY BLDG 2N-45 GREENVILLE, NC 27834	56-2097183	501 (C) (3)		45,532.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(3)</b> HEALTH ACCESS, INC. 489 WASHINGTON AVENUE CLARKSBURG, WV 26301	55-0715066	501 (C) (3)		44,855.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(4)</b> GEORGIA FARMWORKER HEALTH PROGRAM 920 SOUTH WEST ST BAINBRIDGE, GA 39819	58-6000359	501 (C) (3)		44,096.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(5)</b> THE NEIGHBORHOOD CHRISTIAN CLINIC 1929 W. FILLMORE PHOENIX, AZ 85009	86-0839580	501 (C) (3)		43,860.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(6)</b> RIVER VALLEY CHRISTIAN CLINIC 1714 STATE HWY. 22 DARDANELLE, AR 72834	20-5193973	501 (C) (3)		43,625.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(7)</b> MINISTRIES OF JESUS 1100 E. I-35 FRONTAGE ROAD EDMOND, OK 73034	73-1622804	501 (C) (3)		43,556.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(8)</b> COMMUNITY CARE CLINIC OF HIGHLANDS-CASHIERS 52 AUNT DORA DRIVE HIGHLANDS, NC 28741	65-1251915	501 (C) (3)		43,036.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(9)</b> HEALTHNET OF ROCK COUNTY, INC. 23 W. MILWAUKEE STREET JANESVILLE, WI 53548	39-1778804	501 (C) (3)		42,216.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(10)</b> LOVELAND COMMUNITY HEALTH CENTER PHARMACY 302 3RD STREET SE LOVELAND, CO 80537	84-0613289	501 (C) (3)		42,180.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(11)</b> NORTHWEST HUMAN SERVICES 681 CENTER STREET NE SALEM, OR 97301	93-0605570	501 (C) (3)		41,738.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(12)</b> CARING HANDS HEALTH CLINIC 34-C COURTHOUSE SQUARE CLEVELAND, GA 30528	64-0950194	501 (C) (3)		41,316.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

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Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GREATER NEW ORLEANS IMMUNIZATION NETWORK 201 EVANS RD. HARAHAN, LA 70123	72-0467503	501 (C) (3)		41,060.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) AUGUSTA REGIONAL FREE CLINIC 342 MULE ACADEMY ROAD	54-1651896	501 (C) (3)		40,993.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) GREATER GREENWOOD UNITED MINISTRY FREE MEDI 1404 EDGEFIELD STREET GREENWOOD, SC 29384	57-1012393	501 (C) (3)		40,978.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) ONE STOP CLINIC 701 17TH AVE W BRADENTON, FL 34205	59-3340921	501 (C) (3)		40,461.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(5) VOLUNTEERS IN MEDICINE CHATTANOOGA 5705 MARLIN ROAD CHATTANOOGA, TN 37411	71-0959332	501 (C) (3)		39,671.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) THE KITCHEN CLINIC 1630 N. JEFFERSON AVE.	43-1384531	501 (C) (3)		39,107.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) WORLD REACH INC DBA BETHESDA HEALTH CENTER 133 STETSON DR. CHARLOTTE, NC 28262	56-2015959	501 (C) (3)		38,891.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) FAMILY HEALTH CENTERS, INC. 2215 PORTLAND AVENUE LOUISVILLE, KY 40212	61-0716483	501 (C) (3)		38,860.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(9) NORTHWEST HUMAN SERVICES 681 CENTER STREET NE SALEM, OR 97301	93-0605570	501 (C) (3)		38,796.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) PITT COUNTY CARE INC. BRODY BLDG 2N-45 GREENVILLE, NC 27834	56-2097183	501 (C) (3)		38,573.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) VOLUNTEERS IN MEDICINE VOLUNTEERS HILTON HEAD ISLAND, SC 29926	57-0959206	501 (C) (3)		38,255.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) THE PEOPLES CITY MISSION FREE MEDICAL CLINI 110 Q STREET LINCOLN, NE 68512	26-3819766	501 (C) (3)		37,623.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> OPEN DOOR CLINIC OF ALAMANCE COUNTY 319 N. GRAHAM-HOPEDALE RD	56-1794210	501 (C) (3)		37,485.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(2)</b> SCOTLAND COMMUNITY HEALTH CLINIC 1405-B WEST BLVD LAURINBURG, NC 28353	20-2841940	501 (C) (3)		36,496.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(3)</b> GOOD SAMARITAN HEALTH CLINIC 401 ARNOLD STREET, NE CULLMAN, AL 35055	20-0149215	501 (C) (3)		36,447.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(4)</b> METRO COMMUNITY PROVIDER NETWORK, INC 3701 S BROADWAY ENGLEWOOD, CO 80113	74-2477108	501 (C) (3)		36,423.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(5)</b> EBENEZER MEDICAL OUTREACH 1448 10TH AVE HUNTINGTON, WV 25701	55-0745033	501 (C) (3)		36,351.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(6)</b> I CARE SAN ANTONIO 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	74-2690192	501 (C) (3)		36,338.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(7)</b> CLINICA COLORADO 8406 CLAY ST. WESTMINSTER, CO 80031	27-3794068	501 (C) (3)		35,859.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(8)</b> KATAHDIN VALLEY HEALTH CENTER 30 HOULTON ST PATTEN, ME 04747	23-7411014	501 (C) (3)		35,408.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(9)</b> RICHMOND AREA HIGH BLOOD PRESSURE CENTER 1200 WEST CARY STREET RICHMOND, VA 23220	52-1303481	501 (C) (3)		35,200.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(10)</b> CHIPPEWA VALLEY FREE CLINIC 836 RICHARD DR. EAU CLAIRE, WI 54701	39-1840231	501 (C) (3)		35,024.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(11)</b> BROCKTON NEIGHBORHOOD HEALTH CENTER 63 MAIN STREET BROCKTON, MA 02301	04-3165044	501 (C) (3)		34,476.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(12)</b> COMMUNITY HEALTH CARE CLINIC 902 N. FRANKLIN NORMAL, IL 61761	37-1316328	501 (C) (3)		34,333.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
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Schedule I (Form 990) (2013)

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SCOTLAND COMMUNITY HEALTH CLINIC 1405-B WEST BLVD LAURINBURG, NC 28353	20-2841940	501 (C) (3)		34,266.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) HEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY TROY, OH 45373	31-1596731	501 (C) (3)		33,626.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) CHCGD SOUTHVIEW HEALTH CENTER 25 THORPE DR DAYTON, OH 45420	26-1253235	501 (C) (3)		33,488.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) NATIVE AMERICAN COMMUNITY HEALTH CENTER-WES 2423 W. DUNLAP AVE PHOENIX, AZ 85021	94-2540194	501 (C) (3)		32,964.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(5) BRIDGES TO HEALTH 1251 W. KEM ROAD MARION, IN 46952	20-5405181	501 (C) (3)		32,877.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) WESTSIDE FAMILY HEALTHCARE 300 WATER ST WILMINGTON, DE 19801	22-2488654	501 (C) (3)		32,848.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) FEEDING AMERICA 35 EAST WACKER DRIVE CHICAGO, IL 60601	36-3673599	501 (C) (3)		32,839.	FAIR MARKET VALUE	MEDICAL SUPPLIES	EMERGENCY
(8) CATHOLIC CHARITIES DENVER 4045 PECOS STREET DENVER, CO 80211	84-0686679	501 (C) (3)		32,792.	FAIR MARKET VALUE	MEDICAL SUPPLIES	EMERGENCY
(9) HEAL, INC. 2600 MARTIN LUTHER KING JR. DR	26-3990559	501 (C) (3)		32,599.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) TRINITY CLINIC 507 4TH STREET CALVIN, OK 74531	73-1325401	501 (C) (3)		32,548.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) THE LA FREE CLINIC DBA SABAN COMMUNITY CLIN 8405 BEVERLY BLVD. LOS ANGELES, CA 90048	95-2539105	501 (C) (3)		32,362.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) CARING HANDS HEALTH CLINIC 34-C COURTHOUSE SQUARE CLEVELAND, GA 30528	64-0950194	501 (C) (3)		32,283.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

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Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VOLUNTEERS IN MEDICINE, INC. 1039 S. DUCHESNE ST CHARLES, MO 63301	43-1791543	501 (C) (3)		31,934.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) ONEWORLD COMMUNITY HEALTH CENTERS INC 4920 S. 30TH STREET OMAHA, NE 68107	47-0548990	501 (C) (3)		30,562.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) PROTEUS 3850 MERLE HAY ROAD DES MOINES, IA 50310	42-1186501	501 (C) (3)		30,512.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) SHEPHERDS CARE MEDICAL CLINIC 304 B PONY ROAD ZEBULON, NC 27597	26-2757593	501 (C) (3)		29,976.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(5) JUST KIDS DENTAL 1313 FAIRGROUNDS ROAD TWO HARBORS, MN 55616	27-2311353	501 (C) (3)		29,965.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) EDWARD R. LEAHY JR. CENTER CLINIC FOR THE U 800 LINDEN STREET SCRANTON, PA 18510	24-0795495	501 (C) (3)		29,876.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) AMERICARES FREE CLINIC OF BRIDGEPORT 115 HIGHLAND AVENUE BRIDGEPORT, CT 06604	06-1422741	501 (C) (3)		29,642.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) ELLENTON HEALTH CLINIC, PUBLIC HEALTH DISTR 185 NORTH BAKER STREET ELLENTON, GA 31747	23-7379607	501 (C) (3)		29,480.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(9) NHAN HOA COMPREHENSIVE HEALTH CARE CLINIC 7761 GARDEN GROVE BLVD.	33-0477323	501 (C) (3)		29,399.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) NASSON HEALTH CARE/YCCAC P.O. BOX 72 SANFORD, ME 04073	01-6020406	501 (C) (3)		29,233.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) THE GOOD SAMARITAN CLINIC OF JACKSON COUNTY 293 HOSPITAL ROAD SYLVA, NC 28779	56-2266536	501 (C) (3)		29,117.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) MALIHEH FREE CLINIC 415 EAST 3900 SOUTH	20-2313461	501 (C) (3)		28,910.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
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Department of the Treasury  
Internal Revenue Service

Name of the organization

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Employer identification number

06-1008595

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BUNCOMBE COUNTY DEPARTMENT OF HEALTH 40 COXE AVENUE ASHEVILLE, NC 28801	56-6000279	115		28,890.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) STEHOUWER FREE CLINIC 201 N. MITCHELL CADILLAC, MI 49601	61-1401888	501(C)(3)		28,829.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) DOCTORS OF THE WORLD-USA, INC 137 VARICK STREET NEW YORK, NY 10013	35-2426718	501(C)(3)		28,527.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) VOLUNTEERS IN MEDICINE 190 N. PENN AVE WILKES BARRE, PA 18702	20-3531527	501(C)(3)		28,125.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(5) KONZA PRAIRIE COMMUNITY HEALTH CENTER 361 GRANT AVENUE JUNCTION CITY, KS 66441	48-1150706	501(C)(3)		27,985.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) THE ACTION CENTER 57-10 BEACH CHANNEL DRIVE	75-3014243	501(C)(3)		27,918.	FAIR MARKET VALUE	MEDICAL SUPPLIES	POST-EMERGENCY
(7) LOWER LIGHTS CHRISTIAN HEALTH CENTER INC 1160 WEST BROAD STREET COLUMBUS, OH 43222	31-1810355	501(C)(3)		27,798.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) HEALING BRIDGE CLINIC 215 WILLOWBEND RD. PEACHTREE CITY, GA 30269	26-3555799	501(C)(3)		27,565.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(9) CITY OF AUSTIN IMMUNIZATION PROGRAM SHOTS FOR TOTS/BIG SHOTS AUSTIN, TX 78752	74-6000085	115		27,366.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) RAPHA CLINIC OF WEST GEORGIA INC 109B ALLEN MEMORIAL DR BREMEN, GA 30110	27-1188932	501(C)(3)		26,806.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) THE SALVATION ARMY - PENSACOLA, FL 1501 NORTH Q STREET PENSACOLA, FL 32505	13-3485289	501(C)(3)		26,618.	FAIR MARKET VALUE	MEDICAL SUPPLIES	EMERGENCY
(12) WHATCOM COUNTY HEALTH DEPARTMENT 1500 N. STATE ST. BELLINGHAM, WA 98225	91-6001383	115		26,307.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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Department of the Treasury  
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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HELPING HAND CLINIC 507 NORTH STEELE ST SANFORD, NC 27330	56-1752295	501 (C) (3)		26,300.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) CLEARWATER FREE CLINIC 707 N. FT. HARRISON AVE.	59-1852871	501 (C) (3)		26,154.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) LA MAESTRA COMMUNITY CLINIC 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105	33-0473171	501 (C) (3)		26,151.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) PEOPLES HEALTH CLINIC 650 ROUND VALLEY DRIVE PARK CITY, UT 84060	87-0638042	501 (C) (3)		25,897.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(5) INTERFAITH CLINIC 403 W. OAK, SUITE 200 EL DORADO, AR 71730	71-0236863	501 (C) (3)		25,777.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) WAIMANLO HEALTH CENTER WAIMANALO HEALTH CENTER	99-0273205	501 (C) (3)		25,569.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) BUTLER COUNTY HEALTH DEPARTMENT 1619 NORTH MAIN STREET	43-1070380	115		25,546.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) UNION GOSPEL MISSION CLINIC @ UNION GOSPEL DALLAS, TX 75232	75-6003612	501 (C) (3)		25,522.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(9) DADE COUNTY HEALTH DEPARTMENT 413 W WATER STREET GREENFIELD, MO 65661	43-1266535	115		25,284.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) LONOKE COUNTY CHRISTIAN CLINIC 502 RITCHIE ROAD CABOT, AR 72023	26-1585012	501 (C) (3)		25,205.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) SHEPHERDS CLINIC 2800 KIRK AVE. BALTIMORE, MD 21218	52-1739001	501 (C) (3)		25,200.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) PEDIPLACE 502 S. OLD ORCHARD LEWISVILLE, TX 75067	75-2512752	501 (C) (3)		24,891.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

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Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WESLEY HEALTH CENTER 1300 S. 10TH ST PHOENIX, AZ 85034	86-0133770	501 (C) (3)		24,681.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) SUMMIT COUNTY HEALTH DEPARTMENT 85 NORTH 50 EAST COALVILLE, UT 84017	87-6000295	115		24,635.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) LAS CLINICAS DEL NORTE STATE ROAD 571 EL RITO, NM 87530	85-0249591	501 (C) (3)		24,307.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) PROMISE COMMUNITY HEALTH CENTER 338 1ST AVE NW SIOUX CENTER, IA 51250	20-5896415	501 (C) (3)		24,173.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(5) CARE ALLIANCE HEALTH CENTER 1530 ST. CLAIR AVE CLEVELAND, OH 44114	34-1748776	501 (C) (3)		23,754.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) HERITAGE HEALTH AND HOUSING 1727 AMSTERDAM AVE NEW YORK, NY 10031	13-2661509	501 (C) (3)		23,601.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) MATAGORDA EPISCOPAL HEALTH OUTREACH PROGRAM MEHOP BAY CITY, TX 77414	20-0537948	501 (C) (3)		23,507.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) VOLUNTEER HEALTHCARE CLINIC 4215 MEDICAL PARKWAY AUSTIN, TX 78756	74-6082464	501 (C) (3)		22,732.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(9) THE HEALTH CARE CONNECTION 1401 STEFFEN AVENUE CINCINNATI, OH 45215	31-0822524	501 (C) (3)		22,168.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) MACON VOLUNTEER CLINIC 376 ROGERS AVE MACON, GA 31204	74-3055376	501 (C) (3)		22,062.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) LIVINGSTONE COMMUNITY DEVELOPMENT CORPORATI 12362 BEACH BLVD. STANTON, CA 90680	27-0947808	501 (C) (3)		21,556.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) ST. LUKES CLINIC 132 SEYMOUR AVE. JACKSON, MI 49202	32-0038675	501 (C) (3)		21,453.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

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Employer identification number

06-1008595

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(1) THE OLYMPIA FREE CLINIC 108 STATE AVE NW OLYMPIA, WA 98501	27-1606329	501 (C) (3)		21,405.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) PHOENIX FIRE DEPARTMENT BABY SHOTS PROGRAM 1818 S. 16TH ST PHOENIX, AZ 85034	86-6000256	115		20,530.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) BEAR RIVER HEALTH DEPARTMENT 655 EAST 1300 NORTH LOGAN, UT 84341	87-0109001	115		20,530.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) CENTRAL UTAH PUBLIC HEALTH DEPARTMENT 70 WESTVIEW DR. RICHFIELD, UT 84701	87-0629869	115		20,530.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(5) MARYS CENTER 3912 GEORGIA AVE. NW WASHINGTON, DC 20011	52-1594116	501 (C) (3)		20,530.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) WEBSTER CITY FREE CLINIC 820 JAMES STREET WEBSTER CITY, IA 50595	42-1428706	501 (C) (3)		20,468.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) LAKE AREA FREE CLINIC 856B ARMOUR RD OCONOMOWOC, WI 53066	39-2006388	501 (C) (3)		19,869.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) SACRED HEART HOSPITAL PENSACOLA 5151 N. NINTH AVE PENSACOLA, FL 32504	90-0036572	501 (C) (3)		19,768.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(9) FREE MEDICAL CLINIC OF DARLINGTON COUNTY 203 GROVE STREET DARLINGTON, SC 29532	58-2445265	501 (C) (3)		19,517.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) COASTAL FAMILY HEALTH CENTER 1046 DIVISION STREET BILOXI, MS 39530	64-0592416	501 (C) (3)		19,460.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) EISNER PEDIATRIC & FAMILY MEDICAL CENTER 1500 S. OLIVE ST LOS ANGELES, CA 90015	95-1690966	501 (C) (3)		19,294.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) HEARTS AND HANDS CLINIC 127 NORTH COLLEGE STATESBORO, GA 30458	26-4597700	501 (C) (3)		19,051.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization <b>AMERICARES FOUNDATION, INC.</b>	Employer identification number <b>06-1008595</b>
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**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
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> PROJECT HOSPITALITY 100 PARK AVENUE STATEN ISLAND, NY 10302	13-3234441	501 (C) (3)		18,934.	FAIR MARKET VALUE	MEDICAL SUPPLIES	POST-EMERGENCY
<b>(2)</b> CATHERINE MCAULEY CLINIC 5514 HOHMAN AVE HAMMOND, IN 46320	35-1835133	501 (C) (3)		18,700.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(3)</b> BENTON FRANKLIN HEALTH DISTRICT 7102 OKANOGAN PLACE KENNEICK, WA 99336	91-1018182	115		18,625.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(4)</b> BIGHORN VALLEY HEALTH CENTER 10 WEST 4TH STREET HARDIN, MT 59034	27-3113428	501 (C) (3)		18,481.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(5)</b> CONWAY INTERFAITH CLINIC 830 NORTH CREEK CONWAY, AR 72032	41-2058756	501 (C) (3)		18,340.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(6)</b> NEIGHBOR FOR NEIGHBOR 505 E. 36TH STREET NORTH TULSA, OK 74106	73-0776404	501 (C) (3)		18,292.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(7)</b> SHELTER HEALTH SERVICES 534 SPRATT ST. CHARLOTTE, NC 28206	20-3041985	501 (C) (3)		18,069.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(8)</b> HEGIRA PROGRAMS, INC. 8623 NORTH WAYNE ROAD WESTLAND, MI 48185	38-2172765	501 (C) (3)		18,018.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(9)</b> CHARITABLE CHRISTIAN MEDICAL CLINIC 133 ARBOR HOT SPRINGS, AR 71901	62-1671396	501 (C) (3)		17,821.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(10)</b> PARKVIEW MEDICAL CLINIC 1205 DR. MARTIN L KING JR. WAY	01-0790991	501 (C) (3)		17,637.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(11)</b> SACRAMENTO NATIVE AMERICAN HEALTH CENTER, I 2020 J STREET SACRAMENTO, CA 95811	20-4287737	501 (C) (3)		17,615.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(12)</b> GOOD SAMARITAN HEALTH & WELLNESS 175 SAMARITAN DRIVE JASPER, GA 30143	58-2576315	501 (C) (3)		17,497.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2013)

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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(1) ELLENTON HEALTH CLINIC, PUBLIC HEALTH DISTRICT 185 NORTH BAKER STREET ELLENTON, GA 31747	23-7379607	501(C)(3)		17,454.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) HEALTH CARE NETWORK INC 904 STATE STREET RACINE, WI 53404	42-1299913	501(C)(3)		17,446.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) HANDS OF HOPE CLINIC, INC. 1010 HOSPITAL DRIVE BLDG B	42-1591970	501(C)(3)		17,364.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) JEWISH FAMILY SERVICES OF ATLANTIC AND CAPE 607 N. JEROME AVENUE MARGATE, NJ 08402	22-2119902	501(C)(3)		17,213.	FAIR MARKET VALUE	MEDICAL SUPPLIES	POST-EMERGENCY
(5) SIOUXLAND COMMUNITY HEALTH CENTER 1021 NEBRASKA ST SIOUX CITY, IA 51105	42-1374894	501(C)(3)		17,147.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) THE OLYMPIA FREE CLINIC 108 STATE AVE NW OLYMPIA, WA 98501	27-1606329	501(C)(3)		16,867.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) CHARLES TOWN HEALTH RIGHT, INC 1212 N. MILDRED ST. RANSON, WV 25438	55-0778553	501(C)(3)		16,782.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) MARIN COMMUNITY CLINICS 3110 KERNER BLVD SAN RAFAEL, CA 94901	94-2237120	501(C)(3)		16,756.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(9) HEALTH CARE FOR THE HOMELESS MDC-SEAMAR CHC 2342 TACOMA AVE TACOMA, WA 98402	91-1020139	501(C)(3)		16,582.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) NORTHEAST HEALTH DISTRICT/CLARKE COUNTY HD 345 N. HARRIS STREET ATHENS, GA 30601	58-6000361	501(C)(3)		16,424.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) WEBSTER COUNTY HEALTH DEPARTMENT 723 1ST AVENUE SOUTH FORT DODGE, IA 50501	42-6004677	501(C)(3)		16,424.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) GLYNN CO BOARD HEALTH DBA COASTAL HEALTH DISTRICT 24 OGLETHORPE PROFESSIONAL BLVD	58-1092888	501(C)(3)		16,424.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

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Department of the Treasury  
Internal Revenue Service

Name of the organization <b>AMERICARES FOUNDATION, INC.</b>	Employer identification number <b>06-1008595</b>
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<b>(1)</b> THE SALVATION ARMY 1370 PENNSYLVANIA STREET DENVER, CO 80203	94-1156347	501(C)(3)		16,081.	FAIR MARKET VALUE	MEDICAL SUPPLIES	EMERGENCY
<b>(2)</b> ROTACARE INC 875 JERUSALEM AVE UNIONDALE, NY 11530	11-3135331	501(C)(3)		15,767.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(3)</b> A COMMUNITY CLINIC, INC 335 MARKET STREET SUNBURY, PA 17801	20-4051982	501(C)(3)		15,717.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(4)</b> LEE COUNTY VOLUNTEERS IN MEDICINE 1154 LEE BOULEVARD LEHIGH ACRES, FL 33936	01-0941498	501(C)(3)		15,641.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(5)</b> THE FREE CLINICS OF HENDERSON COUNTY 841 CASE STREET HENDERSONVILLE, NC 28792	56-2212024	501(C)(3)		15,108.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(6)</b> NATIVE AMERICAN COMMUNITY HEALTH CENTER-WES 2423 W. DUNLAP AVE PHOENIX, AZ 85021	94-2540194	501(C)(3)		15,101.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(7)</b> ARKANSAS HEALTH DEPARTMENT 4815 W MARKHAM ST LITTLE ROCK, AR 72205	71-6007358	115		15,020.	FAIR MARKET VALUE	MEDICAL SUPPLIES	EMERGENCY
<b>(8)</b> CHCGD EAST DAYTON HEALTH CENTER 2132 E. THIRD ST DAYTON, OH 45403	26-1253235	501(C)(3)		14,980.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(9)</b> WHITE HOUSE CLINICS 1010 MAIN ST. SOUTH MCKEE, KY 40447	61-0843731	501(C)(3)		14,888.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(10)</b> RANDOLPH FAMILY HEALTH CARE @ MERCER 1831 N FAYETTEVILLE ST ASHEBORO, NC 27203	56-1799394	501(C)(3)		14,390.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(11)</b> TRI CITY HEALTH PARTNERSHIP 318 WALNUT STREET SAINT CHARLES, IL 60174	36-4475369	501(C)(3)		14,336.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(12)</b> CROSSROAD HEALTH CENTER 5 E. LIBERTY CINCINNATI, OH 45202	31-1321054	501(C)(3)		13,868.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE RESCUE MISSION FREE CLINIC 402 4TH STREET SE ROANOKE, VA 24013	54-0573900	501(C)(3)		13,863.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) DOWNTOWN CLINIC 611 SOUTH SECOND STREET LARAMIE, WY 82070	83-0326354	501(C)(3)		13,862.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) MAGIS CLINIC SIENA/FRANCIS HOUSE OMAHA, NE 68102	47-0376583	501(C)(3)		13,784.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) UNIVERSITY OF MIAMI 1601 NW 12 AVE. #4067 MIAMI, FL 33136	59-0624458	501(C)(3)		13,648.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(5) PROJECT SOS SUPPORT OUR SOLIDERS 2412 DUE WEST DRIVE THE VILLAGES, FL 32162	27-2392657	501(C)(3)		13,436.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) HEARTLAND COMMUNITY HEALTH CLINIC 1701 W. GARDEN PEORIA, IL 61605	37-1270794	501(C)(3)		13,356.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) HOPE MEDICAL/DENTAL CLINIC 111 MEADOWVIEW DRIVE CLEBURNE, TX 76033	75-2953856	501(C)(3)		13,316.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) THE NEIGHBORHOOD CHRISTIAN CLINIC 1929 W. FILLMORE PHOENIX, AZ 85009	86-0839580	501(C)(3)		13,242.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(9) KITSAP PUBLIC HEALTH DISTRICT 345 6TH ST STE 300 BREMERTON, WA 98337	42-1689063	501(C)(3)		13,228.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) M-POWER MINISTRIES HEALTH CENTER 4022 4TH AVE SOUTH BIRMINGHAM, AL 35222	31-1639601	501(C)(3)		13,057.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) THE COMMUNITY FREE CLINIC OF NEWPORT NEWS 727 25TH STREET NEWPORT NEWS, VA 23607	27-3510814	501(C)(3)		13,016.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) WESTERN STARK FREE CLINIC 820 AMHERST ROAD NE MASSILLON, OH 44646	34-1887206	501(C)(3)		12,885.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

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Department of the Treasury  
Internal Revenue Service

Name of the organization <b>AMERICARES FOUNDATION, INC.</b>	Employer identification number <b>06-1008595</b>
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**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> ACCESS HEALTH, INC. PO BOX 47 BAR MILLS, ME 04004	01-0757566	501 (C) (3)		12,492.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(2)</b> COMMUNITY HEALTH SERVICES 4675 E. 69TH AVENUE COMMERCE CITY, CO 80022	84-0799374	501 (C) (3)		12,478.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(3)</b> OCEAN COUNTY HEALTH DEPARTMENT 175 SUNSET AVENUE TOMS RIVER, NJ 08754	22-3061367	115		12,318.	FAIR MARKET VALUE	MEDICAL SUPPLIES	EMERGENCY
<b>(4)</b> CITY OF AUSTIN IMMUNIZATION PROGRAM SHOTS FOR TOTS/BIG SHOTS AUSTIN, TX 78752	74-6000085	501 (C) (3)		12,318.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(5)</b> DUPAGE COUNTY HEALTH DEPARTMENT 111 N. COUNTY FARM ROAD WHEATON, IL 60187	36-6006553	501 (C) (3)		12,318.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(6)</b> EVERETT HEALTH DEPARTMENT 484 BROADWAY EVERETT, MA 02149	04-6001386	115		12,318.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(7)</b> WEBER MORGAN HEALTH DEPT 477 23RD ST. OGDEN, UT 84401	87-6000308	115		12,318.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(8)</b> UNITED WAY OF CENTRAL WEST VIRGINIA ONE UNITED WAY PLAZA CHARLESTON, WV 25301	55-0402755	501 (C) (3)		12,125.	FAIR MARKET VALUE	MEDICAL SUPPLIES	EMERGENCY
<b>(9)</b> FREE MEDICAL CLINIC OF OAK RIDGE 116 E. DIVISION RD. OAK RIDGE, TN 37830	90-0715369	501 (C) (3)		12,120.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(10)</b> RIVER HILLS COMMUNITY HEALTH CENTER 201 SOUTH MARKET STREET OTTUMWA, IA 52501	42-1489471	501 (C) (3)		11,816.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(11)</b> HOPE MEDICAL/DENTAL CLINIC 111 MEADOWVIEW DRIVE CLEBURNE, TX 76033	75-2953856	501 (C) (3)		11,324.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(12)</b> ST. THOMAS CLINIC 600 PAUL HAND BOULEVARD FRANKLIN, IN 46131	35-1449379	501 (C) (3)		11,213.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COORDINATED HEALTH SERVICES, INC. 2110 BROAD STREET AUGUSTA, GA 30904	58-2060572	501(C)(3)		11,192.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) ST. JOESPH'S NEIGHBORHOOD CENTER ST. JOSEPH'S NEIGHBORHOOD CTR.	46-1176792	501(C)(3)		11,068.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) CRESCENT COMMUNITY CLINIC 5244 COMMERCIAL WAY SPRING HILL, FL 34606	30-0475982	501(C)(3)		11,054.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) CROSSROADS MEDICAL MISSION, INC. 300 WEST VALLEY DRIVE BRISTOL, VA 24201	54-2038877	501(C)(3)		11,041.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(5) PIMA COUNTY HEALTH DEPARTMENT 3950 S. COUNTRY CLUB TUCSON, AZ 85714	86-6000543	115		10,868.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) ONE STOP CLINIC 701 17TH AVE W BRADENTON, FL 34205	59-3340921	501(C)(3)		10,823.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) CHARLOTTE COMMUNITY HEALTH CLINIC 6900 FARMINGDALE DR CHARLOTTE, NC 28212	56-2274174	501(C)(3)		10,551.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) THE LA FREE CLINIC DBA SABAN FREE CLINIC 8405 BEVERLY BLVD. LOS ANGELES, CA 90048	95-2539105	501(C)(3)		10,539.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(9) CATHOLIC CHARITIES FREE HEALTH CARE CENTER 212 NINTH ST PITTSBURGH, PA 15222	65-1307739	501(C)(3)		10,427.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) COCHISE HEALTH & SOCIAL SERVICES - COCHISE 4115 E. FOOTHILLS DR SIERRA VISTA, AZ 85635	86-6000398	501(C)(3)		10,265.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) SIOUXLAND DISTRICT HEALTH DEPARTMENT 1014 NEBRASKA STREET SIOUX CITY, IA 51105	42-6005221	115		10,265.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) NAVAJO COUNTY PUBLIC HEALTH 600 N. 9TH PLACE SHOW LOW, AZ 85901	86-6000541	501(C)(3)		10,265.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization <b>AMERICARES FOUNDATION, INC.</b>	Employer identification number <b>06-1008595</b>
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**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> MASSAC MEMORIAL HOSPITAL 28 CHICK STREET METROPOLIS, IL 62960	20-3843017	501 (C) (3)		10,195.	FAIR MARKET VALUE	MEDICAL SUPPLIES	EMERGENCY
<b>(2)</b> CASA DE SALUD CASA DE SALUD ST. LOUIS, MO 63103	27-0732049	501 (C) (3)		10,137.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(3)</b> THE SALVATION ARMY - EASTERN TERRITORY 440 WEST NYACK ROAD WEST NYACK, NY 10994	13-3485289	501 (C) (3)		10,133.	FAIR MARKET VALUE	MEDICAL SUPPLIES	EMERGENCY
<b>(4)</b> RUTLAND FREE CLINIC 145 STATE STREET RUTLAND, VT 05701	83-0427544	501 (C) (3)		9,956.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(5)</b> GOOD SAMARITAN CARE CLINIC 501 W. US HWY. 60 MOUNTAIN VIEW, MO 65548	56-2418664	501 (C) (3)		9,946.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(6)</b> ANN SILVERMAN COMMUNITY HEALTH CLINIC 595 WEST STATE STREET DOYLESTOWN, PA 18901	23-2892823	501 (C) (3)		9,570.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(7)</b> BCFS 1506 BEXAR CROSSING SAN ANTONIO, TX 78232	74-1260710	501 (C) (3)		9,500.	FAIR MARKET VALUE	MEDICAL SUPPLIES	EMERGENCY
<b>(8)</b> PARKER FAMILY HEALTH CENTER 211 SHREWSBURY AVE RED BANK, NJ 07701	22-3619518	501 (C) (3)		9,196.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(9)</b> HEALTH UNIT ON DAVISON AVENUE CLNIC 13240 WOODROW WILSON AVE DETROIT, MI 48238	37-1490937	501 (C) (3)		9,117.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(10)</b> ST. MARY'S FOOD BANK ALLIANCE 2831 NORTH 31ST AVENUE PHOENIX, AZ 85009	23-7353532	501 (C) (3)		8,860.	FAIR MARKET VALUE	MEDICAL SUPPLIES	EMERGENCY
<b>(11)</b> THUNDERMIST HEALTH CENTER 450 CLINTON STREET WOONSOCKET, RI 02895	05-0355097	501 (C) (3)		8,741.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
<b>(12)</b> EASTERN IDAHO PUBLIC HEALTH DISTRICT 1250 HOLLIPARK DRIVE IDAHO FALLS, ID 83401	82-6000952	115		8,360.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2013)

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

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.

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ORLANDO HEALTH, INC-HOWARD PHILLIPS CENTER-T 601 W. MICHIGAN ST ORLANDO, FL 32805	59-1726273	501(C)(3)		8,292.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) HEARTBRIGHT FOUNDATION INC 2923 SOUTH TRYON, SUITE 200	45-0496759	501(C)(3)		8,268.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) MIDLAND COMMUNITY CHILDREN'S CLINIC 1101 E. FRONT STREET MIDLAND, TX 79702	75-1875246	501(C)(3)		8,242.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) SNOHOMISH HEALTH DISTRICT 3020 RUCKER AVE SUITE 208 EVERETT, WA 98201	91-1866899	115		8,212.	FAIR MARKET VALUE	MEDICAL SUPPLIES	EMERGENCY
(5) SCOTTS BLUFF COUNTY HEALTH DEPARTMENT 3700 AVE. B SCOTTSBLUFF, NE 69361	47-6006506	115		8,212.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) BUENA VISTA COUNTY PUBLIC HEALTH AND HOME C 1709 E. RICHLAND ST STORM LAKE, IA 50588	42-6005256	501(C)(3)		8,212.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) COLUMBIA COUNTY DOH 325 COLUMBIA STREET HUDSON, NY 12534	14-6002564	115		8,212.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) COMMUNITY HEALTH CENTERS, INC. 12716 N.E. 36TH STREET SPENCER, OK 73084	73-0930123	501(C)(3)		8,209.	FAIR MARKET VALUE	MEDICAL SUPPLIES	EMERGENCY
(9) PECOS VALLEY MEDICAL CENTER 199 HWY 50 PECOS, NM 87552	85-0300494	501(C)(3)		8,011.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) ARLINGTON FREE CLINIC 2921 SOUTH 11TH STREET ARLINGTON, VA 22204	54-1671883	501(C)(3)		7,820.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) FREE CLINIC SUSSEX COUNTY 4 DILLER AVE NEWTON, NJ 07860	45-4224214	501(C)(3)		7,787.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) SHASTA COMMUNITY HEALTH CENTER 1035 PLACER ST. REDDING, CA 96001	68-0165855	501(C)(3)		7,204.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

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Employer identification number

06-1008595

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(1) COMMUNITY VOLUNTEERS IN MEDICINE 300B LAWRENCE DRIVE WEST CHESTER, PA 19380	23-2944553	501(C)(3)		7,005.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) OZARK TRICOUNTY HEALTHCARE CONSORTIUM DBS A ACCESS FAMILY CARE NEOSHO, MO 64850	43-1752799	501(C)(3)		6,896.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) DETROIT HEALTH CARE FOR THE HOMELESS 15400 W MCNICHOLS DETROIT, MI 48235	38-2724796	501(C)(3)		6,799.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) CHEROKEE COUNTY HEALTH DEPARTMENT 1219 UNIV110 EAST WALNUT STREET	48-6041799	115		6,704.	FAIR MARKET VALUE	MEDICAL SUPPLIES	EMERGENCY
(5) COMMUNITY MEDICAL CARE CENTER OF LEESBURG, 1210 WEST MAIN STREET LEESBURG, FL 34748	59-3585112	501(C)(3)		6,521.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) HEALTH MINISTRY OF THE SOUTHERN TIER 300 NASSER CIVIC SENTER CORNING, NY 14830	51-0432450	501(C)(3)		6,485.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) LEE COUNTY VOLUNTEERS IN MEDICINE 1154 LEE BOULEVARD LEHIGH ACRES, FL 33936	01-0941498	501(C)(3)		6,436.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) CHRISTIAN HEALTH CENTER 2001 CARES DRIVE HEBER SPRINGS, AR 72543	71-0852792	501(C)(3)		6,225.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(9) WOFCC HOPE CLINIC PO BOX 1727 ELK CITY, OK 73648-1727	26-1284785	501(C)(3)		6,220.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) LIVINGSTON COUNTY HEALTH CENTER 800 ADAM DRIVE CHILLICOTHE, MO 64601	43-1103989	501(C)(3)		6,159.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) SACRAMENTO NATIVE AMERICAN HEALTH CENTER, I 2020 J STREET SACRAMENTO, CA 95811	20-4287737	501(C)(3)		6,159.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) WEST CENTRAL DISTRICT HEALTH DEPARTMENT 111 N DEWEY ST NORTH PLATTE, NE 69101	47-0879835	115		6,159.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NORTH COAST HEALTH MINISTRY 16110 DETROIT AVENUE LAKEWOOD, OH 44107	34-1536257	501(C)(3)		6,028.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) HEALTH PARTNERS, INC 3070 CRAIN HIGHWAY WALDORF, MD 20601	52-1767044	501(C)(3)		5,923.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) LIGHTHOUSE MEDICAL MINISTRIES 2801 SOUTH ROBINSON OKLAHOMA CITY, OK 73109	20-0503733	501(C)(3)		5,791.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) KANE COUNTY HEALTH DEPARTMENT 1240 N. HIGHLAND AVE. AURORA, IL 60506	36-6006585	115		5,778.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(5) OPEN DOOR HEALTH CENTER 1350 SW 4 ST. HOMESTEAD, FL 33030	83-0375996	501(C)(3)		5,653.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(6) TOTAL LIVING CENTER FREE MEDICAL CLINIC 2221 9TH ST SW CANTON, OH 44706	34-1387834	501(C)(3)		5,588.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(7) MISSION TRAVIS MERCY 775 WEST BOWIE STREET FORT WORTH, TX 76110	45-3841621	501(C)(3)		5,515.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(8) THE OPEN DOOR CLINIC 130 W CENTRAL CHIPPEWA FALLS, WI 54729	20-3673759	501(C)(3)		5,514.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(9) MASON COUNTY PUBLIC HEALTH PO BOX 1666 SHELTON, WA 98584	91-6001354	501(C)(3)		5,397.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(10) ST. VINCENT DE PAUL CLINIC 420 WEST WATKINS PHOENIX, AZ 85003	86-0096789	501(C)(3)		5,397.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(11) RILEY COUNTY HEALTH DEPARTMENT 2030 TECUMSEH ROAD MANHATTAN, KS 66502	48-6023850	115		5,338.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(12) HEALTHLINC INC 454 S COLLEGE AVE VALPARAISO, IN 46383	35-2147792	501(C)(3)		5,317.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING

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

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

Schedule I (Form 990) (2013)



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HEALTH CARE NETWORK INC 904 STATE STREET RACINE, WI 53404	42-1299913	501(C)(3)		5,256.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(2) CENTER FOR PHARMACY CARE 1000 FIFTH AVENUE PITTSBURGH, PA 15282	25-1035663	501(C)(3)		5,033.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(3) FAIRFIELD COMMUNITY HEALTH CENTER 1155 EAST MAIN STREET LANCASTER, OH 43130	27-1092132	501(C)(3)		5,016.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(4) SEA MAR COMMUNITY HEALTH CENTER 1040 S. HENDERSON ST. SEATTLE, WA 98108	91-1020139	501(C)(3)		5,016.	FAIR MARKET VALUE	MEDICAL SUPPLIES	ON-GOING
(5) -----							
(6) -----							
(7) -----							
(8) -----							
(9) -----							
(10) -----							
(11) -----							
(12) -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 581.

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

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

Schedule I (Form 990) (2013)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FREE MEDICINE TO PATIENTS	146,657.		135,688,518.	FMV	PRESCRIPTION MEDS
2 MEDICAL OUTREACH IN THE U.S.	83.		1,782,367.	FMV	MEDICAL SUPPLIES
3					
4					
5					
6					
7					

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

FORM 990, SCHEDULE I, PART I

LINE 2 - AMERICARES MONITORING ACTIVITIES

TO ENSURE THAT DONATED GOODS AND FUNDS ARE USED TO FULFILL OUR MISSION, AMERICARES TRACKS EVERY DONATION AS IT ENTERS AND LEAVES OUR WAREHOUSES AND REQUIRES REPORTING OF EACH RECEIVING PARTNER ORGANIZATION, WHICH INCLUDE DETAILED CONFIRMATION OF RECEIPT AND QUARTERLY UPDATES ON DISTRIBUTION. INDIVIDUAL LICENSED HEALTH CARE PROVIDERS RECEIVING DONATIONS THROUGH OUR MEDICAL OUTREACH PROGRAM MUST PROVIDE A REPORT DETAILING HOW THE DONATION WAS USED, NUMBER OF PATIENTS TREATED AND OTHER INFORMATION. HEALTH PARTNERS THAT RECEIVE FUNDING FROM AMERICARES ARE

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

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 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" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?	<b>5a</b>	X
<b>b</b> Any related organization?	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization?	<b>6a</b>	X
<b>b</b> Any related organization?	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	<b>7</b>	X
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CURTIS R. WELLING PRESIDENT & CEO (THRU 1/14)	(i)	276,110.	0	0	15,442.	29,019.	320,571.	
	(ii)	0	0	0			0	
2 KEVIN ALLAN SENIOR V.P., DEVELOPMENT	(i)	192,785.	0	0	11,619.	18,917.	223,321.	
	(ii)	0	0	0				
3 KEVIN GILRAIN SENIOR V.P., HUMAN RESOURCES	(i)	172,649.	0	0	10,432.	19,304.	202,385.	
	(ii)	0	0	0				
4 RACHEL GRANGER V.P. - POST EMERGENCY RESPONSE	(i)	134,551.	0	0	8,100.	8,415.	151,066.	
	(ii)	0	0	0				
5 ELLA GUDWIN SR. V.P.- STRATEGY & PRGM DEV.	(i)	154,482.	0	0	9,697.	33,094.	197,273.	
	(ii)	0	0	0				
6 GARY LEEDS VICE PRESIDENT/CFO	(i)	153,948.	0	0	9,436.	22,027.	185,411.	
	(ii)	0	0	0				
7 KATHERINE SEARS SENIOR V.P. GLOBAL PROGRAM OP.	(i)	221,763.	0	0	13,542.	20,546.	255,851.	
	(ii)	0	0	0				
8 CAROL SHATTUCK SENIOR V.P. - COMMUNICATIONS	(i)	180,508.	0	0	11,029.	21,304.	212,841.	
	(ii)	0	0	0				
9 LEE WEINER V.P. - DIRECT RESPONSE	(i)	133,090.	0	0		26,519.	159,609.	
	(ii)	0	0	0				
10 ADAM ZAYAN V.P. - GLOBAL PARTNERSHIPS	(i)	146,874.	0	0	9,083.	29,347.	185,304.	
	(ii)	0	0	0				
11 FRANK BIA MEDICAL DIRECTOR	(i)	183,507.	0	0	11,354.	30,167.	225,028.	
	(ii)	0	0	0				
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

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

ADAM ZAYAN, V.P. OF GLOBAL PARTNERSHIPS, RECEIVED A SEVERANCE PAYMENT IN

CALENDAR YEAR 2014; THIS WILL BE REPORTED ON THE SUCCEEDING YEAR'S FORM

990.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 . . . . .	X		2,239,075.	MARKET PRICE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X		1,175,220.	MARKET PRICE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	91,588.	270,540.	COST/WHOLESALE PRICE
20 Drugs and medical supplies . . . . .	X	23,266,142.	521,643,309.	COST/WHOLESALE PRICE
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (HYGIENE ITEMS) . . . . .	X	1,225,784.	3,898,129.	COST/WHOLESALE PRICE
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

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

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

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

Schedule M (Form 990) (2013)

JSA

3E1298 1.000

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

FORM 990, SCHEDULE M, LINE 32 (B)

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



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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

990 REVIEW PROCESS

FORM 990, PART VI, LINE 11

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

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 12

IF A DIRECTOR OR EXECUTIVE OFFICER BELIEVES THAT HE OR SHE MAY HAVE A CONFLICT OF INTEREST WITH RESPECT TO ANY PARTICULAR TRANSACTION, HE OR SHE SHALL PROMPTLY AND FULLY DISCLOSE THE POTENTIAL CONFLICT TO THE CHIEF EXECUTIVE OFFICER ("CEO") AND THE CHAIR OF THE GOVERNANCE COMMITTEE AND THE LATTER SHALL THEN PROMPTLY NOTIFY ALL MEMBERS OF THE GOVERNANCE COMMITTEE.

A. IF THE GOVERNANCE COMMITTEE DETERMINES THAT THERE IS IN FACT A CONFLICT WITH RESPECT OF A DIRECTOR, THE CONFLICT SHALL BE REPORTED TO THE FULL BOARD, AND THE AFFECTED DIRECTOR SHALL AGREE TO ANSWER ANY QUESTIONS ABOUT THE MATTER THAT OTHER BOARD MEMBERS MAY HAVE. IF THE PARTICULAR TRANSACTION REQUIRES A VOTE OF THE BOARD, OR OF ONE OF ITS COMMITTEES, THE AFFECTED DIRECTOR SHALL NOT BE COUNTED FOR PURPOSES OF A QUORUM NOR SHALL HE OR SHE VOTE ON THE MATTER. THE MINUTES SHALL REPORT

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

THE QUORUM DETERMINATION AND THE VOTING.

B. IF THE GOVERNANCE COMMITTEE DETERMINES THAT THERE IS IN FACT A CONFLICT CONCERNING A PARTICULAR TRANSACTION WITH RESPECT TO AN EXECUTIVE OFFICER, THEY SHALL EXERCISE THEIR BEST JUDGMENT ABOUT THE APPROPRIATE COURSE TO FOLLOW, WHICH MAY INCLUDE:

1. APPROVAL OF THE TRANSACTION DESPITE THE CONFLICT IF THEY ARE REASONABLY CERTAIN THAT THE BEST INTERESTS OF AMERICARES WILL BE SERVED THEREBY, OR
2. REFERRAL OF THE ISSUE TO LEGAL COUNSEL FOR ADVICE, OR
3. REFERRAL OF THE ISSUE TO THE APPROPRIATE COMMITTEE OF THE BOARD OF DIRECTORS, OR TO THE FULL BOARD, FOR DECISION. EXCEPT THAT IN ALL CASES WHEREIN THE GOVERNANCE COMMITTEE DETERMINES THAT THERE IS IN FACT A CONFLICT OF INTEREST CONCERNING A PARTICULAR TRANSACTION INVOLVING AN OFFICER OF AMERICARES, THE FULL BOARD SHALL BE NOTIFIED OF THE RESOLUTION OF THE ISSUE AND THE AFFECTED OFFICER SHALL AGREE TO ANSWER ANY QUESTIONS ABOUT THE MATTER THAT BOARD MEMBERS MAY HAVE.

C. IF THE GOVERNANCE COMMITTEE DETERMINES THAT THERE IS NO CONFLICT OF INTEREST WITH RESPECT TO A PARTICULAR TRANSACTION INVOLVING A DIRECTOR OR OFFICER, THEY NEED NOT NOTIFY THE BOARD OF DIRECTORS, BUT THE SECRETARY OF THE BOARD SHALL KEEP A RECORD OF THE DECISION WHICH SHALL BE AVAILABLE

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

TO BOARD MEMBERS UPON REQUEST.

D. IN ANY CASE IN WHICH THE POTENTIAL CONFLICT WITH RESPECT TO A PARTICULAR TRANSACTION INVOLVES EITHER THE CEO OR THE CHAIRMAN OF THE BOARD OF DIRECTORS, THE AFFECTED PARTY SHALL NOTIFY THE CHAIR OF THE GOVERNANCE COMMITTEE, AND THE CONFLICT SHALL THEN BE REPORTED TO THE FULL BOARD, AND THE CEO OR CHAIRMAN OF THE BOARD SHALL AGREE TO ANSWER ANY QUESTIONS ABOUT THE MATTER THAT OTHER BOARD MEMBERS MAY HAVE. IF THE PARTICULAR TRANSACTION REQUIRES A VOTE OF THE BOARD, OR ONE OF ITS COMMITTEES, THE CEO OR CHAIRMAN SHALL NOT BE COUNTED FOR PURPOSES OF A QUORUM NOR SHALL HE OR SHE VOTE ON THE MATTER. THE MINUTES SHALL REPORT THE QUORUM DETERMINATION AND THE VOTING.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15

THE BOARD OF DIRECTORS DETERMINES COMPENSATION OF THE CEO. THE ORGANIZATION'S CHIEF EXECUTIVE DETERMINES THE COMPENSATION OF THE OTHER SENIOR STAFF AND MAY UTILIZE AVAILABLE MARKET DATA, SALARY SURVEY RESULTS AND OTHER AVAILABLE TOOLS TO SUBSTANTIATE DECISIONS.

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

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

OF THE BOARD OF DIRECTORS (JANUARY), AND IN COMBINATION WITH DATA COLLECTED FROM PEER ORGANIZATION FORM 990'S, THE CEO'S SALARY IS EVALUATED AGAINST THE MARKETPLACE.

## PUBLIC DISCLOSURE OF DOCUMENTS

FORM 990, PART VI, LINE 19

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

## OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

SPLIT INTEREST AGREEMENT \$19,496

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

AMERICARES IS AN EMERGENCY RESPONSE AND GLOBAL HEALTH ORGANIZATION COMMITTED TO SAVING LIVES AND BUILDING HEALTHIER FUTURES FOR PEOPLE IN CRISIS IN THE UNITED STATES AND AROUND THE WORLD. EVERY DAY, AMERICARES PUTS CRITICALLY NEEDED MEDICINES AND SUPPLIES IN THE HANDS

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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

OF FRONTLINE HEALTH WORKERS AND DEVELOPS INNOVATIVE, SUSTAINABLE HEALTH IMPROVEMENTS IN THEIR COMMUNITIES. WE ARE THE LEADING NONPROFIT FOR DELIVERING DONATED MEDICINES AND MEDICAL SUPPLIES TO HEALTH PROGRAMS AROUND THE WORLD. WE LEVERAGE THIS CORE COMPETENCY WITH EMERGENCY PREPAREDNESS, RESPONSE AND RECOVERY EFFORTS AND EVIDENCE-BASED PROGRAMS THAT IMPROVE HEALTH OUTCOMES.

SINCE WE BEGAN OPERATIONS IN 1982, AMERICARES HAS PROVIDED MORE THAN \$11 BILLION IN AID TO PEOPLE IN 164 COUNTRIES.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

OUR GLOBAL HEALTH PROGRAMS ARE OUR LARGEST EXPENSE BY FAR. IN FY14, AMERICARES GLOBAL HEALTH PROGRAMS DONATED ENOUGH MEDICINE TO FILL 9.2 MILLION PRESCRIPTIONS, AS WELL AS 22.9 MILLION UNITS OF MEDICAL SUPPLIES, FOR PEOPLE IN NEED IN 95 COUNTRIES. WE WORKED TO EXPAND AND RESTORE HEALTH SERVICES FOLLOWING DISASTER AND CATALYZE LASTING IMPROVEMENTS IN HEALTH CARE PROVISION. COLLABORATING WITH PARTNERS, IN FY14 WE INVESTED \$10.1 MILLION OF NEW FUNDS IN 127 HEALTH PROJECTS IN 32 COUNTRIES THAT WILL DIRECTLY BENEFIT AN ESTIMATED 1.7 MILLION INDIVIDUALS.

EMERGENCY PREPAREDNESS, RESPONSE AND RECOVERY: AMERICARES RESPONDED TO 29 DISASTERS IN 20 COUNTRIES, CONTINUED RECOVERY WORK IN SIX COUNTRIES AND SUPPORTED DISASTER PREPARATION PROJECTS IN 12

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ATTACHMENT 2 (CONT'D)

COUNTRIES. IN TOTAL, WE PROVIDED \$37.9 MILLION IN AID FOR VICTIMS OF NATURAL AND MANMADE DISASTERS ACROSS THE CONTINUUM OF PREPAREDNESS, RESPONSE AND RECOVERY.

OUR EMERGENCY RESPONSE AND RECOVERY WORK INCLUDED A COMPREHENSIVE RESPONSE FOR TYPHOON HAIYAN, WHICH SWEEPED THROUGH THE VISAYAS REGION OF THE PHILIPPINES ON NOVEMBER 8, 2013. IN FISCAL YEAR 2014 AMERICARES DELIVERED NEARLY \$19 MILLION IN MEDICINES AND RELIEF SUPPLIES TO HEALTH PARTNERS, INCLUDING ENOUGH MEDICINES TO FILL ALMOST 1 MILLION PRESCRIPTIONS AND ENOUGH MEDICAL AND RELIEF SUPPLIES TO BENEFIT AN ESTIMATED 175,000 PEOPLE.

IN ADDITION TO PROVIDING LIFE-SAVING MEDICINES AND SUPPLIES, AMERICARES IS HELPING THE PHILIPPINES RECOVER FROM HAIYAN BY REHABILITATING OR REBUILDING 28 HEALTH FACILITIES AND WE HAVE PLANS IN PLACE TO REHABILITATE DOZENS MORE. WE ARE BUILDING THE CAPACITY OF THE HEALTH SYSTEM IN STORM-AFFECTED AREAS BY SUPPORTING MENTAL HEALTH AND PSYCHOSOCIAL TRAINING FOR 1,300 HEALTH WORKERS. AMERICARES IS COMMITTED TO IMPROVING THE RESILIENCE OF THE HEALTH SYSTEM IN THE VISAYAS; WE ARE PROVIDING BACK-UP POWER SYSTEMS FOR TEN HOSPITALS AND ENSURING THAT DAMAGED FACILITIES ARE BUILT BACK BETTER THAN BEFORE. HEALTH SYSTEM PREPAREDNESS WILL BE A FOCUS OF OUR WORK IN THE PHILIPPINES IN THE MONTHS AHEAD. AN ESTIMATED 143,000 PEOPLE WILL DIRECTLY BENEFIT FROM THE PROJECTS COMMITTED IN FY14, IN ADDITION TO THOUSANDS MORE

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ATTACHMENT 2 (CONT'D)

WHO BENEFITTED FROM AMERICARES MEDICINES. TOTAL AID PROVIDED IN RESPONSE TO TYPHOON HAIYAN IN FY14 WAS \$20,338,000.

IN THE U.S. IN FY14, AMERICARES RESPONDED TO TORNADOES AND SEVERE WEATHER ACROSS THE SOUTH AND MIDWEST. WE PROVIDED MORE THAN \$494,000 IN MEDICINES, MEDICAL SUPPLIES AND OTHER ASSISTANCE TO PARTNERS IN ARKANSAS, FLORIDA, KANSAS AND MISSISSIPPI FOLLOWING THE APRIL 2014 TORNADOES. OUR ASSISTANCE INCLUDED ENOUGH MEDICINE TO FILL MORE THAN 4,000 PRESCRIPTIONS. WE ALSO FUNDED THE TEMPORARY RELOCATION OF THE GREATER MERIDIAN HEALTH CLINIC IN MISSISSIPPI, WHICH WAS COMPLETELY DESTROYED BY A TORNADO.

WE CONTINUED TO HELP COMMUNITIES IN ILLINOIS AND OKLAHOMA RECOVER FROM TORNADOES THAT STRUCK IN NOVEMBER 2013 AND MAY 2013, RESPECTIVELY. IN ILLINOIS, WE FUNDED THE REPAIR OF A WATER TOWER IN THE TORNADO-RAVAGED VILLAGE OF GIFFORD AND INCREASED THE RESPONSE CAPACITY OF OSF HOSPITAL'S MEDICAL RESPONSE TEAM WITH THE CREATION OF TELEHEALTH CAPABILITY. IN OKLAHOMA, AMERICARES IS HELPING THE NORMAN REGIONAL HEALTH SYSTEM HEALTHPLEX MEET THE SURGE IN PEDIATRIC PATIENTS AND EXPECTANT MOTHERS THAT RESULTED FROM THE DESTRUCTION OF THE MOORE MEDICAL CENTER. WITH AMERICARES SUPPORT, THE HEALTHPLEX PURCHASED SUPPLIES AND EQUIPMENT INCLUDING A PEDIATRIC ANESTHESIA CART AND CRIBS.

OUR RECOVERY WORK INCLUDED PROJECTS TO RESTORE AND STRENGTHEN

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ATTACHMENT 2 (CONT'D)

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HEALTH SYSTEMS AFTER THE HAITI EARTHQUAKE (2010), JAPAN EARTHQUAKE AND TSUNAMI (2011), AND U.S. HURRICANE SANDY (2012).

IN HAITI, FY14 INCLUDED SEVERAL REHABILITATION PROJECTS INCLUDING THE RURAL GOVERNMENT HEALTH FACILITY IN GRAND ANSE DEPARTMENT NAMED CENTRE DE SANTÉ DE PESTEL. THE FACILITY SERVES 41,000 PEOPLE AND, BEFORE THE FULL REHABILITATION TOOK PLACE WITH DIRECT OVERSIGHT FROM AMERICARES STAFF ENGINEER IN HAITI, WAS NOT FULLY FUNCTIONAL. NOW, SERVICES ARE PROVIDED IN A MORE HYGIENIC, FULLY FUNCTIONING FACILITY. CHOLERA PREVENTION AND TREATMENT IS ONE OF FOUR KEY AREAS OF FOCUS FOR OUR PROGRAM IN HAITI. OUR CHOLERA-FOCUSED PROJECT SUPPORT INCLUDED PREVENTION PROGRAMS THAT TARGET WATER AND SANITATION INFRASTRUCTURE IMPROVEMENT, HEALTH EDUCATION, HYGIENE PROMOTION AND TRAINING OF HEALTH WORKERS IN URBAN AND RURAL COMMUNITIES TO BENEFIT MORE THAN 66,000 INDIVIDUALS.

IN JAPAN WE REMAIN FOCUSED ON HELPING FAMILIES AND LOCAL GROUPS DEAL WITH THE STRESS OF DISPLACEMENT AND THE TRAUMA OF LOSS. ACTIVITIES IN THE AREA OF MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT OVER THE LAST THREE YEARS INCLUDED OVER \$2.4 MILLION IN PROJECT SUPPORT TO MORE THAN 72 ORGANIZATIONS HELPING AN ESTIMATED 63,000 PEOPLE IN NEED. IN FY14, THIS AMOUNTED TO MORE THAN \$742,000 IN PROJECT SUPPORT TO 54 ORGANIZATIONS HELPING AN ESTIMATED 15,000 PEOPLE. THESE ACTIVITIES INCLUDE THERAPEUTIC GARDENING, COMMUNITY



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ATTACHMENT 2 (CONT'D)

ACTIVITIES IN TEMPORARY HOUSING COMMUNITIES, COUNSELING AND CASE MANAGEMENT FOR NEW MOTHERS IN NEED AS WELL AS COMMUNITY DIRECTED INITIATIVES CREATED AND CARRIED OUT BY COMMUNITY RESIDENTS THEMSELVES.

IN THE U.S., WE SUPPORT ORGANIZATIONS IN THE NEW YORK, NEW JERSEY AND CONNECTICUT REGION HELPING SURVIVORS OF HURRICANE SANDY RECOVER FROM THEIR TRAUMA OF LOSS AND THE STRESS OF DISPLACEMENT. AMERICARES SUPPORTS PROJECTS TO HELP LINK FAMILIES WITH THE CARE THEY NEED THROUGH A TECHNIQUE KNOWN AS DISASTER CASE MANAGEMENT. WE ALSO PROVIDE DIRECT SUPPORT TO PSYCHOSOCIAL PROGRAMMING IN AREAS SUCH AS ART THERAPY AND GROUP COUNSELING. IN FY14, THESE MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT INITIATIVES AMOUNTED TO MORE THAN \$507,000 IN PROJECT SUPPORT TO FIVE ORGANIZATIONS HELPING MORE THAN 1,500 PEOPLE.

ONGOING -- TO PROVIDE MEDICINES THAT INCREASE ACCESS TO HEALTH CARE, STRENGTHEN HEALTH SYSTEMS, IMPROVE SAFETY AND PATIENT CARE AND MAKE SUSTAINABLE IMPROVEMENTS IN HEALTH SYSTEMS: IN FY14, AMERICARES PROVIDED \$379.9 MILLION IN AID TO OUR PARTNER NETWORK IN 92 COUNTRIES (INCLUDING THE U.S.) TO RELIEVE SHORTAGES OF MEDICINES IN LOW-RESOURCE COMMUNITIES. THIS INCLUDED DONATION OF ENOUGH MEDICINE TO FILL 7 MILLION PRESCRIPTIONS FOR PEOPLE IN NEED OF CARDIOVASCULAR MEDICATIONS, ANTIBIOTICS, VACCINES AND OTHER CRUCIAL MEDICINES. OUR SUPPORT ALSO INCLUDED DURABLE MEDICAL

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ATTACHMENT 2 (CONT'D)

EQUIPMENT, MEDICAL SUPPLIES AND FINANCIAL ASSISTANCE.

AMERICARES IS THE LARGEST PROVIDER OF DONATED MEDICAL AID TO THE U.S. HEALTH CARE SAFETY NET, DELIVERING MORE THAN \$84 MILLION IN MEDICINES AND SUPPLIES LAST YEAR TO OUR PARTNER NETWORK. WE HELP OUR PARTNERS INCREASE CAPACITY, PROVIDE COMPREHENSIVE CARE, IMPROVE HEALTH OUTCOMES AND REDUCE COSTS FOR PATIENTS. IN FY14, AMERICARES MADE NEW COMMITMENTS OF MORE THAN \$555,000 TO IMPLEMENT FIVE PROJECTS TO STRENGTHEN HEALTH SYSTEMS, DIAGNOSE AND TREAT NON-COMMUNICABLE DISEASES, AND BUILD FOUNDATIONS FOR HEALTH IN COMMUNITIES. IN AN OCTOBER 2013 EXTERNAL EVALUATION OF OUR U.S. MEDICAL ASSISTANCE PROGRAM, 95 PERCENT OF CLINICS RESPONDING TO A SURVEY STRONGLY AGREED OR AGREED THAT PRODUCT DONATIONS FROM AMERICARES REDUCED OUT-OF-POCKET EXPENSES FOR THEIR PATIENTS AND 56 PERCENT STRONGLY AGREED OR AGREED THAT WITHOUT AMERICARES DONATIONS, THE ORGANIZATION WOULD HAVE TO CUT FUNDS FROM OTHER PROGRAMS TO PURCHASE PRODUCTS.

THROUGH OUR MEDICAL OUTREACH PROGRAM, AMERICARES SUPPORTED 1,223 MEDICAL VOLUNTEER TEAMS TRAVELING TO 82 COUNTRIES WITH \$48.5 MILLION IN DONATED PRODUCTS INCLUDING MORE THAN 1.1 MILLION COURSE TREATMENTS AND 2.6 MILLION UNITS OF SUPPLIES. WE ESTIMATE THAT PRIMARY CARE TEAMS SAW 624,337 PATIENTS AND SURGERY TEAMS CONDUCTED 105,625 SURGERIES.

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ATTACHMENT 2 (CONT'D)

IN FY14, AMERICARES MEDICAL OUTREACH COMPLETED THE FIRST COMPREHENSIVE STUDY OF VOLUNTEER MEDICAL TEAMS. THIS YEAR-LONG STUDY SURVEYED MORE THAN 500 MEDICAL VOLUNTEERS TO LEARN THE ACTIVITIES, NEEDS AND IMPACT OF THIS COMMUNITY. COMPLETED IN FY14, THE STUDY YIELDED A FRAMEWORK OF MEDICAL OUTREACH BEST PRACTICES. A BEST PRACTICES INITIATIVE IS NOW UNDERWAY TO PROMOTE THE FRAMEWORK, PROVIDE TECHNICAL RESOURCES TO SUPPORT IMPLEMENTATION OF ITS ELEMENTS AND ENCOURAGE COLLABORATION AND RESOURCE SHARING. THESE ACTIVITIES WILL ALLOW MEDICAL OUTREACH TO ADVANCE ITS GOALS TO IMPROVE HEALTH OUTCOMES, EXPAND LOCAL HEALTH CARE CAPACITY AND STRENGTHEN TEAMS' ABILITY TO ADDRESS COMMUNITY HEALTH THROUGH SUSTAINABLE PARTNERSHIPS.

AMERICARES IS ALSO PARTICIPATING IN TARGETED HEALTH INITIATIVES.

AMONG OUR ACTIVITIES DURING FY14, WE:

COMPLETED THE BASELINE ASSESSMENT FOR OUR HEALTH WORKFORCE SAFETY PROGRAM IN TANZANIA, A JOINT PROJECT WITH BD AND MERCK & CO., INC. THE PROGRAM, WHICH REDUCES RISK AND INCIDENCE OF INFECTIONS, ESPECIALLY HEPATITIS B IN HEALTH WORKERS, WILL BE CONDUCTED AT THREE HOSPITALS NEXT YEAR;

WITH BRISTOL-MYERS SQUIBB AND PERU-VIDA, COMPLETED A PROJECT TO EDUCATE AND REDUCE RISK FOR DIABETES IN 1,000 AT-RISK INDIVIDUALS AND PROVIDE TREATMENT FOR APPROXIMATELY 250 DIABETIC PATIENTS IN A

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ATTACHMENT 2 (CONT'D)

RURAL FARMING COMMUNITY IN PERU;

WITH GSK, LAUNCHED AND COMPLETED A TRAINING PROGRAM FOR PHARMACY STAFF AT COMMUNITY BASED MEDICAL COLLEGE HOSPITAL, BANGLADESH, WITH A FOCUS ON DRUG SAFETY AND PATIENT-CENTERED PHARMACY PRACTICE; AND

WITH THE ABBOTT FUND, COMPLETED THE 11TH YEAR OF A PEDIATRIC NUTRITION PROGRAM WITH THE GOAL OF IMPROVING NUTRITION AND THE HEALTH STATUS OF CHILDREN AGES 12 MONTHS TO 5 YEARS IN SOME OF THE POOREST RURAL REGIONS OF CENTRAL AND SOUTHERN VIETNAM. SINCE THE START OF THE PROGRAM, CAREFULLY DESIGNED, SUSTAINABLE, LOW-COST INTERVENTIONS HAVE IMPROVED THE LIVES OF 23,000 PRE-SCHOOL STUDENTS IN RURAL VILLAGES. AVERAGE MALNUTRITION AMONG PARTICIPANTS HAS BEEN REDUCED TO LESS THAN 20 PERCENT, A NOTABLE ACHIEVEMENT IN LINE WITH U.N. MILLENNIUM DEVELOPMENT GOAL 1, "TO ERADICATE EXTREME POVERTY AND HUNGER," AND AN ACCOMPLISHMENT EXCEEDING THE INITIAL PROGRAM TARGET OF LESS THAN 25 PERCENT. IN FY14, THE PROGRAM ENROLLED 5,200 STUDENTS AT SCHOOLS SITES ACROSS VIETNAM WITH THE GREATEST NEED. IN JANUARY, PROJECT STAFF VISITED ALL SCHOOL SITES AND CONDUCTED A HEALTH SURVEY AND HEALTH EDUCATION SESSIONS.

WITH ASTRAZENECA AND SIHANOUK HOSPITAL IN PHNOM PENH, CAMBODIA, COMPLETED YEAR 6 OF OUR BREAST CANCER INITIATIVE, WHICH INCLUDED A

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ATTACHMENT 2 (CONT'D)

COMPLETE EVALUATION OF THE PROGRAM TO CONTINUE TO IMPROVE BEST PRACTICES IN BREAST CANCER CARE IN LOW-RESOURCE SETTINGS. ADDITIONALLY, THE FOLLOWING IMPROVEMENTS WERE MADE IN PATIENT CARE AND COMMUNITY OUTREACH:

- O 620 WOMEN SCREENED, REFLECTING AN INCREASE OF 43 PERCENT OVER YEAR 5;
- O 10,464 WOMEN EDUCATED ABOUT BREAST CANCER THROUGH OUR PATIENT EDUCATION PROGRAM, AN 80 PERCENT INCREASE FROM YEAR 5;
- O 18 RADIOLOGY TECHNICIAN STUDENTS FROM THE TECHNICAL SCHOOL FOR MEDICAL CARE RECEIVED BREAST CANCER RELATED RADIOLOGY/ULTRASOUND TRAINING;
- O CONDUCTED A MAMMOGRAPHY TRAINING REFRESHER COURSE, LED BY A BREAST IMAGING SPECIALIST/MAYO FELLOW VOLUNTEERING AT THE HOSPITAL, WHICH PROVIDED FREE SCREENINGS FOR NEARLY 20 WOMEN OVER THE COURSE OF THREE DAYS;
- O 208 PATIENTS RECEIVED TREATMENTS, WITH 82 NEW DIAGNOSES AND 127 PATIENTS UNDER FOLLOW-UP. OF THESE WOMEN, 99 RECEIVED ANTI-HORMONAL THERAPY DURING THE GRANT YEAR;
- O DEVELOPED NEW CURRICULUM MATERIALS FOR NURSING STUDENTS, INCLUDING A PRE-TEST AND POST-TEST; AND
- O REVISED BREAST CANCER AWARENESS MATERIALS, FOCUSING ON EARLY SIGNS AND SYMPTOMS AND ENCOURAGING SCREENING.

PLANNED A CHRONIC DISEASE CARE PROGRAM (CDCP) FOR U.S. HEALTH CARE

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ATTACHMENT 2 (CONT'D)

SAFETY NET CLINICS. THE CDCP WILL OFFER TWO NATIONAL DEMONSTRATION PROGRAMS - ONE ON PREDIABETES AND ONE ON DEPRESSION. AMERICARES WILL DOCUMENT AND DISSEMINATE THE FINDINGS OF THESE TWO INITIATIVES TO INFORM CHRONIC CARE DELIVERY STRATEGIES IN FREE AND CHARITABLE CLINICS THROUGHOUT THE U.S. IN ADDITION, THE UNIVERSITY OF ILLINOIS AT CHICAGO AND THE AMERICAN MEDICAL ASSOCIATION HAVE BOTH SIGNED ON AS PARTNERS AND THE UNIVERSITY OF COLORADO AT DENVER WILL DELIVER SOME OF THE TRAINING FOR PARTICIPATING CLINICS.

MODEL CLINICS: THROUGH OUR PARTNER IN INDIA, AMERICARES MANAGES A MOBILE CLINIC PROGRAM THAT BRINGS PRIMARY CARE TO THE DOORSTEPS OF MARGINALIZED COMMUNITIES IN URBAN SLUMS IN MUMBAI. IN FY14, THE PROGRAM EXPANDED TO SIX CLINICS SERVING 114 LOCATIONS ACROSS 13 MUNICIPAL WARDS IN MUMBAI CITY AND IS POISED TO BE A CATALYZING CHANGE AGENT IN THE FIELD OF SOCIAL HEALTH CARE IN URBAN INDIA. IN FY14, 48,711 UNIQUE PATIENTS SOUGHT CARE IN 79,244 CONSULTATIONS. SINCE THEIR LAUNCH IN 2011, THE CLINICS HAVE CONDUCTED MORE THAN 162,000 PATIENT CONSULTATIONS.

IN ADDITION TO THE NUMBERS REPORTED ABOVE, AMERICARES GLOBAL HEALTH PROGRAMS UTILIZED \$690,658 IN CONTRIBUTED SERVICES.

ATTACHMENT 3

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ATTACHMENT 3 (CONT'D)FORM 990, PART III - PROGRAM SERVICE, LINE 4B

SINCE 1994, AMERICARES HAS BEEN MANAGING PATIENT ASSISTANCE PROGRAMS FOR INDIVIDUAL PHARMACEUTICAL PARTNERS, WITH MORE THAN 3 MILLION PRESCRIPTIONS FILLED SINCE THE PROGRAM'S INCEPTION. TO ACCOMPLISH THIS, AMERICARES PARTNERS WITH PATIENT-FACING VENDORS TO SCREEN APPLICANTS FOR ELIGIBILITY, AS WELL AS WITH FULFILLMENT PHARMACIES THAT DISPENSE 22 BRANDS OF MEDICATION TO APPROVED PATIENTS IN ALL 50 STATES. AT THE END OF FY14, THE PROGRAM HAD FIVE PHARMACEUTICAL DONORS OPERATING SEVEN PAP PROGRAMS. THE TOTAL VALUE OF MEDICINES DONATED THROUGH PAP IN FY14 WAS \$135.7 MILLION, ENOUGH MEDICINE TO FILL CLOSE TO 454,000 PRESCRIPTIONS FOR PATIENTS WHO MIGHT NOT OTHERWISE HAVE ACCESS TO THESE CRUCIAL MEDICATIONS. MEDICINES WERE SHIPPED TO PATIENTS IN ALL 50 STATES, AS WELL AS PUERTO RICO AND THE U.S. VIRGIN ISLANDS.

ATTACHMENT 4FORM 990, PART III - PROGRAM SERVICE, LINE 4C

IN ITS 11TH YEAR OF OPERATION, AMERICARES EL SALVADOR CLINIC PROVIDED HEALTH CARE TO 26,710 PATIENTS WHO MADE A TOTAL OF 76,039 VISITS TO THE FACILITY. THE CLINIC ALSO HAS A ROBUST HEALTH EDUCATION PROGRAM: DURING FY14, THE CLINIC DEVELOPED 32 HEALTH EDUCATION PROGRAMS, BENEFITING A TOTAL OF 48,326 PATIENTS AND FAMILY MEMBERS. IN ADDITION, THE CLINIC WORKED WITH 96 COMMUNITIES TO PROACTIVELY IDENTIFY THEIR HEALTH CARE PRIORITIES, AND WORK TO IMPROVE THE COLLECTIVE HEALTH STATUS OF THE FAMILIES IN THOSE

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ATTACHMENT 4 (CONT'D)

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COMMUNITIES. IN ALL, THESE ACTIVITIES REPRESENTED 9,294 FAMILIES, AND REACHED A TOTAL OF 55,764 INDIVIDUALS.

CLINICAL INTEGRAL DE FAMILIAR IS THE FIRST CLINIC IN EL SALVADOR TO UTILIZE ELECTRONIC RECORDS. THE CLINIC OFFERS FOUR MEDICAL SUBSPECIALTIES - PULMONOLOGY, OPHTHALMOLOGY, ENT AND DERMATOLOGY - WHICH ARE UNAVAILABLE LOCALLY AND PROVIDED AT LOWEST COST RELATIVE TO OTHER REGIONAL CLINICS AND IS THE ONLY PRIMARY CARE CLINIC IN EL SALVADOR TO OFFER MAMMOGRAPHY SERVICES. DIAGNOSTIC EQUIPMENT FOR BLOOD CHEMISTRY, HEMATOLOGY AND ULTRASOUND, RESULTING IN FAST, QUALITY REPORTS AT A COST THAT IS ACCESSIBLE TO OUR PATIENT POPULATION AND COLPOSCOPY SERVICES TO SUPPORT EARLY DETECTION, DIAGNOSIS AND TREATMENT OF WOMEN'S HEALTH CONDITIONS. VISUAL HEALTH SERVICES ARE PART OF ROUTINE CARE.

THE CLINIC ENGAGED IN SEVERAL INFRASTRUCTURE IMPROVEMENTS IN FY14, INCLUDING ACQUISITION OF LAND (\$175,000), EXPANSION OF PARKING AREA (\$39,936) AND EXPANSION OF EDUCATIONAL GATHERING AREAS (\$30,542). ACQUISITION OF LAND SECURES AMERICARES ABILITY TO EXPAND THE CLINIC FACILITIES IN THE YEARS TO COME. CURRENTLY, IT AFFORDS AN INCREASE IN PARKING CAPACITY, WHICH IMPROVES ACCESS AND CONVENIENCE FOR PATIENTS AND EMPLOYEES. ADDITIONALLY, EXPANSION OF THE EDUCATIONAL AREAS ALLOWS FOR GREATER CAPACITY FOR STAFF AND COMMITTEE MEETINGS, AND COMMUNITY TRAINING AND SERVICE PROGRAMS.

THE CLINIC TAKES A LEADING ROLE IN THE CARE AND PREVENTION OF



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**ATTACHMENT 4 (CONT'D)**


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CHRONIC NON-COMMUNICABLE DISEASES SUCH AS HYPERTENSION AND DIABETES MELLITUS. IN FY14, CIAF LAUNCHED A PROGRAM TO ADVANCE THE MANAGEMENT OF NCDS AT THE CLINIC AND IN THE MINISTRY OF HEALTH SYSTEM, STARTING WITH DIABETES AND HYPERTENSION. IN FY14, THE CLINIC COMPLETED A STUDY OF BROAD-BASED HEALTH OUTCOMES OF 2,500 PATIENTS TO INFORM THE PROGRAM DESIGN, IDENTIFY STRENGTHS AND AREAS FOR IMPROVEMENT IN CLINICAL SERVICES, AND SUPPORT DECISION-MAKING, EDUCATION OF THE PATIENT, AND THE PARTICIPATION OF THE COMMUNITY.

OUR CLINIC ALSO SERVES AS DISTRIBUTION HUB FOR DONATIONS TO OTHER HEALTH AND SOCIAL SERVICE INSTITUTIONS IN EL SALVADOR. IN THE COURSE OF FY14, WE PROVIDED 231 INSTITUTIONS AND COMMUNITIES WITH DONATIONS TOTALING \$1,061,172. WE ALSO USED DONATED MEDICAL SUPPLIES TOTALING \$113,083 DIRECTLY AT THE CLINIC, WHICH REPRESENTS APPROXIMATELY 10 PERCENT OF OUR DONATED INVENTORY.

OUR NETWORK INCLUDED 21 HEALTH INSTITUTIONS ACROSS 21 MUNICIPALITIES; 29 SOCIAL SERVICE INSTITUTIONS; 64 COMMUNITIES; AND 117 PUBLIC SCHOOLS.

ONE OF OUR MAIN SUPPORTERS OF OUR EDUCATIONAL PROGRAMS IS TOMS SHOES. OUR PARTNERSHIP WITH TOMS BEGAN IN 2010; IN FY14, THE CLINIC DISTRIBUTED 42,623 PAIRS OF TOMS SHOES, INCLUDING MORE THAN 7,200 TO CHILDREN SEEN IN THE CLINIC.

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ATTACHMENT 4 (CONT'D)

THE CLINIC CURRENTLY HAS 85 EMPLOYEES. OUR INTERNAL REGULATIONS  
ARE MONITORED BY EL SALVADOR'S DEPARTMENT OF LABOR.

ATTACHMENT 5FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

HAITI

EL SALVADOR

SRI LANKA

JAPAN

INDIA

ATTACHMENT 6FORM 990, PART VI, LINE 17 - STATES

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

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

MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

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

ATTACHMENT 7990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MAIL AMERICA COMMUNICATIONS 1174 ELKTON FARM ROAD, P.O. BOX 870 FOREST, VA 24551	FUNDRAISING	665,128.
DONORDIGITAL INC 2550 NINTH STREET, STE 103 BERKELEY, CA 94710	FUNDRAISING	453,291.

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ATTACHMENT 7 (CONT'D)990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
RAFANELLI EVENTS 5 WEST 19TH STREET NEW YORK, NY 10011	EVENT PLANNING	295,786.
MAL WARWICK & ASSOCIATES 2550 NINTH STREET, STE 103 BERKELEY, CA 94710	FUNDRAISING	284,251.
DONOR SERVICES GROUP 6715 SUNSET BOULEVARD HOLLYWOOD, CA 90028	FUNDRAISING	270,386.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

▶ See separate instructions.

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

Department of the Treasury  
Internal Revenue Service

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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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**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
(1) AMERICARES FREE CLINICS, INC 06-1422741 88 HAMILTON AVENUE STAMFORD, CT 06902	HEALTH CARE	CT	501 (C) (3)	7	N/A	X	
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2013

**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	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICARES FREE CLINICS, INC	B	1,323,273.	FMV
(2) AMERICARES FREE CLINICS, INC	Q	61,288.	CASH
(3) AMERICARES FREE CLINICS, INC	S	250,000.	CASH
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

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**Part VII** **Supplemental Information**

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

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