

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2016

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 2017

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICARES FOUNDATION, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 88 HAMILTON AVENUE City or town, state or province, country, and ZIP or foreign postal code STAMFORD, CT 06902-3111	D Employer identification number 06-1008595
	E Telephone number (203) 658-9500	
	F Name and address of principal officer: <u>MICHAEL J. NYENHUIS</u> 88 HAMILTON AVENUE STAMFORD, CT 06902	
	G Gross receipts \$ <u>2,404,972,410.</u>	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ <u>WWW.AMERICARES.ORG</u>		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: <u>1979</u>		M State of legal domicile: <u>CT</u>

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>AMERICARES IS A HEALTH-FOCUSED RELIEF & DEVELOPMENT ORGANIZATION THAT RESPONDS TO PEOPLE AFFECTED BY POVERTY OR DISASTER WITH LIFE-CHANGING HEALTH PROGRAMS, MEDICINE & SUPPLIES.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21.
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	20.
	6	Total number of volunteers (estimate if necessary)	6	152.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	29.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	914,486,587.	2,379,130,027.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	776,992.	789,734.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	562,583.	604,794.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-92,516.	-90,757.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	915,733,646.	2,380,433,798.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	796,944,297.	1,846,729,386.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	13,181,279.	15,667,345.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>10,481,179.</u>	1,381,661.	1,138,223.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	170,579,617.	63,768,928.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	982,086,854.	1,927,303,882.
19	Revenue less expenses. Subtract line 18 from line 12	-66,353,208.	453,129,916.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	153,730,999.	607,900,396.
	22	Net assets or fund balances. Subtract line 21 from line 20.	8,848,399.	9,061,242.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 	Date 11/15/2017
	Type or print name and title RICHARD K. TROWBRIDGE JR. CFO & SENIOR V.P.	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SCOTT THOMPSETT		11/15/2017	<input type="checkbox"/>	P00741490
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558	Firm's address ▶ 757 THIRD AVENUE, 3RD 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** (2016)

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 \$ 1,867,147,873. including grants of \$ 1,812,384,373.) (Revenue \$)

ATTACHMENT 2

4b (Code:) (Expenses \$ 39,050,590. including grants of \$ 33,548,925.) (Revenue \$)

ATTACHMENT 3

4c (Code:) (Expenses \$ 5,471,947. including grants of \$ 796,088.) (Revenue \$ 789,734.)

ATTACHMENT 4

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

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

4e Total program service expenses ▶ 1,911,670,410.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in 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	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer 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?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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 payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," 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	
35a 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 Section 501(c)(3) organizations. 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? Note. 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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 (21), 1b (20), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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, address, and telephone number of the person who possesses the organization's books and records:

RICHARD K. TROWBRIDGE, 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 0.	X					0.	0.	0.	
(2) CAROL B. BAUER VICE CHAIR (THRU 10/16)/DIR.	1.00 0.	X		X			0.	0.	0.	
(3) ELIZABETH F. FRANK DIRECTOR	1.00 0.	X					0.	0.	0.	
(4) C. ROBERT HENRIKSON DIRECTOR	1.00 0.	X					0.	0.	0.	
(5) PAUL J. KUEHNER DIRECTOR	1.00 0.	X					0.	0.	0.	
(6) JERRY P. LEAMON CHAIRMAN	1.00 0.	X		X			0.	0.	0.	
(7) ROBERT G. LEARY VICE CHAIR/DIRECT (THRU 04/17)	1.00 0.	X		X			0.	0.	0.	
(8) ALMA JANE MACAULEY VICE CHAIRMAN	1.00 0.	X		X			0.	0.	0.	
(9) C. DEAN MAGLARIS DIRECTOR	1.00 0.	X					0.	0.	0.	
(10) ROBERT M. BAYLIS DIRECTOR	1.00 0.	X					0.	0.	0.	
(11) JOSEPH J. RUCCI, JR. DIRECTOR AND SECRETARY	1.00 0.	X		X			0.	0.	0.	
(12) MICHAEL J. NYENHUIS PRESIDENT & CEO	40.00 0.	X		X			383,477.	0.	65,387.	
(13) SAMHITA JAYANTI DIRECTOR(THRU 4/17) VICE CHAIR	1.00 0.	X		X			0.	0.	0.	
(14) KEITH MCALLISTER DIRECTOR	1.00 0.	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) ALAN RWAMBUYA ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(16) STEPHEN SADOVE ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(17) STEPHEN GALLUCCI ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(18) BRYAN C. HANSON ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(19) JEFFREY T. BECKER ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(20) KATHERINE CLOSE ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(21) SARAH SAINT-AMAND ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(22) ROBERTA CONROY ----- DIRECTOR (AS OF 4/17)	1.00 0.	X					0.	0.	0.	
(23) KEVIN GILRAIN ----- SENIOR V.P., HUMAN RESOURCES	40.00 0.			X			203,025.	0.	31,154.	
(24) ANNE PETERSON, MD, MPH ----- SENIOR V.P., GLOBAL PROGRAMS	40.00 0.			X			229,081.	0.	25,096.	
(25) RICHARD K. TROWBRIDGE, JR. ----- CFO & SENIOR V.P., OPERATIONS	40.00 0.			X			253,074.	0.	40,257.	
1b Sub-total							383,477.	0.	65,387.	
c Total from continuation sheets to Part VII, Section A							2,515,750.	0.	357,795.	
d Total (add lines 1b and 1c)							2,899,227.	0.	423,182.	

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 ► 24

	Yes	No
3 Did the organization list any former 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 ► 9

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) MEGIN WOLFMAN ----- DIRECTOR, EXECUTIVE OFFICE	40.00 ----- 0.			X				94,497.	0.	7,287.
(27) CHRISTINE SQUIRES ----- CHIEF DEV. OFFICER(FROM 05/16)	40.00 ----- 0.			X				140,549.	0.	13,267.
(28) RACHEL GRANGER ----- V.P. INT'L PARTNRSHPS&PROGRAMS	40.00 ----- 0.					X		158,896.	0.	17,392.
(29) GARY LEEDS ----- V.P., FINANCE	40.00 ----- 0.					X		167,799.	0.	30,991.
(30) DIANA MAGUIRE ----- V.P., INSTITUTIONAL RELATIONS	40.00 ----- 0.					X		153,088.	0.	37,827.
(31) JED SELKOWITZ ----- CMO & SVP, COMMUNICATIONS	40.00 ----- 0.					X		239,670.	0.	22,244.
(32) DENNIS RICE ----- CIO & SVP, COMMUNICATIONS	40.00 ----- 0.					X		183,135.	0.	36,420.
(33) GARRETT INGOGLIA ----- V.P., EMERGENCY RESPONSE	40.00 ----- 0.						X	139,922.	0.	19,497.
(34) GEOFF KNEISEL ----- V.P., CORP RELATIONS	40.00 ----- 0.						X	125,042.	0.	33,863.
(35) MELISSA WOOLFORD ----- V.P., LEADERSHIP GIFTS	40.00 ----- 0.						X	145,774.	0.	9,148.
(36) MARTHA KENNARD ----- V.P., OPERATIONS	40.00 ----- 0.						X	133,242.	0.	8,723.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 24

	Yes	No
3 Did the organization list any former 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

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	133,098.					
	b Membership dues	1b						
	c Fundraising events	1c	2,434,140.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	463,485.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,376,099,304.					
	g Noncash contributions included in lines 1a-1f: \$		2,342,737,771.					
	h Total. Add lines 1a-1f			2,379,130,027.				
	Program Service Revenue				Business Code			
2a PATIENT SERVICE REVENUE			621400	789,734.	789,734.			
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				789,734.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			663,561.			663,561.	
	4 Income from investment of tax-exempt bond proceeds			0.				
	5 Royalties			0.				
	6a Gross rents		(i) Real	173,765.				
		b Less: rental expenses		185,953.				
		c Rental income or (loss)		-12,188.				
		d Net rental income or (loss)			-12,188.			-12,188.
	7a Gross amount from sales of assets other than inventory		(i) Securities	19,761,984.				
			(ii) Other	3,253,857.				
		b Less: cost or other basis and sales expenses		19,774,608.				
		c Gain or (loss)		-12,624.				
	d Net gain or (loss)				-58,767.			-58,767.
	8a Gross income from fundraising events (not including \$ 2,434,140. of contributions reported on line 1c). See Part IV, line 18	a		141,760.				
		b Less: direct expenses	b	642,849.				
		c Net income or (loss) from fundraising events						-501,089.
9a Gross income from gaming activities. See Part IV, line 19	a		0.					
	b Less: direct expenses	b	0.					
	c Net income or (loss) from gaming activities						0.	
10a Gross sales of inventory, less returns and allowances	a		973,607.					
	b Less: cost of goods sold	b	635,202.					
	c Net income or (loss) from sales of inventory						338,405.	
Miscellaneous Revenue			Business Code					
11a EL SALVADOR CAFETERIA INCOME			900099	79,633.			79,633.	
	b EL SALVADOR MISCELLANEOUS INCOME		900099	4,482.			4,482.	
	c							
	d All other revenue							
e Total. Add lines 11a-11d				84,115.				
12 Total revenue. See instructions.				2,380,433,798.	789,734.		514,037.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	206,390,342.	206,390,342.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	224,672,306.	224,672,306.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,415,666,738.	1,415,666,738.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,581,406.	549,340.	633,601.	398,465.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	786,857.	472,312.		314,545.
7 Other salaries and wages	9,900,072.	5,612,128.	1,872,456.	2,415,488.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	420,317.	227,291.	93,623.	99,403.
9 Other employee benefits	2,026,273.	1,038,383.	342,916.	644,974.
10 Payroll taxes	952,420.	526,601.	189,789.	236,030.
11 Fees for services (non-employees):				
a Management	1,560,218.	1,207,415.	185,970.	166,833.
b Legal	52,948.	18,638.	6,912.	27,398.
c Accounting	216,407.	36,407.	180,000.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	1,138,223.			1,138,223.
f Investment management fees	76,481.		76,481.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	950,857.	206,288.	336,423.	408,146.
12 Advertising and promotion	1,380,157.	82,305.	1,550.	1,296,302.
13 Office expenses	209,569.	169,593.	25,594.	14,382.
14 Information technology	1,410,419.	105,347.	435,619.	869,453.
15 Royalties	0.			
16 Occupancy	2,126,246.	1,615,991.	206,414.	303,841.
17 Travel	1,626,613.	1,321,651.	87,844.	217,118.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	127,244.	118,622.	6,694.	1,928.
20 Interest	2,167.	2,167.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	750,387.	541,655.	94,714.	114,018.
23 Insurance	313,357.	159,779.	80,001.	73,577.
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	45,001,237.	45,001,237.		
b POSTAGE AND FREIGHT	6,519,568.	5,393,087.	9,263.	1,117,218.
c MISCELLANEOUS	1,445,053.	534,787.	286,429.	623,837.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	1,927,303,882.	1,911,670,410.	5,152,293.	10,481,179.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	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
Assets	1 Cash - non-interest-bearing	2,814.	1	14,343.
	2 Savings and temporary cash investments	7,191,568.	2	3,313,505.
	3 Pledges and grants receivable, net	6,471,687.	3	10,436,151.
	4 Accounts receivable, net	258,970.	4	274,316.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 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.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	112,167,846.	8	565,779,308.
	9 Prepaid expenses and deferred charges	775,449.	9	605,600.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,355,189.		
	b Less: accumulated depreciation	10b 4,403,316.	3,305,733.	10c 2,951,873.
	11 Investments - publicly traded securities	16,761,633.	11	20,504,365.
	12 Investments - other securities. See Part IV, line 11	5,390.	12	5,124.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	6,789,909.	15	4,015,811.
16 Total assets. Add lines 1 through 15 (must equal line 34)	153,730,999.	16	607,900,396.	
Liabilities	17 Accounts payable and accrued expenses	4,570,662.	17	4,618,183.
	18 Grants payable	1,117,497.	18	758,401.
	19 Deferred revenue	365,430.	19	1,056,256.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 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.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,794,810.	25	2,628,402.
	26 Total liabilities. Add lines 17 through 25	8,848,399.	26	9,061,242.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	72,314,494.	27	56,573,188.
	28 Temporarily restricted net assets	68,393,545.	28	537,520,994.
	29 Permanently restricted net assets	4,174,561.	29	4,744,972.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	144,882,600.	33	598,839,154.
34 Total liabilities and net assets/fund balances	153,730,999.	34	607,900,396.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,380,433,798.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,927,303,882.
3	Revenue less expenses. Subtract line 2 from line 1	3	453,129,916.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	144,882,600.
5	Net unrealized gains (losses) on investments	5	957,480.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-130,842.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	598,839,154.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations.

g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2016

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	620,146,474.	558,924,455.	738,792,543.	914,486,587.	2,379,130,027.	5,211,480,086.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	620,146,474.	558,924,455.	738,792,543.	914,486,587.	2,379,130,027.	5,211,480,086.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						2,572,570,913.
6 Public support. Subtract line 5 from line 4.						2,638,909,173.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	620,146,474.	558,924,455.	738,792,543.	914,486,587.	2,379,130,027.	5,211,480,086.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	985,301.	848,586.	1,073,316.	960,491.	837,326.	4,705,020.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	965,349.	1,070,273.	1,156,012.	1,141,371.	1,199,482.	5,532,487.
11 Total support. Add lines 7 through 10						5,221,717,593.
12 Gross receipts from related activities, etc. (see instructions)					12	3,582,028.
13 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	50.54 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	63.98 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
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

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
SPECIAL EVENTS	91,080.	104,390.	123,250.	125,700.	141,760.	586,180.
SALES OF INVENTORY	789,468.	885,085.	913,379.	923,890.	973,607.	4,485,429.
MISCELLANEOUS	84,801.	80,798.	119,383.	91,781.	84,115.	460,878.
TOTALS	<u>965,349.</u>	<u>1,070,273.</u>	<u>1,156,012.</u>	<u>1,141,371.</u>	<u>1,199,482.</u>	<u>5,532,487.</u>

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

▶ **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.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 doesn't 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
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Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 1,335,450,023.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 114,913,366.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 112,338,214.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 81,823,013.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 72,005,815.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 62,140,363.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____	\$ 56,996,436.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____	\$ 56,971,733.	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.)
_____	_____	\$ _____	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 AND RELATED HEALTHCARE GOODS	\$ 1,335,450,023.	VAR
2	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS	\$ 114,913,366.	VAR
3	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS	\$ 112,338,214.	VAR
4	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS	\$ 81,823,013.	VAR
5	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS	\$ 72,005,815.	VAR
6	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS	\$ 62,140,363.	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 AND RELATED HEALTHCARE GOODS	\$ 56,996,436.	VAR
8	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS	\$ 56,971,733.	VAR
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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

Employer identification number
06-1008595

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this 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

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

AMERICARES FOUNDATION, INC.

06-1008595

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2016

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? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,420,481.	1,751,764.	1,701,949.	1,463,525.	1,293,534.
b Contributions	45,000.				
c Net investment earnings, gains, and losses	206,768.	-31,283.	49,815.	238,424.	169,991.
d Grants or scholarships					
e Other expenditures for facilities and programs	100,000.	300,000.			
f Administrative expenses	5,641.				
g End of year balance	1,566,608.	1,420,481.	1,751,764.	1,701,949.	1,463,525.

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 81.0000 %
- c Temporarily restricted endowment 19.0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		175,000.		175,000.
b Buildings		900,971.	483,311.	417,660.
c Leasehold improvements		2,589,750.	1,384,531.	1,205,219.
d Equipment		3,689,469.	2,535,475.	1,153,994.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,951,873.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) SPLIT INTEREST AGREEMENTS	2,546,605.	
(3) CAPITALIZED LEASE	81,797.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		2,628,402.

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. DURING TAX YEAR ENDING 2015, THE FOUNDATION APPROPRIATED \$400,000 (OF WHICH \$300,000 AND \$100,000 WERE WITHDRAWN IN 2015 AND 2016 RESPECTIVELY) FROM ITS ENDOWMENT FOR EXPENDITURES TO SUPPORT THE RECONFIGURATION OF ITS DISTRIBUTION CENTER IN STAMFORD, CT.

INCOME TAXES

FORM 990, SCHEDULE D, PART X

AMERICARES FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS MORE-LIKELY-THAN-NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

AMERICARES IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH THEY ARE SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. AMERICARES HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT

Part XIII Supplemental Information (continued)

STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT WAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. AMERICARES HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

RECONCILIATION

THE AMERICARES FOUNDATION, INC. ("FOUNDATION") FILES A CONSOLIDATED AUDITED FINANCIAL STATEMENT WITH ITS SUBSIDIARY, AMERICARES FREE CLINICS, INC ("CLINICS"). 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).

REVENUE ON BOOKS NOT ON RETURN

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

CHANGES IN SPLIT-INTEREST AGREEMENTS	\$130,842
--------------------------------------	-----------

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

RENTAL EXPENSES RECLASSIFIED TO OFFSET	\$185,953
--	-----------

REVENUE (AS REPORTED IN PART VIII)

SPECIAL EVENTS RECLASSIFIED TO OFFSET	\$642,849
---------------------------------------	-----------

REVENUE (AS REPORTED IN PART VIII)

COST OF GOODS SOLD RECLASSIFIED TO OFFSET	\$635,202
---	-----------

REVENUE (AS REPORTED IN PART VIII)

Part XIII Supplemental Information (continued)

TOTAL REVENUE ADJUSTMENTS \$1,464,004

EXPENSES ON BOOKS NOT ON RETURN

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

RENTAL EXPENSES RECLASSIFIED TO OFFSET \$185,953

REVENUE (AS REPORTED IN PART VIII)

SPECIAL EVENTS RECLASSIFIED TO OFFSET \$642,849

REVENUE (AS REPORTED IN PART VIII)

COST OF GOODS SOLD RECLASSIFIED TO OFFSET \$635,202

REVENUE (AS REPORTED IN PART VIII)

TOTAL REVENUE ADJUSTMENTS \$1,464,004

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2016

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.
- ▶ Information about Schedule F (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 **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	3,924,092.
(2) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	800,261.
(3) EUROPE			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	49,705.
(4) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	234,873.
(5) SOUTH AMERICA			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	343,464.
(6) SUB-SAHARAN AFRICA			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	1,365,685.
(7) SOUTH ASIA			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	100,551.
(8) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES		131,519.
(9) EAST ASIA AND THE PACIFIC	1.	7.	GRANTMAKING		601,913,125.
(10) EUROPE			GRANTMAKING		4,512,196.
(11) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		20,240,864.
(12) RUSSIA/INDEPENDENT STATES			GRANTMAKING		79,164,705.
(13) SOUTH AMERICA			GRANTMAKING		24,350,941.
(14) SOUTH ASIA	1.	5.	GRANTMAKING		16,655,971.
(15) SUB-SAHARAN AFRICA	2.	7.	GRANTMAKING		441,655,360.
(16) NORTH AMERICA			GRANTMAKING		206,908.
(17) CENTRAL AMERICA/CARIBBEAN	2.	107.	GRANTMAKING		226,966,668.
3a Sub-total	6.	126.			1,422,616,888.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	6.	126.			1,422,616,888.

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

Schedule F (Form 990) 2016

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	SHOE DISTRIB	11,430.	WIRE			
(2)			CENT. AMERICA/CARIBBEAN	HURRICANE RE	20,000.	WIRE			
(3)			CENT. AMERICA/CARIBBEAN	MOBILE MEDIC	10,000.	WIRE			
(4)			CENT. AMERICA/CARIBBEAN	FLOODING REL	5,662.	WIRE			
(5)			CENT. AMERICA/CARIBBEAN	FACILITIES A	60,000.	WIRE			
(6)			EAST ASIA/PACIFIC	BREAST CANCE	60,000.	WIRE			
(7)			EAST ASIA/PACIFIC	PEDIATRIC NU	135,000.	WIRE			
(8)			EAST ASIA/PACIFIC	REHABILITATI	88,982.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	REFUGEE AID	72,569.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	MATERNAL HEA	360,592.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	SHOE DISTRIB	17,622.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	PROGRAM IMPA	179,913.	WIRE			
(13)			RUSSIA/NEWLY IND. STATES	SHOE DISTRIB	10,503.	WIRE			
(14)			SOUTH ASIA	ANNUAL PROGR	449,985.	WIRE			
(15)			SOUTH ASIA	MOBILE MEDIC	41,348.	WIRE			
(16)			SOUTH ASIA	CADRE DEVELO	84,800.	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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	FLOODING REL	15,000.	WIRE			
(2)			SOUTH ASIA	FLOODING REL	10,000.	WIRE			
(3)			SOUTH ASIA	HUMANITIES	40,000.	WIRE			
(4)			SOUTH ASIA	HEALTH SERVI	472,950.	WIRE			
(5)			SUB-SAHARAN AFRICA	FISTULA SUPP	12,350.	WIRE			
(6)			SUB-SAHARAN AFRICA	PHLEBOTOMY T	125,000.	WIRE			
(7)			SUB-SAHARAN AFRICA	STORM RELIEF	9,236.	WIRE			
(8)			CENTRAL AMERICA AND THE	EMERGENCY			353,149.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	EMERGENCY			13,280,899.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	EMERGENCY			1,817,281.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	EMERGENCY			743,181.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	EMERGENCY			695,339.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	EMERGENCY			252,378.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	EMERGENCY			79,527.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	EMERGENCY			72,012.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	EMERGENCY			63,728.	MED. SUPPL.	FMV

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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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA AND THE	EMERGENCY			663,408.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	EMERGENCY			200,148.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	EMERGENCY			53,176.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	EMERGENCY			10,635.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	EMERGENCY			265,119.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	EMERGENCY			178,904.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	EMERGENCY			178,665.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	EMERGENCY			141,820.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	EMERGENCY			130,491.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	EMERGENCY			116,601.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	EMERGENCY			115,400.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	EMERGENCY			103,055.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	EMERGENCY			94,969.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	EMERGENCY			74,598.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	EMERGENCY			71,491.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	EMERGENCY			70,989.	MED. SUPPL.	FMV

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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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA AND THE	EMERGENCY			69,909.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	EMERGENCY			68,022.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	EMERGENCY			65,098.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	EMERGENCY			47,071.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	EMERGENCY			36,630.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	EMERGENCY			33,222.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	EMERGENCY			22,717.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	EMERGENCY			22,587.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	EMERGENCY			21,168.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	EMERGENCY			20,939.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	EMERGENCY			14,396.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	EMERGENCY			7,509.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			1,097,259.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			818,361.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			809,104.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			569,151.	MED. SUPPL.	FMV

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA AND THE	ON-GOING			524,820.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			522,427.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			460,443.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			385,105.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	ON-GOING			368,890.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	ON-GOING			338,415.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	ON-GOING			328,850.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	ON-GOING			328,070.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	ON-GOING			306,381.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	ON-GOING			304,421.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	ON-GOING			293,438.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			285,832.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			281,954.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			281,706.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			276,861.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			273,805.	MED. SUPPL.	FMV

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA AND THE	ON-GOING			271,266.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			265,462.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			260,797.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			255,864.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	ON-GOING			246,548.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	ON-GOING			242,104.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	ON-GOING			232,927.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	ON-GOING			232,729.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	ON-GOING			231,845.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	ON-GOING			229,700.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	ON-GOING			229,363.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			227,320.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			221,831.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			219,935.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			215,983.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			207,555.	MED. SUPPL.	FMV

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA AND THE	ON-GOING			205,351.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			202,538.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			201,840.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			199,454.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	ON-GOING			191,541.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	ON-GOING			177,713.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	ON-GOING			170,516.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	ON-GOING			167,811.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	ON-GOING			161,620.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	ON-GOING			153,729.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	ON-GOING			152,406.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			150,743.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			149,835.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			147,825.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			147,027.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			146,417.	MED. SUPPL.	FMV

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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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA AND THE	ON-GOING			146,381.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			143,794.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			134,662.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			134,094.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	ON-GOING			130,929.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	ON-GOING			130,062.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	ON-GOING			124,986.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	ON-GOING			124,275.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	ON-GOING			120,097.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	ON-GOING			119,783.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	ON-GOING			118,762.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			115,801.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			115,076.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			114,034.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			113,801.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			111,778.	MED. SUPPL.	FMV

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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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA AND THE	ON-GOING			111,070.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			109,679.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			108,637.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			108,003.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	ON-GOING			107,496.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	ON-GOING			106,647.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	ON-GOING			106,234.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	ON-GOING			101,760.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	ON-GOING			101,441.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	ON-GOING			101,153.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	ON-GOING			98,597.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			97,782.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			97,148.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			96,660.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			92,613.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			92,507.	MED. SUPPL.	FMV

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(1)			CENTRAL AMERICA AND THE	ON-GOING			91,882.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			91,519.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			91,034.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			89,957.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	ON-GOING			89,832.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	ON-GOING			85,786.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	ON-GOING			84,968.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	ON-GOING			84,295.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	ON-GOING			82,134.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	ON-GOING			81,940.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	ON-GOING			81,006.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			80,524.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			79,317.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			78,052.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			75,260.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			74,437.	MED. SUPPL.	FMV

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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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA AND THE	ON-GOING			74,287.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			74,042.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			72,680.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			71,306.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	ON-GOING			70,665.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	ON-GOING			69,090.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	ON-GOING			68,649.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	ON-GOING			68,445.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	ON-GOING			68,351.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	ON-GOING			67,155.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	ON-GOING			65,014.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			64,742.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			64,469.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			62,214.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			62,013.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			61,173.	MED. SUPPL.	FMV

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(1)			CENTRAL AMERICA AND THE	ON-GOING			60,819.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			60,166.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			57,704.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			56,881.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	ON-GOING			56,644.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	ON-GOING			55,945.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	ON-GOING			55,875.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	ON-GOING			54,953.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	ON-GOING			54,490.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	ON-GOING			54,067.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	ON-GOING			53,807.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			53,164.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			53,105.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			52,676.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			51,912.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			51,860.	MED. SUPPL.	FMV

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(1)			CENTRAL AMERICA AND THE	ON-GOING			51,170.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			50,670.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			49,295.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			49,220.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	ON-GOING			48,001.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	ON-GOING			47,902.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	ON-GOING			47,684.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	ON-GOING			47,115.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	ON-GOING			46,237.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	ON-GOING			46,099.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	ON-GOING			43,580.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			43,543.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			43,298.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			43,272.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			43,101.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			42,889.	MED. SUPPL.	FMV

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(1)			CENTRAL AMERICA AND THE	ON-GOING			42,680.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			42,269.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			42,261.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			40,746.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	ON-GOING			39,984.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	ON-GOING			39,466.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	ON-GOING			39,270.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	ON-GOING			39,152.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	ON-GOING			38,987.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	ON-GOING			38,753.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	ON-GOING			38,626.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			38,454.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			36,398.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			36,157.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			35,061.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			34,893.	MED. SUPPL.	FMV

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(1)			CENTRAL AMERICA AND THE	ON-GOING			34,561.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			34,434.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			34,382.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			34,329.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	ON-GOING			33,698.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	ON-GOING			33,199.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	ON-GOING			32,445.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	ON-GOING			32,405.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	ON-GOING			32,078.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	ON-GOING			32,064.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	ON-GOING			31,771.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			31,633.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			31,559.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			29,751.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			29,630.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			28,798.	MED. SUPPL.	FMV

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(1)			CENTRAL AMERICA AND THE	ON-GOING			27,347.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			26,758.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			26,075.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			25,877.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	ON-GOING			25,843.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	ON-GOING			25,779.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	ON-GOING			25,598.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	ON-GOING			25,335.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	ON-GOING			24,576.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	ON-GOING			24,507.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	ON-GOING			24,501.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			24,475.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			23,917.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			23,570.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			22,682.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			22,359.	MED. SUPPL.	FMV

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(1)			CENTRAL AMERICA AND THE	ON-GOING			21,508.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			21,443.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			21,180.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			20,730.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	ON-GOING			20,194.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	ON-GOING			19,975.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	ON-GOING			19,790.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	ON-GOING			19,589.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	ON-GOING			18,438.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	ON-GOING			18,202.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	ON-GOING			17,999.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			17,982.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			17,926.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			17,364.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			16,526.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			16,498.	MED. SUPPL.	FMV

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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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA AND THE	ON-GOING			16,489.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			16,245.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			16,136.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			15,776.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	ON-GOING			15,709.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	ON-GOING			14,812.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	ON-GOING			14,211.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	ON-GOING			13,867.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	ON-GOING			13,862.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	ON-GOING			13,813.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	ON-GOING			13,255.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			13,104.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			13,047.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			12,939.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			12,672.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			12,322.	MED. SUPPL.	FMV

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(1)			CENTRAL AMERICA AND THE	ON-GOING			11,828.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			11,745.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			11,416.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			11,315.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	ON-GOING			11,106.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	ON-GOING			11,070.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	ON-GOING			10,954.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	ON-GOING			10,701.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	ON-GOING			10,558.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	ON-GOING			10,488.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	ON-GOING			10,425.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			10,219.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			10,140.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			10,112.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			9,971.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			9,891.	MED. SUPPL.	FMV

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(1)			CENTRAL AMERICA AND THE	ON-GOING			9,832.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			9,660.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			9,599.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			9,494.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	ON-GOING			9,381.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	ON-GOING			9,293.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	ON-GOING			9,154.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	ON-GOING			9,154.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	ON-GOING			9,087.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	ON-GOING			9,052.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	ON-GOING			8,822.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			8,435.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			8,150.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			8,030.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			8,022.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			7,972.	MED. SUPPL.	FMV

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(1)			CENTRAL AMERICA AND THE	ON-GOING			7,948.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			7,713.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			7,701.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			7,680.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	ON-GOING			7,601.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	ON-GOING			7,495.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	ON-GOING			7,472.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	ON-GOING			7,411.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	ON-GOING			7,398.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	ON-GOING			7,335.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	ON-GOING			7,221.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			6,960.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			6,907.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			6,732.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			6,724.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			6,713.	MED. SUPPL.	FMV

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(1)			CENTRAL AMERICA AND THE	ON-GOING			6,707.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			6,700.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			6,528.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			6,517.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	ON-GOING			6,455.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	ON-GOING			6,451.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	ON-GOING			6,442.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	ON-GOING			6,326.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	ON-GOING			6,282.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	ON-GOING			6,182.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	ON-GOING			6,093.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			6,040.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			5,990.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			5,972.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			5,769.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			5,761.	MED. SUPPL.	FMV

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(1)			CENTRAL AMERICA AND THE	ON-GOING			5,712.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			5,659.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			5,636.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			5,588.	MED. SUPPL.	FMV
(5)			CENTRAL AMERICA AND THE	ON-GOING			5,540.	MED. SUPPL.	FMV
(6)			CENTRAL AMERICA AND THE	ON-GOING			5,522.	MED. SUPPL.	FMV
(7)			CENTRAL AMERICA AND THE	ON-GOING			5,217.	MED. SUPPL.	FMV
(8)			CENTRAL AMERICA AND THE	ON-GOING			5,144.	MED. SUPPL.	FMV
(9)			CENTRAL AMERICA AND THE	ON-GOING			5,091.	MED. SUPPL.	FMV
(10)			CENTRAL AMERICA AND THE	ON-GOING			5,040.	MED. SUPPL.	FMV
(11)			CENTRAL AMERICA AND THE	ON-GOING			25,027,660.	MED. SUPPL.	FMV
(12)			CENTRAL AMERICA AND THE	ON-GOING			15,734,180.	MED. SUPPL.	FMV
(13)			CENTRAL AMERICA AND THE	ON-GOING			12,002,908.	MED. SUPPL.	FMV
(14)			CENTRAL AMERICA AND THE	ON-GOING			9,240,321.	MED. SUPPL.	FMV
(15)			CENTRAL AMERICA AND THE	ON-GOING			1,871,534.	MED. SUPPL.	FMV
(16)			CENTRAL AMERICA AND THE	ON-GOING			59,785,577.	MED. SUPPL.	FMV

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(1)			CENTRAL AMERICA AND THE	ON-GOING			28,350,885.	MED. SUPPL.	FMV
(2)			CENTRAL AMERICA AND THE	ON-GOING			2,633,595.	MED. SUPPL.	FMV
(3)			CENTRAL AMERICA AND THE	ON-GOING			22,256,713.	MED. SUPPL.	FMV
(4)			CENTRAL AMERICA AND THE	ON-GOING			2,589,848.	MED. SUPPL.	FMV
(5)			EAST ASIA AND THE PACIFI	ON-GOING			5,267,461.	MED. SUPPL.	FMV
(6)			EAST ASIA AND THE PACIFI	ON-GOING			319,410,000.	MED. SUPPL.	FMV
(7)			EAST ASIA AND THE PACIFI	ON-GOING			1,498,725.	MED. SUPPL.	FMV
(8)			EAST ASIA AND THE PACIFI	ON-GOING			41,582.	MED. SUPPL.	FMV
(9)			EAST ASIA AND THE PACIFI	ON-GOING			270,270,000.	MED. SUPPL.	FMV
(10)			EAST ASIA AND THE PACIFI	ON-GOING			182,952.	MED. SUPPL.	FMV
(11)			EAST ASIA AND THE PACIFI	ON-GOING			485,471.	MED. SUPPL.	FMV
(12)			EAST ASIA AND THE PACIFI	ON-GOING			417,753.	MED. SUPPL.	FMV
(13)			EAST ASIA AND THE PACIFI	ON-GOING			242,547.	MED. SUPPL.	FMV
(14)			EAST ASIA AND THE PACIFI	ON-GOING			235,975.	MED. SUPPL.	FMV
(15)			EAST ASIA AND THE PACIFI	ON-GOING			204,435.	MED. SUPPL.	FMV
(16)			EAST ASIA AND THE PACIFI	ON-GOING			182,742.	MED. SUPPL.	FMV

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(1)			EAST ASIA AND THE PACIFI	ON-GOING			169,986.	MED. SUPPL.	FMV
(2)			EAST ASIA AND THE PACIFI	ON-GOING			169,284.	MED. SUPPL.	FMV
(3)			EAST ASIA AND THE PACIFI	ON-GOING			163,945.	MED. SUPPL.	FMV
(4)			EAST ASIA AND THE PACIFI	ON-GOING			160,628.	MED. SUPPL.	FMV
(5)			EAST ASIA AND THE PACIFI	ON-GOING			158,484.	MED. SUPPL.	FMV
(6)			EAST ASIA AND THE PACIFI	ON-GOING			150,907.	MED. SUPPL.	FMV
(7)			EAST ASIA AND THE PACIFI	ON-GOING			136,327.	MED. SUPPL.	FMV
(8)			EAST ASIA AND THE PACIFI	ON-GOING			134,731.	MED. SUPPL.	FMV
(9)			EAST ASIA AND THE PACIFI	ON-GOING			120,336.	MED. SUPPL.	FMV
(10)			EAST ASIA AND THE PACIFI	ON-GOING			119,737.	MED. SUPPL.	FMV
(11)			EAST ASIA AND THE PACIFI	ON-GOING			115,583.	MED. SUPPL.	FMV
(12)			EAST ASIA AND THE PACIFI	ON-GOING			109,699.	MED. SUPPL.	FMV
(13)			EAST ASIA AND THE PACIFI	ON-GOING			107,127.	MED. SUPPL.	FMV
(14)			EAST ASIA AND THE PACIFI	ON-GOING			101,665.	MED. SUPPL.	FMV
(15)			EAST ASIA AND THE PACIFI	ON-GOING			76,890.	MED. SUPPL.	FMV
(16)			EAST ASIA AND THE PACIFI	ON-GOING			72,804.	MED. SUPPL.	FMV

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(1)			EAST ASIA AND THE PACIFI	ON-GOING			67,225.	MED. SUPPL.	FMV
(2)			EAST ASIA AND THE PACIFI	ON-GOING			65,685.	MED. SUPPL.	FMV
(3)			EAST ASIA AND THE PACIFI	ON-GOING			64,281.	MED. SUPPL.	FMV
(4)			EAST ASIA AND THE PACIFI	ON-GOING			60,208.	MED. SUPPL.	FMV
(5)			EAST ASIA AND THE PACIFI	ON-GOING			58,322.	MED. SUPPL.	FMV
(6)			EAST ASIA AND THE PACIFI	ON-GOING			58,135.	MED. SUPPL.	FMV
(7)			EAST ASIA AND THE PACIFI	ON-GOING			55,249.	MED. SUPPL.	FMV
(8)			EAST ASIA AND THE PACIFI	ON-GOING			55,015.	MED. SUPPL.	FMV
(9)			EAST ASIA AND THE PACIFI	ON-GOING			53,444.	MED. SUPPL.	FMV
(10)			EAST ASIA AND THE PACIFI	ON-GOING			51,469.	MED. SUPPL.	FMV
(11)			EAST ASIA AND THE PACIFI	ON-GOING			38,454.	MED. SUPPL.	FMV
(12)			EAST ASIA AND THE PACIFI	ON-GOING			36,006.	MED. SUPPL.	FMV
(13)			EAST ASIA AND THE PACIFI	ON-GOING			33,539.	MED. SUPPL.	FMV
(14)			EAST ASIA AND THE PACIFI	ON-GOING			33,044.	MED. SUPPL.	FMV
(15)			EAST ASIA AND THE PACIFI	ON-GOING			32,273.	MED. SUPPL.	FMV
(16)			EAST ASIA AND THE PACIFI	ON-GOING			31,706.	MED. SUPPL.	FMV

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(1)			EAST ASIA AND THE PACIFI	ON-GOING			28,287.	MED. SUPPL.	FMV
(2)			EAST ASIA AND THE PACIFI	ON-GOING			24,821.	MED. SUPPL.	FMV
(3)			EAST ASIA AND THE PACIFI	ON-GOING			23,484.	MED. SUPPL.	FMV
(4)			EAST ASIA AND THE PACIFI	ON-GOING			21,843.	MED. SUPPL.	FMV
(5)			EAST ASIA AND THE PACIFI	ON-GOING			20,567.	MED. SUPPL.	FMV
(6)			EAST ASIA AND THE PACIFI	ON-GOING			19,142.	MED. SUPPL.	FMV
(7)			EAST ASIA AND THE PACIFI	ON-GOING			18,357.	MED. SUPPL.	FMV
(8)			EAST ASIA AND THE PACIFI	ON-GOING			17,301.	MED. SUPPL.	FMV
(9)			EAST ASIA AND THE PACIFI	ON-GOING			13,713.	MED. SUPPL.	FMV
(10)			EAST ASIA AND THE PACIFI	ON-GOING			12,183.	MED. SUPPL.	FMV
(11)			EAST ASIA AND THE PACIFI	ON-GOING			11,543.	MED. SUPPL.	FMV
(12)			EAST ASIA AND THE PACIFI	ON-GOING			11,024.	MED. SUPPL.	FMV
(13)			EAST ASIA AND THE PACIFI	ON-GOING			10,735.	MED. SUPPL.	FMV
(14)			EAST ASIA AND THE PACIFI	ON-GOING			10,027.	MED. SUPPL.	FMV
(15)			EAST ASIA AND THE PACIFI	ON-GOING			7,399.	MED. SUPPL.	FMV
(16)			EAST ASIA AND THE PACIFI	ON-GOING			6,491.	MED. SUPPL.	FMV

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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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA AND THE PACIFI	ON-GOING			6,390.	MED. SUPPL.	FMV
(2)			EAST ASIA AND THE PACIFI	ON-GOING			5,816.	MED. SUPPL.	FMV
(3)			EAST ASIA AND THE PACIFI	ON-GOING			5,535.	MED. SUPPL.	FMV
(4)			EAST ASIA AND THE PACIFI	ON-GOING			5,173.	MED. SUPPL.	FMV
(5)			EUROPE	EMERGENCY			2,964,458.	MED. SUPPL.	FMV
(6)			EUROPE	EMERGENCY			163,354.	MED. SUPPL.	FMV
(7)			EUROPE	EMERGENCY			34,414.	MED. SUPPL.	FMV
(8)			EUROPE	EMERGENCY			6,991.	MED. SUPPL.	FMV
(9)			EUROPE	ON-GOING			583,735.	MED. SUPPL.	FMV
(10)			EUROPE	ON-GOING			429,435.	MED. SUPPL.	FMV
(11)			EUROPE	ON-GOING			225,434.	MED. SUPPL.	FMV
(12)			EUROPE	ON-GOING			100,011.	MED. SUPPL.	FMV
(13)			MIDDLE EAST AND NORTH AF	EMERGENCY			324,352.	MED. SUPPL.	FMV
(14)			MIDDLE EAST AND NORTH AF	EMERGENCY			579,595.	MED. SUPPL.	FMV
(15)			MIDDLE EAST AND NORTH AF	EMERGENCY			287,715.	MED. SUPPL.	FMV
(16)			MIDDLE EAST AND NORTH AF	EMERGENCY			224,667.	MED. SUPPL.	FMV

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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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST AND NORTH AF	EMERGENCY			214,769.	MED. SUPPL.	FMV
(2)			MIDDLE EAST AND NORTH AF	EMERGENCY			122,357.	MED. SUPPL.	FMV
(3)			MIDDLE EAST AND NORTH AF	EMERGENCY			92,382.	MED. SUPPL.	FMV
(4)			MIDDLE EAST AND NORTH AF	EMERGENCY			32,282.	MED. SUPPL.	FMV
(5)			MIDDLE EAST AND NORTH AF	EMERGENCY			12,693.	MED. SUPPL.	FMV
(6)			MIDDLE EAST AND NORTH AF	EMERGENCY			11,540.	MED. SUPPL.	FMV
(7)			MIDDLE EAST AND NORTH AF	ON-GOING			1,856,373.	MED. SUPPL.	FMV
(8)			MIDDLE EAST AND NORTH AF	ON-GOING			7,944,731.	MED. SUPPL.	FMV
(9)			MIDDLE EAST AND NORTH AF	ON-GOING			7,832,960.	MED. SUPPL.	FMV
(10)			MIDDLE EAST AND NORTH AF	ON-GOING			36,059.	MED. SUPPL.	FMV
(11)			MIDDLE EAST AND NORTH AF	ON-GOING			15,120.	MED. SUPPL.	FMV
(12)			RUSSIA AND THE NEWLY IND	ON-GOING			9,987,904.	MED. SUPPL.	FMV
(13)			RUSSIA AND THE NEWLY IND	ON-GOING			2,645,694.	MED. SUPPL.	FMV
(14)			RUSSIA AND THE NEWLY IND	ON-GOING			66,462,081.	MED. SUPPL.	FMV
(15)			RUSSIA AND THE NEWLY IND	ON-GOING			68,377.	MED. SUPPL.	FMV
(16)			SOUTH AMERICA	EMERGENCY			108,148.	MED. SUPPL.	FMV

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(1)			SOUTH AMERICA	EMERGENCY			63,420.	MED. SUPPL.	FMV
(2)			SOUTH AMERICA	EMERGENCY			3,189,547.	MED. SUPPL.	FMV
(3)			SOUTH AMERICA	EMERGENCY			983,337.	MED. SUPPL.	FMV
(4)			SOUTH AMERICA	ON-GOING			1,589,608.	MED. SUPPL.	FMV
(5)			SOUTH AMERICA	ON-GOING			2,457,840.	MED. SUPPL.	FMV
(6)			SOUTH AMERICA	ON-GOING			10,699,301.	MED. SUPPL.	FMV
(7)			SOUTH AMERICA	ON-GOING			558,906.	MED. SUPPL.	FMV
(8)			SOUTH AMERICA	ON-GOING			298,493.	MED. SUPPL.	FMV
(9)			SOUTH AMERICA	ON-GOING			290,672.	MED. SUPPL.	FMV
(10)			SOUTH AMERICA	ON-GOING			280,239.	MED. SUPPL.	FMV
(11)			SOUTH AMERICA	ON-GOING			267,311.	MED. SUPPL.	FMV
(12)			SOUTH AMERICA	ON-GOING			259,670.	MED. SUPPL.	FMV
(13)			SOUTH AMERICA	ON-GOING			254,362.	MED. SUPPL.	FMV
(14)			SOUTH AMERICA	ON-GOING			218,975.	MED. SUPPL.	FMV
(15)			SOUTH AMERICA	ON-GOING			189,295.	MED. SUPPL.	FMV
(16)			SOUTH AMERICA	ON-GOING			186,566.	MED. SUPPL.	FMV

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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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	ON-GOING			158,443.	MED. SUPPL.	FMV
(2)			SOUTH AMERICA	ON-GOING			148,767.	MED. SUPPL.	FMV
(3)			SOUTH AMERICA	ON-GOING			145,870.	MED. SUPPL.	FMV
(4)			SOUTH AMERICA	ON-GOING			140,080.	MED. SUPPL.	FMV
(5)			SOUTH AMERICA	ON-GOING			124,800.	MED. SUPPL.	FMV
(6)			SOUTH AMERICA	ON-GOING			120,665.	MED. SUPPL.	FMV
(7)			SOUTH AMERICA	ON-GOING			104,801.	MED. SUPPL.	FMV
(8)			SOUTH AMERICA	ON-GOING			99,134.	MED. SUPPL.	FMV
(9)			SOUTH AMERICA	ON-GOING			98,635.	MED. SUPPL.	FMV
(10)			SOUTH AMERICA	ON-GOING			82,357.	MED. SUPPL.	FMV
(11)			SOUTH AMERICA	ON-GOING			81,255.	MED. SUPPL.	FMV
(12)			SOUTH AMERICA	ON-GOING			75,946.	MED. SUPPL.	FMV
(13)			SOUTH AMERICA	ON-GOING			71,927.	MED. SUPPL.	FMV
(14)			SOUTH AMERICA	ON-GOING			70,849.	MED. SUPPL.	FMV
(15)			SOUTH AMERICA	ON-GOING			70,064.	MED. SUPPL.	FMV
(16)			SOUTH AMERICA	ON-GOING			63,399.	MED. SUPPL.	FMV

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(1)			SOUTH AMERICA	ON-GOING			57,826.	MED. SUPPL.	FMV
(2)			SOUTH AMERICA	ON-GOING			49,149.	MED. SUPPL.	FMV
(3)			SOUTH AMERICA	ON-GOING			40,106.	MED. SUPPL.	FMV
(4)			SOUTH AMERICA	ON-GOING			39,827.	MED. SUPPL.	FMV
(5)			SOUTH AMERICA	ON-GOING			37,474.	MED. SUPPL.	FMV
(6)			SOUTH AMERICA	ON-GOING			31,442.	MED. SUPPL.	FMV
(7)			SOUTH AMERICA	ON-GOING			31,422.	MED. SUPPL.	FMV
(8)			SOUTH AMERICA	ON-GOING			31,080.	MED. SUPPL.	FMV
(9)			SOUTH AMERICA	ON-GOING			30,778.	MED. SUPPL.	FMV
(10)			SOUTH AMERICA	ON-GOING			30,363.	MED. SUPPL.	FMV
(11)			SOUTH AMERICA	ON-GOING			29,737.	MED. SUPPL.	FMV
(12)			SOUTH AMERICA	ON-GOING			27,537.	MED. SUPPL.	FMV
(13)			SOUTH AMERICA	ON-GOING			24,451.	MED. SUPPL.	FMV
(14)			SOUTH AMERICA	ON-GOING			22,255.	MED. SUPPL.	FMV
(15)			SOUTH AMERICA	ON-GOING			18,882.	MED. SUPPL.	FMV
(16)			SOUTH AMERICA	ON-GOING			18,521.	MED. SUPPL.	FMV

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(1)			SOUTH AMERICA	ON-GOING			16,999.	MED. SUPPL.	FMV
(2)			SOUTH AMERICA	ON-GOING			13,816.	MED. SUPPL.	FMV
(3)			SOUTH AMERICA	ON-GOING			12,823.	MED. SUPPL.	FMV
(4)			SOUTH AMERICA	ON-GOING			12,403.	MED. SUPPL.	FMV
(5)			SOUTH AMERICA	ON-GOING			11,805.	MED. SUPPL.	FMV
(6)			SOUTH AMERICA	ON-GOING			10,978.	MED. SUPPL.	FMV
(7)			SOUTH AMERICA	ON-GOING			10,706.	MED. SUPPL.	FMV
(8)			SOUTH AMERICA	ON-GOING			10,652.	MED. SUPPL.	FMV
(9)			SOUTH AMERICA	ON-GOING			10,586.	MED. SUPPL.	FMV
(10)			SOUTH AMERICA	ON-GOING			9,843.	MED. SUPPL.	FMV
(11)			SOUTH AMERICA	ON-GOING			9,135.	MED. SUPPL.	FMV
(12)			SOUTH AMERICA	ON-GOING			9,085.	MED. SUPPL.	FMV
(13)			SOUTH AMERICA	ON-GOING			9,036.	MED. SUPPL.	FMV
(14)			SOUTH AMERICA	ON-GOING			7,630.	MED. SUPPL.	FMV
(15)			SOUTH AMERICA	ON-GOING			7,580.	MED. SUPPL.	FMV
(16)			SOUTH AMERICA	ON-GOING			7,494.	MED. SUPPL.	FMV

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(1)			SOUTH AMERICA	ON-GOING			7,285.	MED. SUPPL.	FMV
(2)			SOUTH AMERICA	ON-GOING			6,910.	MED. SUPPL.	FMV
(3)			SOUTH AMERICA	ON-GOING			6,631.	MED. SUPPL.	FMV
(4)			SOUTH AMERICA	ON-GOING			6,389.	MED. SUPPL.	FMV
(5)			SOUTH AMERICA	ON-GOING			6,212.	MED. SUPPL.	FMV
(6)			SOUTH AMERICA	ON-GOING			5,779.	MED. SUPPL.	FMV
(7)			SOUTH AMERICA	ON-GOING			5,598.	MED. SUPPL.	FMV
(8)			SOUTH ASIA	ON-GOING			5,336.	MED. SUPPL.	FMV
(9)			SOUTH ASIA	ON-GOING			207,982.	MED. SUPPL.	FMV
(10)			SOUTH ASIA	ON-GOING			149,018.	MED. SUPPL.	FMV
(11)			SOUTH ASIA	ON-GOING			119,156.	MED. SUPPL.	FMV
(12)			SOUTH ASIA	ON-GOING			73,848.	MED. SUPPL.	FMV
(13)			SOUTH ASIA	ON-GOING			67,587.	MED. SUPPL.	FMV
(14)			SOUTH ASIA	ON-GOING			67,191.	MED. SUPPL.	FMV
(15)			SOUTH ASIA	ON-GOING			62,605.	MED. SUPPL.	FMV
(16)			SOUTH ASIA	ON-GOING			55,586.	MED. SUPPL.	FMV

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(1)			SOUTH ASIA	ON-GOING			48,690.	MED. SUPPL.	FMV
(2)			SOUTH ASIA	ON-GOING			39,000.	MED. SUPPL.	FMV
(3)			SOUTH ASIA	ON-GOING			27,299.	MED. SUPPL.	FMV
(4)			SOUTH ASIA	ON-GOING			26,666.	MED. SUPPL.	FMV
(5)			SOUTH ASIA	ON-GOING			22,411.	MED. SUPPL.	FMV
(6)			SOUTH ASIA	ON-GOING			22,354.	MED. SUPPL.	FMV
(7)			SOUTH ASIA	ON-GOING			19,257.	MED. SUPPL.	FMV
(8)			SOUTH ASIA	ON-GOING			16,931.	MED. SUPPL.	FMV
(9)			SOUTH ASIA	ON-GOING			14,795.	MED. SUPPL.	FMV
(10)			SOUTH ASIA	ON-GOING			13,685.	MED. SUPPL.	FMV
(11)			SOUTH ASIA	ON-GOING			11,588.	MED. SUPPL.	FMV
(12)			SOUTH ASIA	ON-GOING			7,026.	MED. SUPPL.	FMV
(13)			SOUTH ASIA	ON-GOING			6,021.	MED. SUPPL.	FMV
(14)			SOUTH ASIA	ON-GOING			5,337.	MED. SUPPL.	FMV
(15)			SOUTH ASIA	ON-GOING			5,261.	MED. SUPPL.	FMV
(16)			SOUTH ASIA	ON-GOING			14,414,245.	MED. SUPPL.	FMV

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(1)			SUB-SAHARAN AFRICA	EMERGENCY			176,127.	MED. SUPPL.	FMV
(2)			SUB-SAHARAN AFRICA	EMERGENCY			149,114.	MED. SUPPL.	FMV
(3)			SUB-SAHARAN AFRICA	EMERGENCY			64,240.	MED. SUPPL.	FMV
(4)			SUB-SAHARAN AFRICA	EMERGENCY			35,149.	MED. SUPPL.	FMV
(5)			SUB-SAHARAN AFRICA	ON-GOING			3,556,483.	MED. SUPPL.	FMV
(6)			SUB-SAHARAN AFRICA	ON-GOING			5,216,945.	MED. SUPPL.	FMV
(7)			SUB-SAHARAN AFRICA	ON-GOING			3,525,470.	MED. SUPPL.	FMV
(8)			SUB-SAHARAN AFRICA	ON-GOING			10,989,670.	MED. SUPPL.	FMV
(9)			SUB-SAHARAN AFRICA	ON-GOING			190,428,000.	MED. SUPPL.	FMV
(10)			SUB-SAHARAN AFRICA	ON-GOING			184,296,000.	MED. SUPPL.	FMV
(11)			SUB-SAHARAN AFRICA	ON-GOING			6,333,970.	MED. SUPPL.	FMV
(12)			SUB-SAHARAN AFRICA	ON-GOING			12,422,325.	MED. SUPPL.	FMV
(13)			SUB-SAHARAN AFRICA	ON-GOING			8,091,103.	MED. SUPPL.	FMV
(14)			SUB-SAHARAN AFRICA	ON-GOING			634,475.	MED. SUPPL.	FMV
(15)			SUB-SAHARAN AFRICA	ON-GOING			99,513.	MED. SUPPL.	FMV
(16)			SUB-SAHARAN AFRICA	ON-GOING			629,799.	MED. SUPPL.	FMV

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(1)			SUB-SAHARAN AFRICA	ON-GOING			629,078.	MED. SUPPL.	FMV
(2)			SUB-SAHARAN AFRICA	ON-GOING			585,312.	MED. SUPPL.	FMV
(3)			SUB-SAHARAN AFRICA	ON-GOING			584,909.	MED. SUPPL.	FMV
(4)			SUB-SAHARAN AFRICA	ON-GOING			491,912.	MED. SUPPL.	FMV
(5)			SUB-SAHARAN AFRICA	ON-GOING			428,030.	MED. SUPPL.	FMV
(6)			SUB-SAHARAN AFRICA	ON-GOING			422,362.	MED. SUPPL.	FMV
(7)			SUB-SAHARAN AFRICA	ON-GOING			406,891.	MED. SUPPL.	FMV
(8)			SUB-SAHARAN AFRICA	ON-GOING			371,841.	MED. SUPPL.	FMV
(9)			SUB-SAHARAN AFRICA	ON-GOING			347,029.	MED. SUPPL.	FMV
(10)			SUB-SAHARAN AFRICA	ON-GOING			316,738.	MED. SUPPL.	FMV
(11)			SUB-SAHARAN AFRICA	ON-GOING			284,040.	MED. SUPPL.	FMV
(12)			SUB-SAHARAN AFRICA	ON-GOING			277,004.	MED. SUPPL.	FMV
(13)			SUB-SAHARAN AFRICA	ON-GOING			274,623.	MED. SUPPL.	FMV
(14)			SUB-SAHARAN AFRICA	ON-GOING			274,533.	MED. SUPPL.	FMV
(15)			SUB-SAHARAN AFRICA	ON-GOING			268,200.	MED. SUPPL.	FMV
(16)			SUB-SAHARAN AFRICA	ON-GOING			255,866.	MED. SUPPL.	FMV

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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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	ON-GOING			249,480.	MED. SUPPL.	FMV
(2)			SUB-SAHARAN AFRICA	ON-GOING			244,591.	MED. SUPPL.	FMV
(3)			SUB-SAHARAN AFRICA	ON-GOING			244,411.	MED. SUPPL.	FMV
(4)			SUB-SAHARAN AFRICA	ON-GOING			230,957.	MED. SUPPL.	FMV
(5)			SUB-SAHARAN AFRICA	ON-GOING			226,109.	MED. SUPPL.	FMV
(6)			SUB-SAHARAN AFRICA	ON-GOING			221,536.	MED. SUPPL.	FMV
(7)			SUB-SAHARAN AFRICA	ON-GOING			218,442.	MED. SUPPL.	FMV
(8)			SUB-SAHARAN AFRICA	ON-GOING			218,183.	MED. SUPPL.	FMV
(9)			SUB-SAHARAN AFRICA	ON-GOING			208,726.	MED. SUPPL.	FMV
(10)			SUB-SAHARAN AFRICA	ON-GOING			208,188.	MED. SUPPL.	FMV
(11)			SUB-SAHARAN AFRICA	ON-GOING			204,305.	MED. SUPPL.	FMV
(12)			SUB-SAHARAN AFRICA	ON-GOING			196,052.	MED. SUPPL.	FMV
(13)			SUB-SAHARAN AFRICA	ON-GOING			191,496.	MED. SUPPL.	FMV
(14)			SUB-SAHARAN AFRICA	ON-GOING			188,316.	MED. SUPPL.	FMV
(15)			SUB-SAHARAN AFRICA	ON-GOING			187,235.	MED. SUPPL.	FMV
(16)			SUB-SAHARAN AFRICA	ON-GOING			170,480.	MED. SUPPL.	FMV

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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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	ON-GOING			162,861.	MED. SUPPL.	FMV
(2)			SUB-SAHARAN AFRICA	ON-GOING			159,890.	MED. SUPPL.	FMV
(3)			SUB-SAHARAN AFRICA	ON-GOING			159,365.	MED. SUPPL.	FMV
(4)			SUB-SAHARAN AFRICA	ON-GOING			151,745.	MED. SUPPL.	FMV
(5)			SUB-SAHARAN AFRICA	ON-GOING			139,665.	MED. SUPPL.	FMV
(6)			SUB-SAHARAN AFRICA	ON-GOING			137,251.	MED. SUPPL.	FMV
(7)			SUB-SAHARAN AFRICA	ON-GOING			133,052.	MED. SUPPL.	FMV
(8)			SUB-SAHARAN AFRICA	ON-GOING			130,319.	MED. SUPPL.	FMV
(9)			SUB-SAHARAN AFRICA	ON-GOING			126,330.	MED. SUPPL.	FMV
(10)			SUB-SAHARAN AFRICA	ON-GOING			125,434.	MED. SUPPL.	FMV
(11)			SUB-SAHARAN AFRICA	ON-GOING			124,202.	MED. SUPPL.	FMV
(12)			SUB-SAHARAN AFRICA	ON-GOING			121,986.	MED. SUPPL.	FMV
(13)			SUB-SAHARAN AFRICA	ON-GOING			116,418.	MED. SUPPL.	FMV
(14)			SUB-SAHARAN AFRICA	ON-GOING			110,625.	MED. SUPPL.	FMV
(15)			SUB-SAHARAN AFRICA	ON-GOING			108,500.	MED. SUPPL.	FMV
(16)			SUB-SAHARAN AFRICA	ON-GOING			107,586.	MED. SUPPL.	FMV

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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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	ON-GOING			104,289.	MED. SUPPL.	FMV
(2)			SUB-SAHARAN AFRICA	ON-GOING			98,348.	MED. SUPPL.	FMV
(3)			SUB-SAHARAN AFRICA	ON-GOING			92,983.	MED. SUPPL.	FMV
(4)			SUB-SAHARAN AFRICA	ON-GOING			92,227.	MED. SUPPL.	FMV
(5)			SUB-SAHARAN AFRICA	ON-GOING			89,077.	MED. SUPPL.	FMV
(6)			SUB-SAHARAN AFRICA	ON-GOING			88,299.	MED. SUPPL.	FMV
(7)			SUB-SAHARAN AFRICA	ON-GOING			84,679.	MED. SUPPL.	FMV
(8)			SUB-SAHARAN AFRICA	ON-GOING			83,854.	MED. SUPPL.	FMV
(9)			SUB-SAHARAN AFRICA	ON-GOING			83,088.	MED. SUPPL.	FMV
(10)			SUB-SAHARAN AFRICA	ON-GOING			81,589.	MED. SUPPL.	FMV
(11)			SUB-SAHARAN AFRICA	ON-GOING			75,207.	MED. SUPPL.	FMV
(12)			SUB-SAHARAN AFRICA	ON-GOING			73,731.	MED. SUPPL.	FMV
(13)			SUB-SAHARAN AFRICA	ON-GOING			70,829.	MED. SUPPL.	FMV
(14)			SUB-SAHARAN AFRICA	ON-GOING			70,479.	MED. SUPPL.	FMV
(15)			SUB-SAHARAN AFRICA	ON-GOING			65,978.	MED. SUPPL.	FMV
(16)			SUB-SAHARAN AFRICA	ON-GOING			65,339.	MED. SUPPL.	FMV

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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.

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(1)			SUB-SAHARAN AFRICA	ON-GOING			65,157.	MED. SUPPL.	FMV
(2)			SUB-SAHARAN AFRICA	ON-GOING			64,573.	MED. SUPPL.	FMV
(3)			SUB-SAHARAN AFRICA	ON-GOING			61,781.	MED. SUPPL.	FMV
(4)			SUB-SAHARAN AFRICA	ON-GOING			60,889.	MED. SUPPL.	FMV
(5)			SUB-SAHARAN AFRICA	ON-GOING			60,458.	MED. SUPPL.	FMV
(6)			SUB-SAHARAN AFRICA	ON-GOING			59,677.	MED. SUPPL.	FMV
(7)			SUB-SAHARAN AFRICA	ON-GOING			55,085.	MED. SUPPL.	FMV
(8)			SUB-SAHARAN AFRICA	ON-GOING			54,854.	MED. SUPPL.	FMV
(9)			SUB-SAHARAN AFRICA	ON-GOING			49,944.	MED. SUPPL.	FMV
(10)			SUB-SAHARAN AFRICA	ON-GOING			46,062.	MED. SUPPL.	FMV
(11)			SUB-SAHARAN AFRICA	ON-GOING			42,908.	MED. SUPPL.	FMV
(12)			SUB-SAHARAN AFRICA	ON-GOING			41,569.	MED. SUPPL.	FMV
(13)			SUB-SAHARAN AFRICA	ON-GOING			40,887.	MED. SUPPL.	FMV
(14)			SUB-SAHARAN AFRICA	ON-GOING			40,069.	MED. SUPPL.	FMV
(15)			SUB-SAHARAN AFRICA	ON-GOING			39,184.	MED. SUPPL.	FMV
(16)			SUB-SAHARAN AFRICA	ON-GOING			36,836.	MED. SUPPL.	FMV

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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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	ON-GOING			36,706.	MED. SUPPL.	FMV
(2)			SUB-SAHARAN AFRICA	ON-GOING			35,045.	MED. SUPPL.	FMV
(3)			SUB-SAHARAN AFRICA	ON-GOING			32,843.	MED. SUPPL.	FMV
(4)			SUB-SAHARAN AFRICA	ON-GOING			32,786.	MED. SUPPL.	FMV
(5)			SUB-SAHARAN AFRICA	ON-GOING			32,455.	MED. SUPPL.	FMV
(6)			SUB-SAHARAN AFRICA	ON-GOING			31,682.	MED. SUPPL.	FMV
(7)			SUB-SAHARAN AFRICA	ON-GOING			27,683.	MED. SUPPL.	FMV
(8)			SUB-SAHARAN AFRICA	ON-GOING			25,347.	MED. SUPPL.	FMV
(9)			SUB-SAHARAN AFRICA	ON-GOING			25,026.	MED. SUPPL.	FMV
(10)			SUB-SAHARAN AFRICA	ON-GOING			24,721.	MED. SUPPL.	FMV
(11)			SUB-SAHARAN AFRICA	ON-GOING			24,693.	MED. SUPPL.	FMV
(12)			SUB-SAHARAN AFRICA	ON-GOING			24,401.	MED. SUPPL.	FMV
(13)			SUB-SAHARAN AFRICA	ON-GOING			24,127.	MED. SUPPL.	FMV
(14)			SUB-SAHARAN AFRICA	ON-GOING			22,117.	MED. SUPPL.	FMV
(15)			SUB-SAHARAN AFRICA	ON-GOING			21,824.	MED. SUPPL.	FMV
(16)			SUB-SAHARAN AFRICA	ON-GOING			21,821.	MED. SUPPL.	FMV

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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.

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(1)			SUB-SAHARAN AFRICA	ON-GOING			20,326.	MED. SUPPL.	FMV
(2)			SUB-SAHARAN AFRICA	ON-GOING			20,274.	MED. SUPPL.	FMV
(3)			SUB-SAHARAN AFRICA	ON-GOING			17,761.	MED. SUPPL.	FMV
(4)			SUB-SAHARAN AFRICA	ON-GOING			16,974.	MED. SUPPL.	FMV
(5)			SUB-SAHARAN AFRICA	ON-GOING			16,973.	MED. SUPPL.	FMV
(6)			SUB-SAHARAN AFRICA	ON-GOING			15,690.	MED. SUPPL.	FMV
(7)			SUB-SAHARAN AFRICA	ON-GOING			14,960.	MED. SUPPL.	FMV
(8)			SUB-SAHARAN AFRICA	ON-GOING			14,880.	MED. SUPPL.	FMV
(9)			SUB-SAHARAN AFRICA	ON-GOING			14,117.	MED. SUPPL.	FMV
(10)			SUB-SAHARAN AFRICA	ON-GOING			13,736.	MED. SUPPL.	FMV
(11)			SUB-SAHARAN AFRICA	ON-GOING			13,361.	MED. SUPPL.	FMV
(12)			SUB-SAHARAN AFRICA	ON-GOING			13,144.	MED. SUPPL.	FMV
(13)			SUB-SAHARAN AFRICA	ON-GOING			12,851.	MED. SUPPL.	FMV
(14)			SUB-SAHARAN AFRICA	ON-GOING			12,535.	MED. SUPPL.	FMV
(15)			SUB-SAHARAN AFRICA	ON-GOING			12,516.	MED. SUPPL.	FMV
(16)			SUB-SAHARAN AFRICA	ON-GOING			12,143.	MED. SUPPL.	FMV

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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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	ON-GOING			10,972.	MED. SUPPL.	FMV
(2)			SUB-SAHARAN AFRICA	ON-GOING			10,799.	MED. SUPPL.	FMV
(3)			SUB-SAHARAN AFRICA	ON-GOING			10,010.	MED. SUPPL.	FMV
(4)			SUB-SAHARAN AFRICA	ON-GOING			9,939.	MED. SUPPL.	FMV
(5)			SUB-SAHARAN AFRICA	ON-GOING			9,554.	MED. SUPPL.	FMV
(6)			SUB-SAHARAN AFRICA	ON-GOING			9,313.	MED. SUPPL.	FMV
(7)			SUB-SAHARAN AFRICA	ON-GOING			9,252.	MED. SUPPL.	FMV
(8)			SUB-SAHARAN AFRICA	ON-GOING			9,140.	MED. SUPPL.	FMV
(9)			SUB-SAHARAN AFRICA	ON-GOING			9,066.	MED. SUPPL.	FMV
(10)			SUB-SAHARAN AFRICA	ON-GOING			8,706.	MED. SUPPL.	FMV
(11)			SUB-SAHARAN AFRICA	ON-GOING			8,606.	MED. SUPPL.	FMV
(12)			SUB-SAHARAN AFRICA	ON-GOING			7,844.	MED. SUPPL.	FMV
(13)			SUB-SAHARAN AFRICA	ON-GOING			7,643.	MED. SUPPL.	FMV
(14)			SUB-SAHARAN AFRICA	ON-GOING			7,545.	MED. SUPPL.	FMV
(15)			SUB-SAHARAN AFRICA	ON-GOING			6,903.	MED. SUPPL.	FMV
(16)			SUB-SAHARAN AFRICA	ON-GOING			6,629.	MED. SUPPL.	FMV

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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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	ON-GOING			6,478.	MED. SUPPL.	FMV
(2)			SUB-SAHARAN AFRICA	ON-GOING			6,062.	MED. SUPPL.	FMV
(3)			SUB-SAHARAN AFRICA	ON-GOING			6,009.	MED. SUPPL.	FMV
(4)			SUB-SAHARAN AFRICA	ON-GOING			5,772.	MED. SUPPL.	FMV
(5)			SUB-SAHARAN AFRICA	ON-GOING			5,762.	MED. SUPPL.	FMV
(6)			SUB-SAHARAN AFRICA	ON-GOING			5,338.	MED. SUPPL.	FMV
(7)			SUB-SAHARAN AFRICA	ON-GOING			5,228.	MED. SUPPL.	FMV
(8)			SUB-SAHARAN AFRICA	ON-GOING			5,226.	MED. SUPPL.	FMV
(9)			SUB-SAHARAN AFRICA	ON-GOING			5,181.	MED. SUPPL.	FMV
(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. 713.

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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(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 separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

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

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" on 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.

OMB No. 1545-0047

2016

**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" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				8,444,427.	1,138,223.	7,306,204.

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" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		AIRLIFT BENEFIT (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	2,575,900.		2,575,900.
	2	Less: Contributions	2,434,140.		2,434,140.
	3	Gross income (line 1 minus line 2)	141,760.		141,760.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	137,895.		137,895.
	7	Food and beverages	136,457.		136,457.
	8	Entertainment	186,209.		186,209.
	9	Other direct expenses	182,288.		182,288.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-501,089.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name ▶ _____

Address ▶ _____

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

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

Name ▶ _____

Address ▶ _____

- 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 provide any additional information (see instructions).

AND APPROVED SEPARATELY FROM CONSULTING FEES. IN FISCAL YEAR 2017, IN ADDITION TO THE CONSULTING FEES LISTED IN SCHEDULE G, PART I, AMERICARES PAID OTHER NON-CONSULTING FUNDRAISING EXPENSES TO DONOR SERVICES GROUP OF \$7,048.

** FUNDRAISER, THE HARRINGTON GROUP, IS A NEW FUNDRAISER IN FISCAL YEAR 2017.

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
DONOR SERVICES GROUP 6715 SUNSET BLVD. HOLLYWOOD CA 90028	PROFESS. SOLICITOR		X	1,710,534.	413,247.	1,297,287.
MAL WARWICK & ASSOCIATES, INC. 2550 NINTH STREET, STE. 103 BERKELEY CA 94710	FUNDRAISING COUNSEL		X	6,733,893.	662,476.	6,071,417.
THE HARRINGTON AGENCY ** SEE NOTE IN PART IV 329 DICKINSON AVE. SWARTHMORE PA 19081	FUNDRAISING COUNSEL		X		62,500.	-62,500.

**SCHEDULE I
(Form 990)**

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

2016

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Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) A COMMUNITY CLINIC, INC 344 MARKET STREET SUNBURY, PA 17801	20-4051982	501(C)(3)		117,105.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) A NEW DAY CHC 3085 E. FLAMINGO RD LAS VEGAS, NV 89121	47-1608870	OTHER		872,166.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) A PROMISE TO HELP 1332 WINOLA LANE BIRMINGHAM, AL 35235	26-4401185	501(C)(3)		112,737.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) ABILENE-TAYLOR COUNTY PUBLIC HEALTH DIST. 850 N. 6TH STREET ABILENE, TX 79601	75-6000440	OTHER		554,258.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) ADVANTAGE BEHAVIORAL HEALTH SYSTEMS 250 NORTH AVENUE ATHENS, GA 30601	58-2112427	OTHER		696,548.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) AGAPE CLINIC 4104 JUNIUS STREET DALLAS, TX 75246	14-1847977	501(C)(3)		5,736,625.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) AGAPE COMMUNITY HEALTH CENTERS, INC 120 KING ST JACKSONVILLE, FL 32204	16-1660966	501(C)(3)		26,984.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) ALABAMA FREE CLINIC 212 COURTHOUSE SQUARE BAY MINETTE, AL 36507	63-1247879	501(C)(3)		234,492.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) ALL HANDS VOLUNTEERS 6 COUNTY RD SUITE #6 MATTAPOISETT, MA 02739	20-3414952	501(C)(3)		16,415.	FMV	MEDICAL SUPPLIES	EMERGENCY
(10) AMERICARES FREE CLINIC OF BRIDGEPORT 115 HIGHLAND AVENUE BRIDGEPORT, CT 06604	06-1422741	501(C)(3)		314,956.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) AMERICARES FREE CLINIC OF DANBURY 76 WEST STREET DANBURY, CT 06810	06-1422741	501(C)(3)		465,822.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) AMERICARES FREE CLINIC OF NORWALK 98 SOUTH MAIN STREET NORWALK, CT 06854	06-1422741	OTHER		378,275.	FMV	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 ▶

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(1) AMERICARES FREE CLINIC OF STAMFORD 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1422741	501(C)(3)		193,857.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) AMISTAD COMMUNITY HEALTH CENTER 1533 S. BROWNLEE CORPUS CHRISTI, TX 78404	20-3008507	501(C)(3)		155,007.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) AMISTAD COMMUNITY HEALTH CENTER 1533 S. BROWNLEE CORPUS CHRISTI, TX 78404	20-3008507	501(C)(3)		8,165.	FMV	MEDICAL SUPPLIES	EMERGENCY
(4) ANCHOR MENTAL HEALTH, INC. 1001 LAWRENCE ST. WASHINGTON, DC 20017	52-0824835	501(C)(3)		69,134.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) ANDERSON FREE CLINIC 414 N FANT ST ANDERSON, SC 29621	57-0787584	501(C)(3)		337,185.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) ANDREWS CENTER 2323 WEST FRONT STREET TYLER, TX 75702	75-1281410	501(C)(3)		607,447.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) ANGELS COMMUNITY CLINIC 1005 POPLAR STREET MURRAY, KY 42071	62-1777249	501(C)(3)		91,505.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) ARCHWAYS, INC 919 13TH ST. FORT LAUDERDALE, FL 33304	59-2341993	501(C)(3)		145,829.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) ARLINGTON COUNTY DHS/BHD 2120 WASHINGTON BLVD ARLINGTON, VA 22204	54-6001123	501(C)(3)		50,775.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) ARLINGTON FREE CLINIC 2921 SOUTH 11TH STREET ARLINGTON, VA 22204	54-1671883	501(C)(3)		186,551.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) ARTHUR NAGEL COMMUNITY CLINIC 1116 12TH STREET, UNIT #3 BANDERA, TX 78003	77-0697361	501(C)(3)		150,374.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) ASHLAND FREE MEDICAL CLINIC SUZANNE SLYMAN OAKLAND, CA 94602	68-0554276	501(C)(3)		21,082.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) ASPIRE INDIANA HEALTH 9615 E.148TH ST. NOBLESVILLE, IN 46060	47-4391083	501(C)(3)		140,507.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) ATHENS NURSES CLINIC PO BOX 1732 ATHENS, GA 30601	58-2490925	501(C)(3)		319,893.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) AUGUSTA REGIONAL FREE CLINIC 342 MULE ACADEMY RD FISHERSVILLE, VA 22939	54-1651896	501(C)(3)		49,163.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) AVENAL COMMUNITY HEALTH CENTER 405 WEST D ST LEMOORE, CA 93245	77-0425496	501(C)(3)		838,524.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) AVICENNA COMMUNITY HEALTH CENTER 819 BLOOMINGTON ROAD CHAMPAIGN, IL 61820	27-0267757	501(C)(3)		22,165.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) AVITA COMMUNITY PARTNERS 4331 THURMON TNR FLOWERY BRANCH, GA 30542	58-2109706	OTHER		105,533.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) AZ PACH 2902 W CLARENDON AVE PHOENIX, AZ 85017	46-0650798	501(C)(3)		366,688.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) AZZARELLI OUTREACH CLINIC 341 N ST JOSEPH AVE KANKAKEE, IL 60901	36-2312493	501(C)(3)		309,720.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) BAPTIST COMMUNITY HEALTH SERVICES 4960 ST. CLAUDE NEW ORLEANS, LA 70117	45-3792193	501(C)(3)		7,431.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) BAPTIST MISSION CENTER 2125 EXCHANGE AVE OKLAHOMA CITY, OK 73108	73-0644143	501(C)(3)		93,357.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) BARTZ-ALTADONNA COMMUNITY HEALTH CENTER 43322 GINGHAM AVE LANCASTER, CA 93535	27-3261289	501(C)(3)		606,851.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) BATON ROUGE PRIMARY CARE COLLABORATIVE, INC 2013 CENTRAL ROAD BATON ROUGE, LA 70807	41-2114148	501(C)(3)		42,156.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) BAYOUCLINIC, INC. 13833 TAPIA BAYOU LA BATRE, AL 36509	63-1270951	501(C)(3)		136,284.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) BEAR LAKE COMMUNITY HEALTH CENTER 325 W LOGAN HWY GARDEN CITY, UT 84028	81-0587644	501(C)(3)		13,626.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) BECKLEY HEALTH RIGHT INC 111 RANDOLPH STREET BECKLEY, WV 25801	55-0774466	501(C)(3)		33,705.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) BEHAVIORAL HEALTH SERVICES OF SOUTH GEORGIA 3120 B N. OAK ST. VALDOSTA, GA 31602	58-2107483	OTHER		946,234.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) BERKELEY FREE CLINIC 2339 DURANT AVE BERKELEY, CA 94704	94-1697002	501(C)(3)		9,315.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) BETHESDA COMMUNITY CLINIC, INC 111 MOUNTAIN BROOK DR CANTON, GA 30115	27-4923001	501(C)(3)		151,479.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) BETHESDA HEALTH CLINIC 409 WEST FERGUSON TYLER, TX 75702	26-0036674	501(C)(3)		2,164,201.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) BLACK HAWK GRUNDY MENTAL HEALTH CENTER 3251 WEST 9TH STREET WATERLOO, IA 50702	42-0733463	501(C)(3)		147,951.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) BOLINGBROOK CHRISTIAN HEALTH CENTER 151 E BRIARCLIFF RD BOLINGBROOK, IL 60440	36-4401468	501(C)(3)		393,717.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) BOND COMMUNITY HEALTH CENTER, INC. 1720 SOUTH GADSDEN ST TALLAHASSEE, FL 32301	59-2426414	501(C)(3)		6,381.	FMV	MEDICAL SUPPLIES	EMERGENCY
(11) BORINQUEN HEALTH CARE CENTER, INC. 3601 FEDERAL HIGHWAY MIAMI, FL 33137	59-1417397	501(C)(3)		25,730.	FMV	MEDICAL SUPPLIES	EMERGENCY
(12) BRADLEY FREE CLINIC OF ROANOKE VALLEY 1240 3RD ST. SW ROANOKE, VA 24016	23-7380491	501(C)(3)		10,381.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) BREAD OF HEALING CLINIC 1821 N 16TH ST MILWAUKEE, WI 53205	81-0669867	501(C)(3)		1,205,987.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) BREWER MEDICAL CENTER PHARMACY 103 MAINE AVENUE BANGOR, ME 04401	01-0514750	501(C)(3)		94,325.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) BRIDGES TO HEALTH 1251 W. KEM ROAD MARION, IN 46952	20-5405181	501(C)(3)		136,998.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) BRIDGES, A COMMUNITY SUPPORT SYSTEM 949 BRIDGEPORT AVENUE MILFORD, CT 06460	06-0867978	501(C)(3)		5,352.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) BROAD STREET CLINIC 534 N. 35TH ST. MOREHEAD CITY, NC 28557	56-1853604	501(C)(3)		13,936.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) BROCK HUGHES FREE CLINIC, INC. 450 W MONROE ST WYTHEVILLE, VA 24382	20-2353144	501(C)(3)		193,851.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) BROWARD COMMUNITY & FAMILY HEALTH CENTERS 168 N. POWERLINE RD POMPANO BEACH, FL 33069	59-3489664	501(C)(3)		297,889.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) BROWARD HEALTH NORTH HOSPITAL 201 E SAMPLE ROAD DEERFIELD BEACH, FL 33064	59-6012065	501(C)(3)		146,681.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) BROWNSVILLE COMMUNITY HEALTH CENTER 191 EAST PRICE ROAD BROWNSVILLE, TX 78521	74-2176836	501(C)(3)		147,353.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) BROWNSVILLE COMMUNITY HEALTH CENTER 191 EAST PRICE ROAD BROWNSVILLE, TX 78521	74-2176836	501(C)(3)		10,018.	FMV	MEDICAL SUPPLIES	EMERGENCY
(11) BUDDHIST TZU CHI MEDICAL CENTER 1000 S. GARFIELD ALHAMBRA, CA 91801	95-4457939	501(C)(3)		168,082.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) BUTLER COUNTY HEALTH DEPARTMENT 1619 N. MAIN ST. POPLAR BLUFF, MO 63901	43-1070380	OTHER		47,720.	FMV	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 ▶

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) C.H.A.N.G.E. 37 KNOLLWOOD DRIVE SHREWSBURY, MA 01545	22-2905321	501(C)(3)		965,235.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) CABRINI CLINIC 1234 PORTER STREET DETROIT, MI 48226	38-3129349	501(C)(3)		95,234.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) CACHE VALLEY COMMUNITY HEALTH CENTER 1515 N 400 E SUITE 104 N.LOGAN, UT 84341	81-0587644	501(C)(3)		120,663.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) CACHE VALLEY COMMUNITY HEALTH CENTER-LOGAN 944 S STATE HWY 91 LOGAN, UT 84321	81-0587644	501(C)(3)		232,766.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) CACHE VALLEY COMMUNITY HEALTH CENTER-SOUTH 26 WEST MAIN STE 3A HYRUM, UT 84319	81-0587644	501(C)(3)		719,475.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) CAMILLUS HEALTH CONCERN 336 NW 5TH ST MIAMI, FL 33128	65-0063921	501(C)(3)		1,458,608.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) CAMILLUS HEALTH CONCERN 336 NW 5TH ST MIAMI, FL 33128	65-0063921	501(C)(3)		22,060.	FMV	MEDICAL SUPPLIES	EMERGENCY
(8) CAMP FROZEN CHOSEN-ALASKA HEMOPHILIA ASSOC. 3851 PIPER ST ANCHORAGE, AK 99508	94-3143226	501(C)(3)		56,680.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) CAMP HONOR 826 N 5TH AVE PHOENIX, AZ 85003	86-0209257	501(C)(3)		118,880.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) CAMP INDEPENDENT FIREFLY 3121S MARYLAND PKWY LAS VEGAS, NV 89109	26-0286469	501(C)(3)		45,220.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) CAMP IV-Y (AT CAMP HOUSTON) 921 TERRY AVE SEATTLE, WA 98104	91-6068857	501(C)(3)		100,035.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) CAMPBELL UNIVERSITY COMMUNITY CARE CLINIC 4350 US-421 LILLINGTON, NC 27546	68-0620773	501(C)(3)		16,336.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) CANYON COUNTY COMMUNITY CLINIC 524 CLEVELAND BLVD. CALDWELL, ID 83605	26-4195171	501(C)(3)		335,937.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) CAPE FEAR CLINIC, INC. 1605 DOCTORS CIRCLE WILMINGTON, NC 28401	56-1984630	501(C)(3)		56,754.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) CAPE VOLUNTEERS IN MEDICINE, INC 423 N RTE 9 CAPE MAY COURT HOUSE, NJ 08210	52-2257585	501(C)(3)		50,096.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) CAPITAL AREA HEALTHNETWORK 719 N. 25TH STREET RICHMOND, VA 23223	54-1884190	501(C)(3)		99,078.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) CAPITAL CITY RESCUE MISSION FREE CLINIC 259 SOUTH PEARL ST ALBANY, NY 12202	56-2663290	501(C)(3)		458,297.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) CARE RESOURCE 3510 BISCAYNE BLVD MIAMI, FL 33137	59-2564198	501(C)(3)		17,154.	FMV	MEDICAL SUPPLIES	EMERGENCY
(7) CARIDAD CENTER 8645 BOYNTON BEACH BOYNTON BEACH, FL 33472	65-0149423	501(C)(3)		350,341.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) CARING PLACE CLINIC 901 W BROAD ST MANSFIELD, TX 76063	27-0537258	501(C)(3)		78,328.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) CARROLL COUNTY HEALTH DEPARTMENT 101 WEST MAIN ST DELPHI, IN 46923	35-6000130	501(C)(3)		268,055.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) CATHERINE MCAULEY CLINIC 5530 HOHMAN AVENUE HAMMOND, IN 46320	35-1835133	501(C)(3)		384,326.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) CATHERINES HEALTH CENTER 1211 LAFAYETTE AVE GRAND RAPIDS, MI 49505	20-3572418	501(C)(3)		68,072.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) CATHOLIC CHARITIES - USA 2050 BALLENGER AVE ALEXANDRIA, VA 22314	53-0196620	501(C)(3)		14,363.	FMV	MEDICAL SUPPLIES	EMERGENCY

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(1) CATHOLIC CHARITIES OF THE RIO GRANDE VALLEY 700 VIRGEN DE SAN JUAN SAN JUAN, TX 78589	68-0599307	501(C)(3)		66,661.	FMV	MEDICAL SUPPLIES	EMERGENCY
(2) CENTER FOR FAMILY HEALTH AND EDUCATION 8727 VAN NUYS PANORAMA CITY, CA 91402	27-0224623	501(C)(3)		263,622.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) CENTER FOR PHARMACY CARE 1000 FIFTH AVENUE PITTSBURGH, PA 15282	25-1035663	501(C)(3)		30,185.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) CENTRE VOLUNTEERS IN MEDICINE 2520 GREEN TECH DR STATE COLLEGE, PA 16803	25-1897969	501(C)(3)		57,536.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) CENTRO SAN VICENTE 8061 ALAMEDA AVE. EL PASO, TX 79915	74-2505561	501(C)(3)		20,623.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) CENTROMED 3750 COMMERCIAL AVE SAN ANTONIO, TX 78221	74-1787031	501(C)(3)		8,611.	FMV	MEDICAL SUPPLIES	EMERGENCY
(7) CHARITABLE PHARMACY OF CENTRAL OHIO 200 EAST LIVINGSTON AVE COLUMBUS, OH 43215	27-0147099	501(C)(3)		663,705.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) CHARLOTTE COMMUNITY HEALTH CLINIC 8401 MEDICAL PLAZA DR CHARLOTTE, NC 28262	56-2274174	501(C)(3)		86,578.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) CHCGD_ALEX CENTRAL HEALTH CENTER 5 SOUTH ALEX ROAD MIAMISBURG, OH 45342	26-1253235	501(C)(3)		314,094.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) CHCGD_EAST DAYTON HEALTH CENTER 2132 E. THIRD ST DAYTON, OH 45403	26-1253235	501(C)(3)		74,621.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) CHILDREN AND COMMUNITY HEALTH CENTER 120 CENTRAL EXPRESSWAY MCKINNEY, TX 75070	20-0637782	501(C)(3)		94,465.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) CHIPPEWA VALLEY FREE CLINIC 816 PORTER AVE EAU CLAIRE, WI 54701	39-1840231	501(C)(3)		197,372.	FMV	MEDICAL SUPPLIES	ON-GOING

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

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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 noncash assistance	(h) Purpose of grant or assistance
(1) CHI-ST. VINCENT INTERFAITH CLINIC 830 NORTH CREEK CONWAY, AR 72032	71-0830696	501(C)(3)		373,314.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) CHRIST CLINIC 25722 KINGSLAND BLVD KATY, TX 77494	90-0789318	501(C)(3)		93,853.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) CHRISTIAN APPALACHIAN PROJECT 6550 US 321 SOUTH HAGERHILL, KY 41222	61-0661137	501(C)(3)		1,394,471.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) CHRISTIAN FREE CLINIC IN BOTETOURT PO BOX 890 DALEVILLE, VA 24083	20-4342697	501(C)(3)		5,624.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) CHRISTIAN HEALTH CENTER 1115 FAIRVIEW CAMDEN, AR 71701	71-0804142	501(C)(3)		304,143.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) CHRISTIAN MEDICAL MINISTRIES 6842 INTL. CENTER BLVD FORT MYERS, FL 33912	47-2641606	501(C)(3)		152,517.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) CHURCH HEALTH SERVICES 115 N CENTER STREET BEAVER DAM, WI 53916	39-1759669	501(C)(3)		11,716.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) CHURCH HILL FREE CLINIC PO BOX 166 CHURCH HILL, TN 37642	62-1391365	501(C)(3)		211,469.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) CIRCLE HEALTH SERVICES 12201 EUCLID AVE CLEVELAND, OH 44106	23-7078501	501(C)(3)		184,209.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) CITRUS HEALTH NETWORK, INC. 4175 W 20 AVENUE HIALEAH, FL 33012	59-1865751	501(C)(3)		5,146.	FMV	MEDICAL SUPPLIES	EMERGENCY
(11) CITY ON A HILL MINISTRIES HEALTH CLINIC 100 S. PINE ST SUITE 140 ZEELAND, MI 49464	20-3901260	501(C)(3)		524,959.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) CITY SQUARE 2835 AL LIPSCOMB WAY DALLAS, TX 75215	79-2332948	501(C)(3)		788,045.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) CL BRUMBACK PRIMARY CARE CLINICS 2601 10TH AVE N PALM SPRINGS, FL 33461	45-5591655	OTHER		14,306.	FMV	MEDICAL SUPPLIES	EMERGENCY
(2) CLAY BEHAVIORAL HEALTH CENTER 1726 KINGSLEY AVE ORANGE PARK, FL 32073	59-2219317	501(C)(3)		471,428.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) CLEARWATER FREE CLINIC 707 HARRISON AVE. CLEARWATER, FL 33755	59-1852871	501(C)(3)		233,773.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) CLEMSON FREE CLINIC PO BOX 941 CLEMSON, SC 29633	73-1720431	501(C)(3)		122,726.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) CLEVELAND COUNTY HEALTH DEPARTMENT 200 S POST RD SHELBY, NC 28152	56-6000288	OTHER		451,090.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) CMAP EXPRESS 1101 4TH ST. ALEXANDRIA, LA 71301	02-0751416	501(C)(3)		112,379.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) COACHELLA VALLEY VOLUNTEERS IN MEDICINE 82915 AVENUE 48 INDIO, CA 92201	26-3312826	501(C)(3)		45,507.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) COMCARE OF SEDGWICK COUNTY 934 N. WATER WICHITA, KS 67203	48-6000798	OTHER		405,533.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) COMMUNICARE HEALTH CENTERS 3066 EAST COMMERCE SAN ANTONIO, TX 78220	47-2185616	501(C)(3)		8,577.	FMV	MEDICAL SUPPLIES	EMERGENCY
(10) COMMUNITY CARE AT IRVING 1302 LANE ST IRVING, TX 75061	75-2536818	501(C)(3)		98,145.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) COMMUNITY CARE CENTER FOR FORSYTH CO. INC. 2135 NEW WALKERTOWN WINSTON SALEM, NC 27101	58-1403699	501(C)(3)		501,918.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) COMMUNITY CARE CLINIC 608 E GARFIELD AVE GETTYSBURG, SD 57442	46-0396683	501(C)(3)		133,436.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) COMMUNITY CARE CLINIC OF DARE PO BOX 1329 NAGS HEAD, NC 27959	20-2230717	501(C)(3)		55,113.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) COMMUNITY CARE CLINIC OF HIGHLANDS-CASHIERS 52 AUNT DORA DRIVE HIGHLANDS, NC 28741	65-1251915	501(C)(3)		262,874.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) COMMUNITY FREE CLINIC, INC. 249 MILL STREET HAGERSTOWN, MD 21740	52-1772594	501(C)(3)		618,944.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) COMMUNITY HEALTH AND SOCIAL SERVICES CENTER 5635 W FORT ST DETROIT, MI 48209	38-3094394	501(C)(3)		46,649.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) COMMUNITY HEALTH CARE CLINIC 900 N. FRANKLIN NORMAL, IL 61761	37-1316328	501(C)(3)		123,685.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS 3011 MICHIGAN ST. PITTSBURG, KS, KS 66762	75-3003364	501(C)(3)		199,447.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) COMMUNITY HEALTH CENTERS, INC. 12716 N.E. 36TH STREET SPENCER, OK 73084	73-0930123	501(C)(3)		418,937.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) COMMUNITY HEALTH CENTERS, INC. 110 S. WOODLAND ST WINTER GARDEN, FL 34787	59-1480970	501(C)(3)		13,483.	FMV	MEDICAL SUPPLIES	EMERGENCY
(9) COMMUNITY HEALTH CLINIC OF HARDIN & LARUE 114 E. MEMORIAL DR ELIZABETHTOWN, KY 42701	30-0042070	501(C)(3)		477,770.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) COMMUNITY HEALTH IMPROVEMENT CENTER 320 E CENTRAL AVE DECATUR, IL 62521	37-0961830	501(C)(3)		252,304.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) COMMUNITY HEALTH OF SOUTH FLORIDA INC 10300 SW 216TH STREET MIAMI, FL 33190	53-1372690	501(C)(3)		10,635.	FMV	MEDICAL SUPPLIES	EMERGENCY
(12) COMMUNITY HEALTH SERVICE INC 701 W 6TH STREET GRAFTON, ND 58237	41-1000060	501(C)(3)		361,184.	FMV	MEDICAL SUPPLIES	ON-GOING

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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 noncash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY HEALTH SERVICES OF ADDISON COUNTY 100 PORTER DRIVE MIDDLEBURY, VT 05753	03-0359531	501(C)(3)		10,910.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) COMMUNITY HEALTH SERVICES OF UNION COUNTY 1338-C EAST SUNSET DRIVE MONROE, NC 28112	46-0495947	501(C)(3)		171,808.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) COMMUNITY HEALTHCARE OF LUBBOCK 1610 5TH STREET LUBBOCK, TX 79401	75-2424925	501(C)(3)		5,729.	FMV	MEDICAL SUPPLIES	EMERGENCY
(4) COMMUNITY HEALTH-IN-PTNRSHIP SVCS (CHIPS) CHIPS HEALTH&WELLNESS SAINT LOUIS, MO 63106	43-1589851	501(C)(3)		96,106.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) COMMUNITY HEALTHWORX 1543 MCGINNIS STREET ALEXANDRIA, LA 71301	72-1444312	501(C)(3)		81,778.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) COMMUNITY HELPING HANDS HEALTH CLINIC 34-C COURTHOUSE SQUARE CLEVELAND, GA 30528	64-0950194	501(C)(3)		594,435.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) COMMUNITY HELPING PLACE FREE MEDICAL CLINIC 56 CAMP GLISSON ROAD DAHLONEGA, GA 30533	37-1554432	501(C)(3)		62,929.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) COMMUNITY MEDICAL CLINIC OF AIKEN COUNTY 244 GREENVILLE ST NW AIKEN, SC 29801	57-1063263	501(C)(3)		8,082.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) COMMUNITY MEDICAL CLINIC OF KERSHAW COUNTY 110 C EAST DEKALB STREET CAMDEN, SC 29020	57-1074191	OTHER		45,517.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) COMMUNITY MEDICINE FOUNDATION 1131 SALUDA STREET ROCK HILL, SC 29730	57-0891008	501(C)(3)		946,052.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) COMMUNITY RESOURCE COORDINATORS 4354 SHERWOOD FOREST BATON ROUGE, LA 70816	72-0918214	501(C)(3)		7,588.	FMV	MEDICAL SUPPLIES	EMERGENCY
(12) COMMUNITY VOLUNTEERS IN MEDICINE 300B LAWRENCE DRIVE WEST CHESTER, PA 19380	23-2944553	501(C)(3)		1,010,329.	FMV	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) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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

- 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) COMMUNITYHEALTH 2611 W. CHICAGO AVE. CHICAGO, IL 60622	36-3931793	501(C)(3)		112,513.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) COMPASSION CONNECT INC. 18040 SW ALEXANDER ST BEAVERTON, OR 97006	26-2304524	501(C)(3)		797,559.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) COMPASSIONATE CARE OF SHELBY COUNTY, INC. 124 N. OHIO AVE SIDNEY, OH 45365	20-8479583	501(C)(3)		887,711.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) COOPERATIVE CHRISTIAN MINISTRIES AND CLINIC 133 ARBOR STREET HOT SPRINGS, AR 71901	62-1671396	501(C)(3)		9,572.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) COORDINATED HEALTH SERVICES, INC. 2110 BROAD STREET AUGUSTA, GA 30904	58-2060572	501(C)(3)		170,390.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) COOS COUNTY FAMILY HEALTH SERVICES CCFHS BERLIN, NH 03570	02-0350051	OTHER		191,340.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) CORNERSTONE FAMILY HEALTHCARE 2570 ROUTE 9W CORNWALL, NY 12518	06-1036715	501(C)(3)		190,180.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) CORPUS CHRISTI METRO MINISTRIES 1919 LEOPARD ST. CORPUS CHRISTI, TX 78408	74-2247261	501(C)(3)		28,406.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) COVENANT COMMUNITY CARE 559 WEST GRAND BLVD. DETROIT, MI 48216	38-3533998	501(C)(3)		287,621.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) COVERED BRIDGE HEALTHCARE OF ST. JOSEPH COU 658 E MAIN ST CENTREVILLE, MI 49032	47-4591341	OTHER		7,773.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) CPC BEHAVIORAL HEALTHCARE 10 INDUSTRIAL WAY EAST EATONTOWN, NJ 07724	21-0719369	501(C)(3)		263,777.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) CREEKS BEHAVIORAL HEALTH SERVICES 323 W. 6TH OKMULGEE, OK 74447	73-1108774	501(C)(3)		102,048.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) CRISIS CONTROL MINISTRY 200 E. 10TH ST. WINSTON-SALEM, NC 27101	23-7348168	501(C)(3)		47,107.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) CROSS AND CROWN CLINIC 1008 MCKINLEY ST. OKLAHOMA CITY, OK 73106	73-1608071	501(C)(3)		236,602.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) CROSSINGS COMMUNITY CLINIC 10255 N PENN AVE OKLAHOMA CITY, OK 73120	86-1115863	501(C)(3)		313,589.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) CROSSOVER MINISTRY 108 COWARDIN AVE RICHMOND, VA 23224	54-1371067	501(C)(3)		251,692.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) DADE COUNTY HEALTH DEPARTMENT 413 W WATER STREET GREENFIELD, MO 65661	43-1266535	OTHER		7,415.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) DAMIAN FAMILY CARE CENTERS, INC. 138-02 QUEENS BLVD., BRIARWOOD, NY 11435	22-3433831	501(C)(3)		39,617.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) DAVID LAWRENCE CENTER 6075 BATHEY LN BLDG B-3 NAPLES, FL 34116	59-2206025	501(C)(3)		90,484.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) DAVIDSON MEDICAL MINISTRIES 420 N SALISBURY ST LEXINGTON, NC 27292	56-1746266	501(C)(3)		519,869.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) DELTA HEALTH ALLIANCE/LELAND MEDICAL CLINIC P.O. BOX 277 STONEVILLE, MS 38776	64-0892954	501(C)(3)		232,041.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) DENTON COUNTY MHMR 2519 SCRIPTURE ST DENTON, TX 76201	75-1368151	501(C)(3)		85,698.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) DEO CLINIC P. O. BOX 814 DALTON, GA 30722	46-0789000	501(C)(3)		146,995.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) DILLON COUNTY FREE MEDICAL CLINIC 310 E WASHINGTON ST DILLON, SC 29536	36-4669012	501(C)(3)		297,953.	FMV	MEDICAL SUPPLIES	EMERGENCY

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(1) DIVINE GRACE MEDICAL MISSIONARIES 10600 FONDREN RD HOUSTON, TX 77096	27-4000666	501(C)(3)		2,822,218.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) DOWNTOWN CLINIC 611 SOUTH SECOND STREET LARAMIE, WY 82070	83-0326354	501(C)(3)		20,678.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) DR GARY BURNSTEIN COMMUNITY HEALTH CLINIC 45580 WOODWARD AVE PONTIAC, MI 48341	32-0015321	501(C)(3)		75,202.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) DR.JOEL & CAROL BOWER SCHOOL HEALTH CTR 400 PALO VERDE DR HENDERSON, NV 89015	88-0464591	501(C)(3)		19,694.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) DREAM CENTERS WOMEN'S CLINIC 4360 MONTEBELLO COLORADO SPRINGS, CO 80918	27-4876080	501(C)(3)		482,824.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) DUFFY HEALTH CENTER, INC. 94 MAIN ST ORLEANS, MA 02653	04-3373741	501(C)(3)		315,950.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) DUPLIN MEDICAL ASSOCIATION 600 S. SYCAMORE ST. ROSE HILL, NC 28398	56-1414420	501(C)(3)		958,051.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) EAST BAY COMMUNITY ACTION PROGRAM 6 JOHN H CHAFEE BLVD NEWPORT, RI 02840	05-0310024	501(C)(3)		53,045.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) EDWARD R. LEAHY JR. CTR CLIN. FOR UNINSURED 800 LINDEN STREET SCRANTON, PA 18510	24-0795495	501(C)(3)		75,621.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) ELLENTON HEALTH CLINIC, PUBLIC HEALTH DIS. 185 NORTH BAKER STREET ELLENTON, GA 31747	23-7379607	501(C)(3)		108,588.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) ESCAMBIA COMMUNITY CLINICS, INC. 14 W. JORDAN STREET PENSACOLA, FL 32501	59-3105246	501(C)(3)		5,318.	FMV	MEDICAL SUPPLIES	EMERGENCY
(12) ETOWAH BAPTIST CHARITY PHARMACY P.O.BOX 571 NOBLE, OK 73068	73-1637087	501(C)(3)		20,464.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) ETOWAH FREE COMMUNITY CLINIC 423 S. 3RD. STREET GADSDEN, AL 35901	82-0562064	501(C)(3)		196,660.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) EUNICE COMMUNITY HEALTH CENTER 450 MOOSA BLVD. STE. E EUNICE, LA 70535	27-0213992	501(C)(3)		919,882.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) EUNICE COMMUNITY HEALTH CENTER 450 MOOSA BLVD. STE. E EUNICE, LA 70535	27-0213992	501(C)(3)		126,656.	FMV	MEDICAL SUPPLIES	EMERGENCY
(4) EXCELTH INC. FQHC 4422 GENERAL MEYER NEW ORLEANS, LA 70131	72-1193464	OTHER		595,781.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) FAIR HAVEN COMMUNITY HEALTH CLINIC INC. 374 GRAND AVENUE NEW HAVEN, CT 06513	06-0883545	501(C)(3)		5,400.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) FAITH COMM. PHARMACY (ST.VINCENT DE PAUL) 7033 BURLINGTON PIKE FLORENCE, KY 41042	61-1378914	501(C)(3)		2,049,519.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) FAMILY CARE HEALTH CENTERS 401 HOLLY HILLS AVE SAINT LOUIS, MO 63111	23-7076112	501(C)(3)		53,784.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) FAMILY CENTERS HEALTH CARE 111 WILBUR PECK COURT GREENWICH, CT 06830	06-0646656	501(C)(3)		16,272.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) FAMILY HEALTH SERVICES 794 EASTLAND TWIN FALLS, ID 83301	82-0371093	501(C)(3)		39,797.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) FEED MY SHEEP 116 W. AVENUE G TEMPLE, TX 76504	74-2724033	501(C)(3)		471,280.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) FEEDING AMERICA 35 EAST WACKER DRIVE CHICAGO, IL 60601	36-3673599	501(C)(3)		89,300.	FMV	MEDICAL SUPPLIES	EMERGENCY
(12) FERNCARE FREE CLINIC, INC. 751 E. NINE MILE RD. FERNDALE, MI 48220	32-0246843	501(C)(3)		6,110.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) FIRST BAPTIST CHURCH MEDICAL/DENTAL CLINIC 1607 CHERRY STREET VICKSBURG, MS 39180	64-0356253	501(C)(3)		354,363.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) FIRST REFUGE MINISTRIES MEDICAL CLINIC 1701 BROADWAY STREET DENTON, TX 76201	45-5606427	501(C)(3)		219,090.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) FISH RIVER RURAL HEALTH 10 CARTER STREET EAGLE LAKE, ME 04739	01-0452749	501(C)(3)		210,467.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) FIU COLLEGE OF MEDICINE MOBILE HEALTH CNTR 11200 SW 8TH STREET MIAMI, FL 33199	23-7047106	501(C)(3)		21,563.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) FLAGLER COUNTY FREE CLINIC 703 EAST MOODY BLVD. BUNNELL, FL 32110	20-5036975	501(C)(3)		1,325,551.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) FLORIDA COMMUNITY HEALTH CENTERS, INC. 4450 TIFFANY DR. WEST PALM BEACH, FL 33407	59-1671640	501(C)(3)		11,733.	FMV	MEDICAL SUPPLIES	EMERGENCY
(7) FLORIDA HOSPITAL WATERMAN COMMUNITY HEALTH 2300 KURT STREET EUSTIS, FL 32726	59-3140669	501(C)(3)		40,452.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) FOREST BAPTIST CHURCH MEDICAL MISSION CLIN. PO BOX 338 FOREST, MS 39074	64-0368681	OTHER		205,709.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) FOUNDATION FOR HIV AND KIDNEY DIALYSIS INC. 14 ZIRKEL. AVENUE. PISCATAWAY, NJ 08854	43-2024266	501(C)(3)		36,245.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) FOUR HOLES INDIAN ORGANIZATION DBA EIFC 1125 RIDGE RD RIDGEVILLE, SC 29472	82-1691197	501(C)(3)		1,213,667.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) FRAMINGHAM BOARD OF HEALTH 150 CONCORD STREET FRAMINGHAM, MA 01702	04-6001151	501(C)(3)		86,923.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) FREE CLINIC OF CULPEPER 610 LAUREL STREET CULPEPER, VA 22701	52-1366700	501(C)(3)		65,496.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) FREE CLINIC OF PULASKI COUNTY, INC. 25 FOURTH ST NW PULASKI, VA 24301	52-1318621	501(C)(3)		22,611.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) FREE CLINIC OF SOUTHWEST WASHINGTON 4100 PLOMONDON ST. VANCOUVER, WA 98661	91-1707542	501(C)(3)		8,307.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) FREE CLINIC SUSSEX COUNTY 67 HIGH STREET NEWTON, NJ 07860	45-4224214	501(C)(3)		226,150.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) FREE MEDICAL CLINIC 47 W LONG AVENUE DUBOIS, PA 15801	25-1804763	501(C)(3)		1,127,715.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) FREE MEDICAL CLINIC OF DARLINGTON COUNTY 203 GROVE STREET DARLINGTON, SC 29532	58-2445265	501(C)(3)		22,912.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) FREE MEDICAL CLINIC OF NSV, INC. 301 N. CAMERON ST. WINCHESTER, VA 22601	54-1373296	501(C)(3)		55,511.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) FREE MEDICAL CLINIC OF OAK RIDGE 116 E. DIVISION RD. OAK RIDGE, TN 37830	90-0715369	501(C)(3)		139,002.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) FUNDACION MANOS JUNTAS 1330 CLASSEN BLVD OKLAHOMA CITY, OK 73106	73-1523135	501(C)(3)		179,499.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) GAIN, INC.(GREATER ASST. TO THOSE IN NEED) 712 W. 3RD STREET LITTLE ROCK, AR 72201	71-0763418	501(C)(3)		440,049.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) GATEWAY FOUNDATION - CARBONDALE 55 E. JACKSON CHICAGO, IL 60604	36-2670036	501(C)(3)		7,337.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) GATEWAY FOUNDATION - CASEYVILLE 600 W LINCOLN AVENUE CASEYVILLE, IL 62232	36-2670036	501(C)(3)		386,771.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) GATEWAY FOUNDATION - CHICAGO WEST 55 E. JACKSON CHICAGO, IL 60604	36-2670036	501(C)(3)		251,921.	FMV	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GATEWAY FOUNDATION - SPRINGFIELD AND PEKIN 55 E. JACKSON CHICAGO, IL 60604	37-1394445	501(C)(3)		8,136.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) GATEWAY FOUNDATION LAKE VILLA 55 E JACKSON CHICAGO, IL 60604	36-2670036	501(C)(3)		163,139.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) GENESEO PARISH OUTREACH CENTER INC. 4520 GENESEE ST (RT63) GENESEO, NY 14454	14-1916822	501(C)(3)		15,649.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) GEORGIA FARMWORKER HEALTH PROGRAM 920 SOUTH WEST ST BAINBRIDGE, GA 39819	58-6000359	501(C)(3)		7,919.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) GEORGIA REHABILITATION OUTREACH, INC. 1777 WASHINGTON ROAD EAST POINT, GA 30344	58-2379911	501(C)(3)		42,214.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) GET HEALTHY MEGA CLINIC 801 E. NOLANA AVE MCALLEN, TX 78504	27-2389624	501(C)(3)		110,540.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) GET UP PROJECT 8101 CAMERON RD AUSTIN, TX 78754	45-4931906	501(C)(3)		52,632.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) GLACIER COMMUNITY HEALTH CENTER 519 E. MAIN STREET CUT BANK, MT 59427	77-0597067	501(C)(3)		91,420.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) GLENDALE COMMUNITY FREE HEALTH CLINIC 134 N. KENWOOD ST. GLENDALE, CA 91206	87-0732681	501(C)(3)		10,910.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) GOOD HEALTH CLINIC, INC 91555 OVERSEAS HWY TAVERNIER, FL 33070	04-3745805	501(C)(3)		35,204.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) GOOD NEIGHBOR FREE MEDICAL CLIN OF BEAUFORT 30 PRFSL. VILLAGE CIR. BEAUFORT, SC 29907	26-0335357	501(C)(3)		5,142.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) GOOD NEWS CLINICS 810 PINE STREET GAINESVILLE, GA 30501	58-2058853	501(C)(3)		7,261.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) GOOD NEWS MINISTRIES/ GOOD NEWS HLTH CLIN. 11 EASTERN AVE. INDIANAPOLIS, IN 46201	35-0999233	501(C)(3)		82,629.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) GOOD NEWS MINISTRIES/ GOOD SAMARITAN HEALTH 11 EASTERN AVE. INDIANAPOLIS, IN 46201	35-0999233	501(C)(3)		72,310.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) GOOD SAMARITAN CLINIC 4704 AUGUSTA RD. GARDEN CITY, GA 31408	58-2288758	OTHER		461,426.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) GOOD SAMARITAN CLINIC OF WEST VOLUSIA, INC. 136 E. PLYMOUTH AVENUE DELAND, FL 32724	30-0408193	501(C)(3)		39,277.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) GOOD SAMARITAN HEALTH AND WELLNESS CENTER 209 W STATE LINE RD S. FULTON, TN 38257	45-3745315	501(C)(3)		837,268.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) GOOD SAMARITAN HEALTH CENTER 1015 DONALD LEE HOLLOWELL ATLANTA, GA 30318	58-2373395	501(C)(3)		19,873.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) GOOD SAMARITAN HEALTH CENTER OF GWINNETT 5949 BUFORD HWY. NORCROSS, GA 30071	27-0080400	501(C)(3)		137,105.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) GOOD SAMARITAN HEALTH CLINIC 401 ARNOLD STREET, NE CULLMAN, AL 35055	20-0149215	501(C)(3)		355,992.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) GOOD SAMARITAN HEALTH CLINIC OF PASCO, INC 5334 ASPEN ST. NEW PORT RICHEY, FL 34652	59-3072334	501(C)(3)		681,167.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) GOOD SAMARITAN HOUSE FREE COMMUNITY HEALTH 213 N. MAIN ST DEARING, GA 30808	32-0126528	OTHER		400,604.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) GOOD SAMARITAN MEDICAL CLINIC 139 CHURCH ST. CHESTER, SC 29706	82-0549226	501(C)(3)		662,257.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) GOOD SAMARITAN PHARMACY & HEALTH SERVICES 2502 TAMiami TRAIL NORTH NOKOMIS, FL 34275	26-2295558	501(C)(3)		306,700.	FMV	MEDICAL SUPPLIES	ON-GOING

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

OMB No. 1545-0047

2016

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Department of the Treasury
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Employer identification number

06-1008595

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(1) GOOD SHEPHERD CLINIC PO BOX 6 MORROW, GA 30260	58-2578581	501(C)(3)		804,364.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) GOOD SHEPHERD CLINIC 200 DAWSON COMMONS DAWSONVILLE, GA 30534	27-0245804	501(C)(3)		66,179.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) GOOD SHEPHERD HLTHCARE CLIN. OF MUSKOGEE,OK 2130 WEST OKMULGEE MUSKOGEE, OK 74401	73-1581613	501(C)(3)		2,734,726.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) GOOD SHEPHERD MINISTRIES OF OKLAHOMA, INC. 222 NW 12TH STREET OKLAHOMA CITY, OK 73103	20-0526892	501(C)(3)		528,117.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) GOOD SHEPHERD PHARMACY 2166 CUBA MILLINGTON MILLINGTON, TN 38053	46-3313048	501(C)(3)		1,965,899.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) GOODWIN COMMUNITY HEALTH CNTR, DBA CMAP 2605 PARKWOOD DR BRUNSWICK, GA 31520	01-0576945	501(C)(3)		143,719.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) GRACE CLINIC 800 WEST CANAL DRIVE KENNEWICK, WA 99336	77-0592408	OTHER		64,987.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) GRACE CLINICS OF OHIO, INC. 40 SOUTH FRANKLIN ST. DELAWARE, OH 43015	27-0415624	501(C)(3)		44,141.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) GRACE COMMUNITY HEALTH CENTER 1019 CUMBERLAND FALLS HWY CORBIN, KY 40734	26-1779437	501(C)(3)		22,955.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) GRACE MEDICAL HOME 51 PENNSYLVANIA ST ORLANDO, FL 32806	26-1817966	501(C)(3)		1,564,642.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) GRAND AVE FREE MEDICAL CLINIC/FREE CLINICS 605 NORTH GRAND AVENUE SPENCER, IA 51301	42-1428706	501(C)(3)		29,808.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) GRAPEVINE RELIEF&COMMUNITY EXCHANGE(GRACE) 837 E. WALNUT STREET GRAPEVINE, TX 76051	75-2195702	501(C)(3)		37,734.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) GREATER GREENWOOD UNITED MINISTRY FREE MDCL 1404 EDGEFIELD STREET GREENWOOD, SC 29646	57-1012393	501(C)(3)		18,628.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) GREATER HICKORY COOP. CHRISTIAN MINISTRY 31 1ST AVE SE HICKORY, NC 28602	56-0934855	501(C)(3)		789,262.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) GREATER KILLEEN FREE CLINIC 718 N 2ND STREET, STE A KILLEEN, TX 76541	74-2724725	501(C)(3)		1,592,056.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) GREATER KILLEEN FREE CLINIC 718 N 2ND STREET, STE A KILLEEN, TX 76541	74-2724725	501(C)(3)		8,577.	FMV	MEDICAL SUPPLIES	EMERGENCY
(5) GREATER TEXOMA HEALTH CLINIC 900 N. ARMSTRONG AVE. DENISON, TX 75020	81-0584983	501(C)(3)		296,762.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) GREENVILLE FREE MEDICAL CLINIC PO BOX 8993 GREENVILLE, SC 29604	57-0855205	501(C)(3)		414,011.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) GUADALUPE CLINIC 940 S SAINT FRANCIS WICHITA, KS 67211	20-1285208	OTHER		341,635.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) GUIDANCE/CARE CENTER, INC. 3000 41ST STREET OCEAN MARATHON, FL 33050	59-1458324	501(C)(3)		488,135.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) GULF BEND CENTER 6502 NURSERY DR VICTORIA, TX 77904	74-1659064	501(C)(3)		209,089.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) GULF COAST HEALTH CENTER, INC. 2548 MEMORIAL BLVD. PORT ARTHUR, TX 77640	76-0289927	501(C)(3)		1,702,440.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) GULF COAST HEALTH CENTER, INC. 2548 MEMORIAL BLVD. PORT ARTHUR, TX 77640	76-0289927	501(C)(3)		5,626.	FMV	MEDICAL SUPPLIES	EMERGENCY
(12) GULU PROJECT, INC 5400 JOHNSON DRIVE MISSION, KS 66205	82-1003879	501(C)(3)		5,767.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) HALEY CENTER 122 WEST CENTRAL AVE WINTER HAVEN, FL 33880	59-0766974	501(C)(3)		181,636.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) HANDS CLINIC OF ST. LUCIE COUNTY 3855 S US HWY 1 FORT PIERCE, FL 34982	26-3945016	501(C)(3)		27,185.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) HANDS OF HOPE CLINIC, INC. 1010 HOSPITAL BLDG B STOCKBRIDGE, GA 30281	42-1591970	501(C)(3)		105,648.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) HARBOR COMMUNITY CLINIC 593 W. 6TH ST. SAN PEDRO, CA 90731	23-7103245	501(C)(3)		12,486.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) HARMONY HEALTH CLINIC 201 E. ROOSEVELT LITTLE ROCK, AR 72206	20-5691313	501(C)(3)		63,290.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) HARRISONBURG ROCKINGHAM FREE CLINIC 25 WEST WATER STREET HARRISONBURG, VA 22801	54-1568909	501(C)(3)		12,812.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) HARTVILLE MIGRANT MINISTRIES PO BOX 682 HARTVILLE, OH 44632	34-0899100	501(C)(3)		81,187.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) HAVEN FREE CLINIC 800 HOWARD AVE, 1ST FL NEW HAVEN, CT 06519	06-0646973	501(C)(3)		376,951.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) HEAL THE CITY CLINIC PHARMACY 604 S TENNESSEE AMARILLO, TX 79106	46-5694050	501(C)(3)		51,411.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) HEAL, INC. 2600 MLK JR. DR. ATLANTA, GA 30331	26-3990559	501(C)(3)		180,494.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) HEALING BRIDGE CLINIC 215 WILLOW BEND PEACHTREE CITY, GA 30269	26-3555799	501(C)(3)		78,361.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) HEALING HANDS MINISTRIES INC 8515 GREENVILLE AVE DALLAS, TX 75243	65-1259379	501(C)(3)		22,865.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) HEALTH ACCESS, INC. 489 WASHINGTON AVENUE CLARKSBURG, WV 26301	55-0715066	501(C)(3)		97,099.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) HEALTH AND HOPE CLINIC, INC. 1718 E OLIVE RD PENSACOLA, FL 32514	26-4336638	501(C)(3)		122,189.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) HEALTH AND HOPE MEDICAL OUTREACH 1911 COOKS HILL ROAD CENTRALIA, WA 98531	27-4432389	501(C)(3)		22,657.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) HEALTH BRIGADE 1010 N THOMPSON ST RICHMOND, VA 23230	54-0927792	501(C)(3)		33,896.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) HEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1596731	501(C)(3)		61,993.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) HEALTH PARTNERS OF WESTERN OHIO 329 N. WEST ST. LIMA, OH 45801	56-2330309	501(C)(3)		42,890.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) HEALTH UNIT ON DAVISON AVENUE CLNIC 13240 WOODROW WILSON ST DETROIT, MI 48238	37-1490937	501(C)(3)		135,521.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) HEALTHCARE FOR THE HOMELESS - HOUSTON 1934 CAROLINE STREET HOUSTON, TX 77002	76-0647934	501(C)(3)		43,806.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) HEALTHNET OF ROCK COUNTY, INC. 23 W. MILWAUKEE STREET JANESVILLE, WI 53548	39-1778804	501(C)(3)		184,197.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) HEALTHQUEST OF UNION COUNTY 415 E. FRANKLIN STREET MONROE, NC 28112	56-2117596	501(C)(3)		218,571.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) HEALTHREACH COMMUNITY CLINIC 400 E STATESVILLE AVE MOORESVILLE, NC 28115	20-1020941	501(C)(3)		632,700.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) HEART MINISTRY CENTER 2222 BINNEY STREET OMAHA, NE 68110	81-0614816	501(C)(3)		32,549.	FMV	MEDICAL SUPPLIES	ON-GOING

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HEART TO HEART INTERNATIONAL 13250 WEST 98TH STREET LENEXA, KS 66215	48-1108359	501(C)(3)		10,855.	FMV	MEDICAL SUPPLIES	EMERGENCY
(2) HEARTBRIGHT FOUNDATION INC 2923 S TRYON CHARLOTTE, NC 28203	45-0496759	501(C)(3)		232,156.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) HEARTS AND HANDS CLINIC 127 N COLLEGE ST STATESBORO, GA 30458	26-4597700	501(C)(3)		185,581.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) HELPING HAND CLINIC 507 NORTH STEELE ST SANFORD, NC 27330	56-1752295	501(C)(3)		114,021.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) HELPING HANDS CLINIC, INC. 810 HARPER AVE LENOIR, NC 28645	56-2076541	501(C)(3)		215,342.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) HELPING HANDS MINISTRY OF RICHLAND HILLS 7294 GLENVIEW DR RICHLAND HILLS, TX 76180	47-5624322	501(C)(3)		406,384.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) HEMOPHILIA TREATMENT CENTER OF NEVADA 3121 MARYLAND PKWY LAS VEGAS, NV 89109	26-0286469	501(C)(3)		88,110.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) HENRY J. AUSTIN HEALTH CENTER, INC. 321 NORTH WARREN STREET TRENTON, NJ 08618	22-2682708	501(C)(3)		74,723.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) HICKORY COUNTY HEALTH DEPARTMENT 201 CEDAR STREET HERMITAGE, MO 65668	43-1274096	OTHER		101,720.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) HILL COUNTRY COMMUNITY MHRM CENTER 819 WATER STREET KERRVILLE, TX 78028	74-2822017	501(C)(3)		12,635.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) HIPPOCRATES MEDICAL CLINIC INC. 308 N PINE ST MOMENCE, IL 60954	81-1065602	501(C)(3)		111,006.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) HIS HANDS FREE MEDICAL CLINIC 400 12TH ST. SE CEDAR RAPIDS, IA 52403	39-1878606	501(C)(3)		499,224.	FMV	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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(1) HOLLAND FREE HEALTH CLINIC 99 WEST 26TH ST HOLLAND, MI 49423	30-0072620	501(C)(3)		9,696.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) HOPE CHRISTIAN HEALTH CENTER 4357 CORPORATE CNTR	46-3098169	501(C)(3)		368,974.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) HOPE CLINIC 203 NORTH STREET BAYBORO, NC 28515	56-2114681	501(C)(3)		232,850.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) HOPE CLINIC P.O. BOX 4025 BARTLESVILLE, OK 74006	46-4417141	501(C)(3)		43,283.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) HOPE CLINIC AND CARE CENTER 2693 W GRAND CHUTE BLVD APPLETON, WI 54913	47-3031346	501(C)(3)		336,918.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) HOPE CLINIC OF GARLAND 800 S. 6TH ST GARLAND, TX 75040	75-2960314	501(C)(3)		52,541.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) HOPE CLINIC OF MCKINNEY PO BOX 2542 MCKINNEY, TX 75070	81-3813928	501(C)(3)		8,324.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) HOPE HEALTH CLINIC 1025 SANIBEL WAY LAGRANGE, KY 40031	46-5509958	501(C)(3)		164,733.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) HOPE MEDICAL CLINIC 10101 60TH STREET LEXINGTON, OK 73051	73-1338039	OTHER		952,771.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) HOPE MEDICAL CLINIC HOPE MEDICAL CLINIC YPSILANTI, MI 48197	38-2469007	501(C)(3)		302,794.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) HOPE MEDICAL/DENTAL CLINIC 111 MEADOWVIEW DRIVE CLEBURNE, TX 76033	75-2953856	501(C)(3)		109,814.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) HOPEHEALTH MANNING FAMILY PRACTICE 12 WEST SOUTH STREET MANNING, SC 29102	57-0984427	501(C)(3)		326,304.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) HOPELIGHT MEDICAL CLINIC 1351 COLLYER ST LONGMONT, CO 80501	46-4657471	501(C)(3)		231,530.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) HOUSTON AREA COMMUNITY SVCS(HACS)PHARMACY 2150 W. 18TH ST HOUSTON, TX 77008	76-0549240	501(C)(3)		118,102.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) HOUSTON COUNTY VOLUNTEER MEDICAL CLINIC 107 HICKORY LANE BONAIRE, GA 31005	20-1859450	501(C)(3)		107,881.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) I CARE SAN ANTONIO 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	74-2690192	501(C)(3)		107,740.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) IBN SINA FOUNDATION 11226 S. WILCREST DR HOUSTON, TX 77099	76-0698464	501(C)(3)		509,426.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) ILIULIUK FAMILY AND HEALTH SERVICES 34 LAVELLE COURT UNALASKA, AK 99685	92-0041961	501(C)(3)		7,655.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) IMPACT CHRISTIAN MINISTRIES CLINIC 115 W. SOLOMON ST. GRIFFIN, GA 30223	27-0344233	501(C)(3)		337,834.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) INHEALTH COMMUNITY WELLNESS FREE CLINIC 109 1/2 E BLUFF ST BOSCOBEL, WI 53805	33-1170597	501(C)(3)		37,243.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) INTERFAITH CLINIC 403 W. OAK, SUITE 200 EL DORADO, AR 71730	71-0236863	501(C)(3)		517,445.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) IRVING COMMUNITY CLINIC 1302 LANE ST IRVING, TX 75061	75-2536818	501(C)(3)		134,430.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) ISLAMIC ASSOCIATION OF NORTH TEXAS 840 ABRAMS ROAD RICHARDSON, TX 75081	23-7181345	501(C)(3)		47,047.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) ISLAND HEALTH CARE 245 VINEYARD HAVEN RD EDGARTOWN, MA 02539	47-0870772	501(C)(3)		38,344.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) JACKSON COUNTY HEALTH DEPARTMENT 801 W. SECOND ST. SEYMOUR, IN 47274	35-6000159	501(C)(3)		94,085.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) JEFFERSON CENTER FOR MENTAL HEALTH 4851 INDEPENDENCE ST. WHEAT RIDGE, CO 80033	84-0474717	501(C)(3)		2,128,410.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) JEFFERSON COUNTY HUMAN SERVICES 1541 ANNEX RD JEFFERSON, WI 53549	39-6005705	OTHER		136,578.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) JESSIE TRICE COMMUNITY HEALTH CENTER 5607 NW 27TH AVENUE SUITE 1 MIAMI, FL 33142	59-1235617	501(C)(3)		14,306.	FMV	MEDICAL SUPPLIES	EMERGENCY
(5) JOHNSTOWN FREE MEDICAL CLINIC 340 MAIN STREET JOHNSTOWN, PA 15901	23-2922409	501(C)(3)		290,276.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) KALSIPPEL TRIBE OF INDIANS/CAMAS CNTR CLINIC 1821 NORTH LECLERC ROAD CUSICK, WA 99119	91-0875018	OTHER		168,715.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) KATAHDIN VALLEY HEALTH CENTER 30 HOULTON ST PATTEN, ME 04747	23-7411014	OTHER		30,392.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) KATALASSO FAMILY HEALTH CENTER 38 SOUTH BELVIDERE AVENUE YORK, PA 17401	45-3170905	501(C)(3)		120,351.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) KEVINS COMMUNITY CENTER 25 COMMERCE ROAD NEWTOWN, CT 06470	61-1436909	501(C)(3)		409,470.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) KIDS FIRST HEALTH CARE 4675 E. 69TH AVENUE COMMERCE CITY, CO 80022	84-0799374	501(C)(3)		20,125.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) KITSAP MENTAL HEALTH SERVICES 5455ALMIRA DRIVE NE BREMERTON, WA 98311	91-1020106	501(C)(3)		66,574.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) KNOX COUNTY HEALTH CLINIC 22 WHITE STREET ROCKLAND, ME 04841	01-0528885	501(C)(3)		28,490.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) LA CLINICA CRISTIANA 1915 AVALON AVENUE MUSCLE SHOALS, AL 35661	20-1624284	501(C)(3)		275,329.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) LA CLINICA DE LA ESPERANZA 3200 GRAND AVENUE DES MOINES, IA 50312	42-0680452	501(C)(3)		38,654.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) LA CROSSE COUNTY MTL HLTH OUTPATIENT CLIN. 300 FOURTH ST. NORTH LA CROSSE, WI 54601	39-6005709	OTHER		79,222.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) LAKE AREA FREE CLINIC 856B ARMOUR RD OCONOMOWOC, WI 53066	39-2006388	501(C)(3)		98,148.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) LAKE COUNTY FREE CLINIC 54 S STATE ST PAINESVILLE, OH 44077	34-1081191	501(C)(3)		259,530.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) LAKE ST LOUIS VOLUNTEERS IN MEDICINE 10714 VETERANS MEM. LAKE ST LOUIS, MO 63367	27-3109107	501(C)(3)		14,520.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) LAKESHORE COMMUNITY HEALTH CARE PO BOX 959 SHEBOYGAN, WI 53082	26-4321839	501(C)(3)		56,632.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) LAKEVIEW CENTER INC. 1221 W. LAKEVIEW AVE PENSACOLA, FL 32501	59-0737872	501(C)(3)		737,055.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) LAS CLINICAS DEL NORTE STATE ROAD 571, BLDG 28 EL RITO, NM 87530	85-0249591	501(C)(3)		37,483.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) LAWTON COMMUNITY HEALTH CENTER 5404 SW LEE BLVD LAWTON, OK 73505	73-6061037	OTHER		193,500.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) LEBANON VALLEY VOLUNTEERS IN MEDICINE 711 S 8TH ST LEBANON, PA 17042	26-3915958	501(C)(3)		24,362.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) LEFLORE COUNTY HEALTH CENTER 706 HWY 82 WEST GREENWOOD, MS 38930	20-0069223	501(C)(3)		978,951.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) LEWIS & CLARK BEHAVIORIAL HEALTH SERVICES 1028 WALNUT STREET YANKTON, SD 57078	16-1900308	501(C)(3)		415,385.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) LIFEPATH SYSTEMS 1515 HERITAGE DRIVE MCKINNEY, TX 75069	75-1761911	501(C)(3)		3,521,108.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) LIFESPRING HEALTH SYSTEMS 460 SPRING STREET JEFFERSONVILLE, IN 47130	35-1097350	501(C)(3)		171,862.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) LIFESTREAM BEHAVIORAL CENTER 515 MAIN STREET LEESBURG, FL 34748	59-1561501	501(C)(3)		2,882,678.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) LIGHT OF THE WORLD CLINIC, INC. 5333 N. DIXIE HWY OAKLAND PARK, FL 33334	65-0266070	501(C)(3)		647,151.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) LINN COUNTY PUBLIC HEALTH 501 13TH ST NW CEDAR RAPIDS, IA 52405	42-6004338	OTHER		12,348.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) LLOYD F. MOSS FREE CLINIC 1301 SAM PERRY FREDERICKSBURG, VA 22401	54-1677934	501(C)(3)		256,804.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) LORAIN COUNTY FREE CLINIC 3323 PEARL AVE. LORAIN, OH 44055	34-1506180	501(C)(3)		177,977.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) LOUDOUN FREE CLINIC 224A CORNWALL ST. NW LEESBURG, VA, VA 20176	54-1921059	501(C)(3)		21,238.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) LUKE SOCIETY P.O. BOX 16194 GALVESTON, TX 77552	74-2211973	501(C)(3)		388,682.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) MACON VOLUNTEER CLINIC 376 ROGERS AVE MACON, GA 31204	74-3055376	501(C)(3)		317,359.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) MALIHEH FREE CLINIC 415 E. 3900 S. SALT LAKE CITY, UT 84115	20-2313461	501(C)(3)		9,369.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) MALTA HOUSE OF CARE, INC 19 WOODLAND STREET HARTFORD, CT 06105	20-3562424	501(C)(3)		332,845.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) MAMOU HEALTH RESOURCES, INC. 300 SOUTH STREET MAMOU, LA 70554	72-0949444	501(C)(3)		151,691.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) MANNA MINISTRIES INC 120 STREET A, SUITE A PICAYUNE, MS 39466	20-1788094	OTHER		51,727.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) MARIAM CLINIC 4441-106 SIX FORKS RD RALEIGH, NC 27609	20-3011248	501(C)(3)		25,032.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) MARION COUNTY PUBLIC HEALTH 2003 N. LINCOLN KNOXVILLE, IA 50138	42-6004844	OTHER		12,661.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) MARTIN LUTHER KING HEALTH CENTER 865 OLIVE STREET SHREVEPORT, LA 71104	72-1079721	501(C)(3)		131,897.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) MATAGORDA EPISCOPAL HEALTH OUTREACH PROGRAM MEHOP BAY CITY, TX 77414	20-0537948	501(C)(3)		846,706.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) MATTAWA COMMUNITY MEDICAL CLINIC 210 GOVERNMENT ROAD MATTAWA, WA 99349	91-1499763	501(C)(3)		383,411.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) MATTHEW 25 HEALTH AND DENTAL CLINIC 413 E. JEFFERSON BLVD FORT WAYNE, IN 46802	35-1484951	501(C)(3)		290,385.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) MATTHEW WALKER COMPREHENSIVE HEALTH CENTER 1035 14TH AVENUE NORTH NASHVILLE, TN 37208	62-1035426	501(C)(3)		44,252.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) MCDONALD COUNTY HEALTH DEPARTMENT 500 OLIN STREET PINEVILLE, MO 64856	44-6000554	OTHER		13,278.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) MCINTOSH TRAIL, CSB 1435 NORTH EXPRESSWAY GRIFFIN, GA 30223	58-2098758	OTHER		1,509,409.	FMV	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) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MEDICAL MISSION ADVENTURE 11540 BONHAM AVE. SYLMAR, CA 91342	04-3661520	501(C)(3)		331,297.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) MEDICAL MISSIONS FOR CHRIST CLINIC PO BOX 1948 CAMDENTON, MO 65020	20-3637019	501(C)(3)		19,247.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) MEDICAL OUTREACH MINISTRIES 1401 E SOUTH BOULEVARD MONTGOMERY, AL 36116	63-1204645	501(C)(3)		185,773.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) MEDICAL SERVICE BUREAU, INC. 1530 S. OLIVER WICHITA, KS 67218	48-0891620	501(C)(3)		14,328.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) MEDLINK GEORGIA, INC. 11 CHARLIE MORRIS ROAD COLBERT, GA 30628	58-1394645	501(C)(3)		80,164.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) MEL LEAMAN FREE CLINIC 601 RADIO HILL RD MARION, VA 24354	54-1993876	501(C)(3)		12,632.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) MERCI CLINIC 1315 TATUM DRIVE NEW BERN, NC 28560	56-2034052	501(C)(3)		7,296.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) MERCY HEALTH CENTER, INC. 700 OGLETHORPE AVE. ATHENS, GA 30606	58-2603523	501(C)(3)		286,298.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) MERCY MEDICAL CLINIC 615 WASHINGTON STREET SHELBYVILLE, KY 40065	61-1211189	501(C)(3)		196,046.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) MERIDIAN BEHAVIORAL HEALTHCARE, INC 4300 SW 13TH STREET GAINESVILLE, FL 32608	59-1906214	501(C)(3)		456,274.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) METRO ATLANTA RECOVERY RESIDENCY INC. 2815 CLEARVIEW PLACE DORAVILLE, GA 30223	23-7442673	501(C)(3)		11,263.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) METROCARE SERVICES 1345 RIVER BEND DRIVE DALLAS, TX 75247	75-1285603	OTHER		106,236.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) METROCREST COMMUNITY CLINIC 1 MEDICAL PKWY FARMERS BRANCH, TX 75234	75-2616002	501(C)(3)		142,004.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) METROWEST FREE MEDICAL PROGRAM 105 HUDSON RD SUDBURY, MA 01776	04-3822273	501(C)(3)		36,669.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) MHRC FACT TEAM 10550 DEERWOOD PARK JACKSONVILLE, FL 32256	59-1905344	501(C)(3)		178,737.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) MIAMI BEACH COMMUNITY HEALTH CENTER 11645 BISCAYNE BLVD MIAMI, FL 33181	59-1829984	501(C)(3)		5,695.	FMV	MEDICAL SUPPLIES	EMERGENCY
(5) MIAMI RESCUE MISSION CLINIC INC 2015 NW 1ST AVE MIAMI, FL 33127	45-1481860	501(C)(3)		117,129.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) MIDDLE PENINSULA NORTHERN NECK CSB PO BOX 2468 GLOUCESTER, VA 23061	54-0958505	501(C)(3)		785,538.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) MIDLAND COMMUNITY CHILDREN'S CLINIC 1101 E. FRONT STREET MIDLAND, TX 79702	75-1875246	501(C)(3)		6,048.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) MILAN PUSKAR HEALTH RIGHT 341 SPRUCE STREET MORGANTOWN, WV 26507	31-1118673	501(C)(3)		59,546.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) MINISTRIES OF JESUS 1100 E. I-35 FRONTAGE ROAD EDMOND, OK 73034	73-1622804	501(C)(3)		612,802.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) MISSION ARLINGTON MEDICAL CLINIC 210 W. SOUTH ARLINGTON, TX 76010	75-2724385	501(C)(3)		994,426.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) MISSION CLINIC OF PALM SPRINGS, INC 3300 10TH AVE N. PALM SPRINGS, FL 33461	47-3441097	501(C)(3)		52,447.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) MISSION MEDICAL CENTER 2125 LASALLE ST COLORADO SPRINGS, CO 80909	68-0506812	501(C)(3)		53,851.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) MISSION OF MERCY 22 S MARKET ST FREDERICK, MD 21701	86-0704883	501(C)(3)		1,069,476.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) MISSION OF MERCY-ARIZONA 821 W WARNER ROAD CHANDLER, AZ 85225	86-0704883	501(C)(3)		18,554.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) MISSION TRAVIS MERCY P.O. BOX 11557 FORT WORTH, TX 76110	45-3841621	501(C)(3)		27,267.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) MISSION WACO HEALTH CLINIC 1315 N. 15TH ST WACO, TX 76707	74-2605621	501(C)(3)		163,713.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) MODESTO GOSPEL MISSION 964 WOODLAND DR TURLOCK, CA 95382	94-6102833	501(C)(3)		14,540.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) MOUNTAIN HEALTH & COMMUNITY SERVICES, INC. 31115 HWY 94 CAMPO, CA 91906	33-0164420	501(C)(3)		32,274.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) M-POWER MINISTRIES HEALTH CENTER 4022 4TH AVE SOUTH BIRMINGHAM, AL 35222	31-1639601	501(C)(3)		77,708.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) MUSLIM COMMUNITY CENTER FOR HUMAN SERVICES 7600 GLENVIEW DR RICHLAND HILLS, TX 76180	75-2580088	501(C)(3)		329,919.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) NATIONAL CNTR FOR BEHAVIORAL HLTH SOLUTIONS 3031 IH 10 WEST SAN ANTONIO, TX 78201	47-0857847	501(C)(3)		2,862,576.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) NAVAJO COUNTY PUBLIC HEALTH 600 N. 9TH PLACE SHOW LOW, AZ 85901	86-6000541	OTHER		18,188.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) NEIGHBOR FOR NEIGHBOR 505 E 36TH ST N TULSA, OK 74106	73-0776404	501(C)(3)		642,740.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE RD N NAPLES, FL 34102	59-3546884	501(C)(3)		204,828.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) NEIGHBORHOOD SERVICE ORGANIZATION NSO TUMAINI CENTER DETROIT, MI 48201	38-1561624	501(C)(3)		109,494.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) NEVADA OBSTETRICAL CHARITY CLINIC 1950 PINTO LANE LAS VEGAS, NV 89106	26-4834603	501(C)(3)		184,172.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) NEW HOPE CLINIC, INC. 201 BOILING SPRING RD SOUTHPORT, NC 28461	31-1614379	501(C)(3)		12,113.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) NEW ORLEANS DREAM CENTER 1137 SAINT CHARLES AV NEW ORLEANS, LA 70130	46-1935367	501(C)(3)		123,484.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) NEW ORLEANS DREAM CENTER 1137 SAINT CHARLES AV NEW ORLEANS, LA 70130	46-1935367	501(C)(3)		7,224.	FMV	MEDICAL SUPPLIES	EMERGENCY
(6) NEW ORLEANS HEALTH DEPARTMENT 1300 PERDIDO ST NEW ORLEANS, LA 70112	72-6000969	OTHER		16,268.	FMV	MEDICAL SUPPLIES	EMERGENCY
(7) NEWHOPE CLINIC 41 S. COURT STREET OWINGSVILLE, KY 40360	61-1363437	501(C)(3)		150,984.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) NORTH BROWARD HOSPITAL DISTRICT 200 NW 7TH AVE FORT LAUDERDALE, FL 33311	59-6012065	501(C)(3)		124,255.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) NORTH BROWARD HOSPITAL DISTRICT D/B/A 303 SE 17TH ST FORT LAUDERDALE, FL 33316	59-6012065	501(C)(3)		397,121.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) NORTH HUDSON COMMUNITY ACTION CORPORATION 800-31ST STREET UNION CITY, NJ 07087	22-1818699	501(C)(3)		401,999.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) NORTH JEFFERSON COUNTY CLINIC PHARMACY 1295 PEARL ST BEAUMONT, TX 77701	74-6000291	OTHER		12,449.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) NORTHERN NECK FREE HEALTH CLINIC 51 WILLIAM B GRAHAM CT KILMARNOCK, VA 22482	54-1679279	501(C)(3)		20,965.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) NORTHLAND COMMUNITY HEALTH CENTER 416 KUNDERT ST TURTLE LAKE, ND 58575	33-1029318	501(C)(3)		13,513.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS 715 PYLE DR. KINGSFORD, MI 49802	38-3210490	OTHER		64,866.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) NORTHSHORE SCOTTSDALE PHARMACY 3564 SCOTTSDALE ST PORTAGE, IN 46368	35-2028588	501(C)(3)		3,337,795.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) NORTHWEST HUMAN SERVICES, INC. 681 CENTER STREET NE SALEM, OR 97301	93-0605570	501(C)(3)		19,372.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) NOVA SCRIPTSCENTRAL 6400 ARLINGTON BLVD FALLS CHURCH, VA 22042	65-1275162	501(C)(3)		238,574.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) OAKLAWN 330 LAKEVIEW DR. GOSHEN, IN 46528	35-1070041	501(C)(3)		282,678.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) OASIS OF HOPE CENTER 522 LEONARD ST GRAND RAPIDS, MI 49504	20-2781312	501(C)(3)		49,968.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) OHIO VALLEY HEALTH CENTER ONE ROSS PARK STEUBENVILLE, OH 43952	20-3924355	501(C)(3)		675,107.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) OLDE TOWNE MEDICAL & DENTAL CENTER 5249 OLDE TOWNE ROAD WILLIAMSBURG, VA 23188	54-1663905	501(C)(3)		8,760.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) ONE STOP CLINIC 701 17TH AVE W BRADENTON, FL 34205	59-3340921	501(C)(3)		473,025.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) ONEWORLD COMMUNITY HEALTH CENTERS INC 4920 S. 30TH ST OMAHA, NE 68107	47-0548990	501(C)(3)		213,674.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) OPEN ARMS CLINIC 109 BIG A ROAD TOCCOA, GA 30577	20-3296577	501(C)(3)		103,006.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) OPEN ARMS HEALTH CLINIC 3921 W GREEN OAKS BLVD. ARLINGTON, TX 76017	45-0621201	501(C)(3)		884,806.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) OPEN CITIES HEALTH CENTER 409 N. DUNLAP STREET ST. PAUL, MN 55104	36-3381598	501(C)(3)		30,616.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) OPEN DOOR CLINIC OF ALAMANCE COUNTY 319 GRAHAM-HOPEDALE RD BURLINGTON, NC 27217	56-1794210	501(C)(3)		253,307.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) OPEN DOOR HEALTH CENTER 151 NW 11TH ST HOMESTEAD, FL 33030	83-0375996	501(C)(3)		1,949,606.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) ORANGE COUNTY FREE CLINIC P.O. BOX 441 ORANGE, VA 22960	25-1922019	501(C)(3)		22,904.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) ORANGEBURG-CALHOUN FREE MEDICAL CLINIC 141 CENTRE STREET ORANGEBURG, SC 29115	26-3762573	501(C)(3)		228,528.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) OUR LADY OF THE LAKE REGIONAL MEDICAL CNTR 5000 HENNESSY BLVD. BATON ROUGE, LA 70808	72-0423651	501(C)(3)		24,823.	FMV	MEDICAL SUPPLIES	EMERGENCY
(8) OZARKS COMMUNITY HEALTH CENTER 102 JACKSON HERMITAGE, MO 65668	20-5822485	501(C)(3)		77,268.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) PALMETTO HEALTH COUNCIL, INC. 643 MAIN STREET PALMETTO, GA 30268	58-1307597	501(C)(3)		9,360,882.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) PARTNERS FOR HEALING INC 109 WEST BLACKWELL TULLAHOMA, TN 37388	62-1834800	501(C)(3)		7,602.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) PATIENT'S FIRST CARE DBA MALINDA'S PATIENT 19115 FLORIDA BLVD SUITE A ALBANY, LA 70711	45-2815734	OTHER		20,428.	FMV	MEDICAL SUPPLIES	EMERGENCY
(12) PAUI TE INDIAN TRIBE OF UTAH 440 NORTH PAUI TE DRIVE CEDAR CITY, UT 84721	87-0365095	OTHER		448,503.	FMV	MEDICAL SUPPLIES	ON-GOING

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PEDIPLACE 502 OLD ORCHARD LN LEWISVILLE, TX 75067	75-2512752	501(C)(3)		8,554.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) PEOPLES CLINIC 3111 ELECTRIC AVE PORT HURON, MI 48060	38-3274342	OTHER		108,208.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) PEOPLES HEALTH WELLNESS CLINIC 553 NORTH MAIN STREET BARRE, VT 05641	03-0343290	501(C)(3)		86,698.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) PERSONAL ENRICHMENT THROUGH MENTAL HEALTH 11254 58TH ST PINELLAS PARK, FL 33782	59-3453549	501(C)(3)		91,936.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) PHILLIPS NEIGHBORHOOD CLINIC 720 WASHINGTON AVENUE MINNEAPOLIS, MN 55414	41-1843943	501(C)(3)		12,543.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) PLANO CHILDRENS MEDICAL CLINIC 1407 14TH STREET PLANO, TX 75074	75-2252866	OTHER		8,422.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) POCATELLO FREE CLINIC 429 WASHINGTON POCATELLO, ID 83201	82-0351133	501(C)(3)		650,683.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) POLK COUNTY HEALTH CENTER 1317 W. BROADWAY BOLIVAR, MO 65613	43-1268665	OTHER		64,918.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) PORTER STARKE SERVICES D.B.A. MARRAM HEALTH 601 WALL STREET VALPARAISO, IN 46383	35-1330771	501(C)(3)		358,944.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) PORTLAND COMMUNITY HEALTH CENTER 180 PARK AVE PORTLAND, ME 04102	45-4960453	501(C)(3)		21,946.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) PRESBYTERIAN MEDICAL CARE MISSION 1857 PINE ST STE 100 ABILENE, TX 79601	75-1910600	501(C)(3)		747,206.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) PRIMARY CARE & HOPE CLINIC 1453 HOPE WAY MURFREESBORO, TN 37129	62-1482091	501(C)(3)		197,398.	FMV	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) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PROTEUS 3850 MERLE HAY ROAD DES MOINES, IA 50310	42-1186501	501(C)(3)		83,850.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) PROVIDENCE MEDICAL GROUP 4400 NE HALSEY ST PORTLAND, OR 97213	93-1097258	501(C)(3)		35,264.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) RAINELLE MEDICAL CENTER, INC. 176 MEDICAL CENTER DRIVE RAINELLE, WV 25962	55-0686113	501(C)(3)		111,137.	FMV	MEDICAL SUPPLIES	EMERGENCY
(4) RAPHA CLINIC OF WEST GEORGIA INC 253 HWY 78 E TEMPLE, GA 30179	27-1188932	501(C)(3)		30,543.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) RAPHAEL COMMUNITY FREE CLINIC, INC. 1807 WATER STREET KERRVILLE, TX 78028	74-2819628	501(C)(3)		149,141.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) REACH OUT OF MONTGOMERY COUNTY 25 E. FORAKER DAYTON, OH 45409	31-1434282	501(C)(3)		203,987.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) RECOVERY CONSULTANTS OF ATLANTA, INC 3423 COVINGTON DRIVE DECATUR, GA 30032	58-2480021	501(C)(3)		130,984.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) REFRESH F5 INC 25 W. MAIN STREET AUSTIN, IN 47102	81-3730871	OTHER		72,924.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) REFUGUE CLINIC 2349 RICHMOND RD LEXINGTON, KY 40502	37-1547506	501(C)(3)		55,351.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) REGION III BEHAVIOR HEALTH 515 NORTH 16TH ST PAYETTE, ID 83661	82-6000995	OTHER		82,297.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) REMOTE AREA MEDICAL 2200 STOCK CREEK BLVD ROCKFORD, TN 37853	62-1650446	501(C)(3)		1,633,640.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) REMOTE AREA MEDICAL 2200 STOCK CREEK BLVD ROCKFORD, TN 37853	62-1650446	501(C)(3)		46,912.	FMV	MEDICAL SUPPLIES	EMERGENCY

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Schedule I (Form 990) (2016)

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on 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... [X] Yes [] No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows include RENEWED HOPE HEALTH CLINIC, RICHMOND AREA HIGH BLOOD PRESSURE CENTER, RILEY MEDICAL CLINIC/FIRST BAPTIST CHURCH, RIVER HILLS COMMUNITY HEALTH CENTER, RIVER VALLEY FAMILY HEALTH CENTER, RIVERVIEW HEALTH SERVICES, ROANOKE CHOWAN COMMUNITY HEALTH CNTR(RCCHC), ROBERT C BYRD CLINIC, ROBESON HEALTH CARE CORPORATION, ROCK SPRINGS CLINIC, ROSA CLARK MEDICAL CLINIC.

- 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) (2016)

**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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ROSE GARDEN CENTER FOR HOPE AND HEALING 2020 MADISON AVE COVINGTON, KY 41014	27-2425177	501(C)(3)		182,522.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) ROTACARE INC 875 JERUSALEM AVE UNIONDALE, NY 11530	11-3135331	501(C)(3)		255,402.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) RURAL HEALTH NETWORK OF MONROE COUNTY 3706 N ROOSEVELT BLVD KEY WEST, FL 33040	65-0474953	501(C)(3)		502,658.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) RUTHS PLACE 1411 CRAWFORD AVENUE GRANBURY, TX 76048	20-4594680	501(C)(3)		66,994.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) RUTLAND FREE CLINIC 145 STATE STREET RUTLAND, VT 05701	83-0427544	501(C)(3)		29,304.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) SACRED HEART COMMUNITY CLINIC 620 ROUND ROCK WEST DR ROUND ROCK, TX 78681	27-2901548	501(C)(3)		210,530.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) SAFE HARBOR FREE CLINIC 7209 265TH ST. NW STANWOOD, WA 98292	26-3825107	501(C)(3)		320,987.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) SALINA FAMILY HEALTHCARE CENTER 651 EAST PRESCOTT ROAD SALINA, KS 67401	48-0858197	501(C)(3)		396,249.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) SALT LAKE COUNTY HEALTH DEPARTMENT 2001 STATE ST SALT LAKE CITY,, UT 84114	87-6000316	OTHER		107,620.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) SAMARITAN HEALTH CENTER 13 ROSE STREET DANBURY, CT 06810	75-3258057	501(C)(3)		32,578.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) SAMARITAN HEALTH CLINIC OF PICKENS COUNTY 303 DACUSVILLE HIGHWAY EASLEY, SC 29640	57-0947115	501(C)(3)		176,484.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) SAMARITAN HOUSE 114 5TH AVE REDWOOD CITY, CA 94063	23-7416272	501(C)(3)		209,534.	FMV	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

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Department of the Treasury
Internal Revenue Service

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SAMARITAN REGIONAL HEALTH CLINIC 937 BROADWAY CAPE GIRARDEAU, MO 63701	27-5427837	501(C)(3)		861,076.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) SAMARITAN REGIONAL HEALTH CLINIC 937 BROADWAY CAPE GIRARDEAU, MO 63701	27-5427837	501(C)(3)		10,855.	FMV	MEDICAL SUPPLIES	EMERGENCY
(3) SAMARITANS TOUCH CARE CENTER 3015 HERRING AVE. SEBRING, FL 33870	02-0773338	501(C)(3)		120,852.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) SAMUEL DIXON FAMILY HEALTH CENTERS, INC 25115 AVENUE STANFORD VALENCIA, CA 91355	95-4278726	501(C)(3)		140,468.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) SAMUEL DIXON FAMILY HLTH CNTRS-NEWHALL 25115 AVENUE STANFORD VALENCIA, CA 91355	95-4278726	501(C)(3)		8,851.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) SAMUEL DIXON FAMILY HLTH CNTRS-VAL VERDE 25115 AVENUE STANFORD VALENCIA, CA 91355	95-4278726	501(C)(3)		14,756.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) SAN FRANCISCO FREE CLINIC 4900 CALIFORNIA ST. SAN FRANCISCO, CA 94118	94-3186248	501(C)(3)		261,569.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) SAN JOSE CLINIC 2615 FANNIN ST. HOUSTON, TX 77002	76-0373703	501(C)(3)		883,698.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) SANTA MARIA'S CHILDREN AND FAMILY CENTER 9209 COLIMA RD. WHITTIER, CA 90605	27-1879748	501(C)(3)		239,231.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) SANTA ROSA COMMUNITY HEALTH CENTERS 3569 ROUND BARN CR SANTA ROSA, CA 95403	68-0365296	501(C)(3)		16,429.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) SCHOOL HEALTH CLINICS OF SANTA CLARA COUNTY 6840 VIA DEL ORO SAN JOSE, CA 95119	77-0031679	501(C)(3)		55,715.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) SCHUYLER COUNSELING AND HEALTH SERVICES 127 S. LIBERTY RUSHVILLE, IL 62681	37-0923523	501(C)(3)		59,303.	FMV	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SCOTLAND COMMUNITY HEALTH CLINIC 1405-B WEST BLVD LAURINBURG, NC 28353	20-2841940	501(C)(3)		187,678.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) SCOTT COUNTY HEALTH DEPARTMENT 1471 N. GARDNER ST SCOTTSBURG, IN 47170	00-3118924	OTHER		206,005.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) SEAGER MEMORIAL CLINIC PO BOX 150143 OGDEN, UT 84415	46-0711300	501(C)(3)		253,946.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) SEATTLE/KING COUNTY CLINIC 305 HARRISON STREET SEATTLE, WA 98109	91-1003385	501(C)(3)		17,970.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) SEMO HEALTH NETWORK 421 SEMO DRIVE NEW MADRID, MO 63869	43-1253101	501(C)(3)		2,655,141.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) SENIOR FRIENDSHIP CENTERS, INC. 1900 BROTHER GEENEN WAY SARASOTA, FL 34236	59-1522614	501(C)(3)		102,160.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) SET FAMILY MEDICAL CLINICS 2864 CIRCLE DR COLORADO SPRINGS, CO 80906	84-1183335	501(C)(3)		15,708.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) SETON CENTRAL OUTPATIENT PHARMACY 1500 RED RIVER ST 14052 AUSTIN, TX 78701	74-1109643	501(C)(3)		28,746.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) SHELBY COMMUNITY HEALTH CENTER 1640 E. STATE RD. 44 SHELBYVILLE, IN 46176	30-0174146	501(C)(3)		16,208.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) SHELTER HEALTH SERVICES 534 SPRATT ST. CHARLOTTE, NC 28206	20-3041985	501(C)(3)		66,105.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) SHEPHERDS CARE MEDICAL CLINIC 304 B PONY ROAD ZEBULON, NC 27597	26-2757593	501(C)(3)		28,950.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) SHEPHERDS CLINIC 2800 KIRK AVE. BALTIMORE, MD 21218	52-1739001	501(C)(3)		55,085.	FMV	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization

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Employer identification number

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SHIFA CLINIC 1092 JOHNNIE DODDS MT. PLEASANT, SC 29464	04-3810161	501(C)(3)		338,170.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)(3)		247,612.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) SISTER MAURA BRANNICK HEALTH CENTER 326 S. CHAPIN ST. SOUTH BEND, IN 46601	53-0196617	501(C)(3)		94,104.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) SMITH MEDICAL CLINIC, INC 99 BASKERVILL DR PAWLEYS ISLAND, SC 29585	57-0786699	501(C)(3)		764,602.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) SMITH MEDICAL CLINIC, INC 99 BASKERVILL DR PAWLEYS ISLAND, SC 29585	57-0786699	501(C)(3)		8,324.	FMV	MEDICAL SUPPLIES	EMERGENCY
(6) SMITHVILLE COMMUNITY CLINIC 800 BURLESON ST SMITHVILLE, TX 78957	20-4515999	501(C)(3)		137,312.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) SNAKE RIVER COMMUNITY CLINIC 215 10TH STREET LEWISTON, ID 83501	31-1726460	501(C)(3)		291,167.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) SOCIAL WELFARE BOARD 904 S. 10TH, SUITE A ST. JOSEPH, MO 64503	44-6000455	OTHER		60,264.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) SOCIETY OF ST. VINCENT DE PAUL 2033 FISH HATCHERY ROAD MADISON, WI 53713	39-0824876	501(C)(3)		87,757.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) SOUTH CENTRAL MISSOURI COMMUNITY HLTH CNTR 1050 WEST 10TH STREET ROLLA, MO 65401	26-2522083	501(C)(3)		373,053.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) SOUTH ROUTH MEDICAL CNTR HLTH SVC DISTRICT PO BOX 8 OAK CREEK, CO 80467	84-6032810	OTHER		137,470.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) SOUTHEAST INC. 16 WEST LONG STREET COLUMBUS, OH 43215	31-0940189	501(C)(3)		608,888.	FMV	MEDICAL SUPPLIES	ON-GOING

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SOUTHEAST MENTAL HEALTH SERVICES 711 BARNES AVENUE LA JUNTA, CO 81050	84-0519607	501(C)(3)		73,605.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) SOUTHSIDE COMMUNITY HEALTH SERVICES, INC. 324 EAST 35TH STREET MINNEAPOLIS, MN 55409	23-7113799	501(C)(3)		11,377.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) SOUTHWEST BOULEVARD FAMILY HEALTH CLINIC 300 SW BOULEVARD KANSAS CITY, KS 66103	48-1067752	501(C)(3)		780,893.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) SOUTHWEST IOWA MENTAL HEALTH CENTER 1500 EAST 10TH STREET ATLANTIC, IA 50022	42-0928938	501(C)(3)		129,453.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) SOUTHWEST MISSOURI AREA COALITION 1011 W MAIN BUFFALO, MO 65622	27-3253482	501(C)(3)		59,733.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) SPACE COAST VOLUNTEERS IN MEDICINE 2555 JUDGE FRAN JAMIESON VIERA, FL 32940	27-2135914	501(C)(3)		190,780.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) SPINDLETOP CENTER 655 S. 8TH STREET BEAUMONT, TX 77701	74-1684198	501(C)(3)		4,352,248.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) SPRING BRANCH COMMUNITY HEALTH CENTER 800 W SAM HOUSTON PKWY HOUSTON, TX 77042	30-0198705	501(C)(3)		70,635.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) ST CHARLES/MCAULEY CLINIC 5024 N GROVE OKLAHOMA CITY, OK 73122	73-0701035	501(C)(3)		28,689.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) ST LUKE COMMUNITY CLINIC 316 N ROYAL AVE FRONT ROYAL, VA 22630	54-1801220	501(C)(3)		34,223.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) ST VINCENT DE PAUL CHARITABLE PHARMACY 1125 BANK ST. CINCINNATI, OH 45214	30-0272954	501(C)(3)		896,004.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) ST. CLARE HEALTH CLINIC 1121 S. INDIANA AVE CROWN POINT, IN 46307	35-1330472	OTHER		88,436.	FMV	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) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ST. CLARE MEDICAL OUTREACH 1407 YORK ROAD LUTHERVILLE, MD 21093	52-1681044	501(C)(3)		1,594,869.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) ST. JOESPH`S NEIGHBORHOOD CENTER 417 S. AVE ROCHESTER, NY 14620	46-1176792	501(C)(3)		712,944.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) ST. JOHN BOSCO CLINIC, INC. 3661 S. MIAMI AVENUE MIAMI, FL 33133	65-0435764	501(C)(3)		482,962.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) ST. JOSEPH HEALTH CENTER 510 W. ADAMS ST PLYMOUTH, IN 46563	35-1142669	501(C)(3)		574,298.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) ST. LUKES CLINIC 132 SEYMOUR AVE. JACKSON, MI 49202	32-0038675	501(C)(3)		99,433.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) ST. MARTINS HEALTHCARE INC ST. MARTIN`S HEALTHCARE GARRETT, IN 46738	20-8609620	501(C)(3)		34,261.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) ST. MARY`S HEALTH WAGON 5626 PATRIOT DRIVE WISE, VA 24293	04-3739083	501(C)(3)		130,438.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) ST. MARY`S LEGACY CLINIC 805 S. NORTHSORE DR. KNOXVILLE, TN 37919	46-2331706	501(C)(3)		261,282.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) ST. MARYS HEALTH CENTER 1302 DRAYTON ST SAVANNAH, GA 31401	58-2282758	501(C)(3)		71,530.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) ST. MICHAEL`S COMMUNITY SERVICES INC 1005 W. 18TH STREET ANNISTON, AL 36201	63-0974974	501(C)(3)		696,569.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) ST. THOMAS CLINIC 600 PAUL HAND BOULEVARD FRANKLIN, IN 46131	35-1449379	501(C)(3)		59,138.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) ST.VINCENT DE PAUL VILLAGE FAMILY HLTH CNTR 1501 IMPERIAL AVENUE SAN DIEGO, CA 92101	33-0492302	501(C)(3)		64,502.	FMV	MEDICAL SUPPLIES	ON-GOING

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

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Complete if the organization answered "Yes" on 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

- 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 noncash assistance	(h) Purpose of grant or assistance
(1) ST. VINCENT DEPAUL COMMUNITY PHARMACY 502 GRAMMONT ST MONROE, LA 71201	90-0014479	501(C)(3)		191,632.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) ST. VINCENT'S MOBILE HLTH OUTREACH MINISTRY 2591 OAK STREET JACKSONVILLE, FL 32204	53-0196617	501(C)(3)		134,844.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) ST. VINCENT'S STUDENT FREE CLINIC 2817 POST OFFICE ST GALVESTON, TX 77550	74-1384864	501(C)(3)		412,863.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) ST.MARY'S DINING ROOM 545 W.SONORA ST. STOCKTON, CA 95203	94-2687280	501(C)(3)		7,682,027.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) STAYWELL HEALTH CENTER 80 PHOENIX AVENUE WATERBURY, CT 06702	22-3160873	501(C)(3)		187,586.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) STEHOUWER FREE CLINIC 201 N. MITCHELL CADILLAC, MI 49601	61-1401888	501(C)(3)		534,614.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) STEPHEN F. AUSTIN COMMUNITY HEALTH CENTER 1612 CALLAWAY DR. ALVIN, TX 77511	41-2273820	501(C)(3)		8,577.	FMV	MEDICAL SUPPLIES	EMERGENCY
(8) STEPS, INC. 1033 N. PINE HILLS ROAD ORLANDO, FL 32808	63-0839630	501(C)(3)		7,788.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) SU CLINICA 1706 TREASURE HILLS HARLINGEN, TX 78550	74-2357970	501(C)(3)		5,729.	FMV	MEDICAL SUPPLIES	EMERGENCY
(10) SULZBACHER HEALTH CENTER 611 E ADAMS ST JACKSONVILLE, FL 32202	59-3229898	501(C)(3)		2,514,351.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) SUMPTER FREE MEDICAL CLINIC 1083 HWY 35 SAINT STEPHEN, SC 29479	27-1097304	501(C)(3)		351,589.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) SUMPTER FREE MEDICAL CLINIC 1083 HWY 35 SAINT STEPHEN, SC 29479	27-1097304	501(C)(3)		130,388.	FMV	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) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SUNCOAST COMMUNITY HEALTH CENTERS, INC. 313 S. LAKEWOOD DRIVE BRANDON, FL 33511	59-1741303	501(C)(3)		5,318.	FMV	MEDICAL SUPPLIES	EMERGENCY
(2) SURRY MEDICAL MINISTRIES PO BOX 349 MOUNT AIRY, NC 27030	56-1829347	501(C)(3)		355,873.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) SWAIN COUNTY CARING CORNER PO BOX 1998 BRYSON CITY, NC 28713	47-2593010	501(C)(3)		182,655.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) SWEETWATER EPISCOPAL ACADEMY 251 E LAKE BRANTLEY DR LONGWOOD, FL 32779	59-2404885	501(C)(3)		19,319.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) TALBOT HOUSE MINISTRIES OF LAKELAND, INC. 814 NORTH KENTUCKY AVE. LAKELAND, FL 33801	85-8012641	501(C)(3)		831,088.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) TARZANA TREATMENT CENTERS, INC. 18646 OXNARD STREET TARZANA, CA 91356	94-2219349	501(C)(3)		387,910.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) TEMPLE COMMUNITY CLINIC 1905 CURTIS B ELLIOT DRIVE TEMPLE, TX 76501	74-2634500	501(C)(3)		70,681.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) THE ARK 6450 N. CALIFORNIA AVE. CHICAGO, IL 60645	23-7164967	501(C)(3)		103,305.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) THE BRIDGE CLINIC 6349 WHITE BERRY LANE LOVES PARK, IL 61111	27-3097955	OTHER		96,485.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) THE CARE CLINIC 239 ROBESON STREET FAYETTEVILLE, NC 28301	56-1837010	501(C)(3)		348,965.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) THE CENTER FOR BLACK WOMEN'S WELLNESS 477 WINDSOR STREET ATLANTA, GA 30312	58-2212203	501(C)(3)		62,743.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) THE CLINIC 143 CHURCH ST. PHOENIXVILLE, PA 19460	23-3072363	501(C)(3)		503,220.	FMV	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2016)

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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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
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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 noncash assistance	(h) Purpose of grant or assistance
(1) THE COMMUNITY FREE CLINIC OF NEWPORT NEWS 727 25TH STREET NEWPORT NEWS, VA 23607	27-3510814	501(C)(3)		22,837.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) THE FLOATING HOSPITAL 4140 27TH ST LONG ISLAND CITY, NY 11101	13-1624169	501(C)(3)		140,076.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) THE FREE CLINICS OF HENDERSON COUNTY 841 CASE STREET HENDERSONVILLE, NC 28792	56-2212024	501(C)(3)		441,326.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) THE FREE MEDICAL CLINIC 1875 HARDEN STREET COLUMBIA, SC 29204	57-0779279	501(C)(3)		131,471.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) THE FREE MEDICAL CLIN. OF GREATER CLEVELAND 12201 EUCLID AVE CLEVELAND, OH 44106	23-7078501	501(C)(3)		308,259.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) THE FRIENDSHIP CLINIC 704 LATAH BOISE, ID 83705	20-0184266	501(C)(3)		109,382.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) THE GOOD SAMARITAN CENTER 140 IND. LOOP FREDERICKSBURG, TX 78624	91-2129853	501(C)(3)		557,391.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) THE GOOD SAMARITAN CLINIC OF JACKSON COUNTY 293 HOSPITAL ROAD, SUITE B SYLVA, NC 28779	56-2266536	501(C)(3)		98,227.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) THE GREATER BOSTON FOOD BANK 70 SOUTH BAY AVE BOSTON, MA 02118	01-1234567	501(C)(3)		63,548.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) THE GREATER HUDSON VALLEY FAMILY HLTH CNTR 2570 ROUTE 9W CORNWALL, NY 12518	06-1036715	501(C)(3)		55,158.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) THE LA FREE CLIN. DBA SABAN COMMUNITY CLIN. 8405 BEVERLY BLVD. LOS ANGELES, CA 90048	95-2539105	501(C)(3)		10,806.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) THE MEDINA HEALTH MINISTRY 970 E. WASHINGTON STREET MEDINA, OH 44256	30-0092944	501(C)(3)		38,681.	FMV	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) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization

AMERICARES FOUNDATION, INC.

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06-1008595

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(1) THE NTLN CNTR FOR BEHAVIORAL HLTH SOLUTION 3031 IH 10 W SAN ANTONIO, TX 78201	47-0857847	501(C)(3)		696,742.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) THE NEIGHBORHOOD CHRISTIAN CLINIC 1929 W. FILLMORE PHOENIX, AZ 85009	86-0839580	501(C)(3)		117,456.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) THE NIGHT MINISTRY 4711 N. RAVENSWOOD CHICAGO, IL 60640	36-3145764	501(C)(3)		7,151.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) THE OLYMPIA FREE CLINIC 108 STATE AVE NW OLYMPIA, WA 98501	27-1606329	501(C)(3)		42,850.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) THE SALVATION ARMY 10291 MCGREGOR BLVD FT MYERS, FL 33919	58-0660607	501(C)(3)		335,204.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) THE SALVATION ARMY - TEXAS DIVISION 6500 HARRY HINES BLVD DALLAS, TX 75235	75-0800678	501(C)(3)		59,050.	FMV	MEDICAL SUPPLIES	EMERGENCY
(7) THE SALVATION ARMY BATON ROUGE 7361 AIRLINE HIGHWAY BATON ROUGE, LA 70805	58-0660607	501(C)(3)		11,271.	FMV	MEDICAL SUPPLIES	EMERGENCY
(8) THE SALVATION ARMY OF FLORIDA 930 EAST 139TH AVE. TAMPA, FL 33613	58-0660607	501(C)(3)		34,180.	FMV	MEDICAL SUPPLIES	EMERGENCY
(9) THE TEXAS INTL. INST. OF HLTH PROFESSIONS 8121 BROADWAY STREET HOUSTON, TX 77061	46-1267820	501(C)(3)		365,515.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) THE VILLAGE SOUTH / WESTCARE 169 E.FLAGER STREET MIAMI, FL 33131	59-1452736	501(C)(3)		307,772.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) THE WAY FREE MEDICAL CLINIC, INC. 479 HOUSTON GREEN COVE SPRINGS, FL 32043	76-0828154	501(C)(3)		445,162.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) THE WRIGHT CENTER/COMMUNITY HEALTH HUB 640 MADISON AVE SCRANTON, PA 18510	27-3582779	501(C)(3)		260,633.	FMV	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) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Employer identification number

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(1) THRESHOLDS, INC 4101 N. RAVENSWOOD CHICAGO, IL 60613	36-2518901	501(C)(3)		17,555.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) THUNDERMIST HEALTH CENTER 450 CLINTON STREET WOONSOCKET, RI 02895	05-0355097	501(C)(3)		67,355.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) TLC PHARMACY 555 COSTILLA ST COLORADO SPRINGS, CO 80903	84-1345520	501(C)(3)		32,435.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) TOMAGWA 455 SCHOOL ST, TOMAGWA TOMBALL, TX 77375	76-0280324	501(C)(3)		45,882.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) TOTAL FAMILY MEDICAL 22601 HWY 190 ROBERT, LA 70455	46-1385117	OTHER		192,057.	FMV	MEDICAL SUPPLIES	EMERGENCY
(6) TOTAL FAMILY MEDICAL, LLC 22601 HWY 190 ROBERT, LA 70455	46-1385117	OTHER		152,786.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) TREASUE COAST COMMUNITY HEALTH, INC 1553 US HWY 1 VERO BEACH, FL 32962	59-3219191	501(C)(3)		83,646.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) TREASURE COAST COMMUNITY HEALTH, INC 1553 US HWY 1 VERO BEACH, FL 32962	59-3219191	501(C)(3)		5,318.	FMV	MEDICAL SUPPLIES	EMERGENCY
(9) TRI CITY HEALTH PARTNERSHIP 318 WALNUT STREET SAINT CHARLES, IL 60174	36-4475369	501(C)(3)		9,290.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) TRINITY CLINIC 507 4TH STREET CALVIN, OK 74531	73-1325401	501(C)(3)		328,518.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) TROPICAL TEXAS BEHAVIORAL HEALTH 1901 S. 24TH AVENUE EDINBURG, TX 78539	74-1565510	501(C)(3)		522,863.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) TRUE HEALTH 4930 E LAKE MARY BLVD SANFORD, FL 32771	59-1741286	501(C)(3)		11,459.	FMV	MEDICAL SUPPLIES	EMERGENCY

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) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TYLER FAMILY CIRCLE OF CARE 523 SOUTH FANNIN TYLER, TX 75702	45-2578435	501(C)(3)		10,316.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) UNION GOSPEL MISSION 3211 IRVING BLVD DALLAS, TX 75247	75-6003612	501(C)(3)		101,562.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) UNION GOSPEL MISSION CLINIC 1300 N 1ST STREET YAKIMA, WA 98901	23-7050061	OTHER		329,126.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) UNISON BEHAVIORAL HEALTH 1007 MARY STREET WAYCROSS, GA 31501	58-2107877	OTHER		166,284.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) UNITED MEDICAL CENTERS 2525 N. VETERANS BLVD EAGLE PASS, TX 78852	74-1993570	501(C)(3)		8,611.	FMV	MEDICAL SUPPLIES	EMERGENCY
(6) UNIVERSITY OF LOUISVILLE 550 CLINIC 550 S. JACKSON STREET LOUISVILLE, KY 40202	61-1029626	501(C)(3)		6,606.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) UNIVERSITY OF MIAMI 1601 NW 12 AVE. #4067 MIAMI, FL 33136	59-0624458	501(C)(3)		9,092.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) UNIVERSITY OF WI OSHKOSH LIVING HLTH CLIN. 510 DOCTORS COURT OSHKOSH, WI 54901	39-6076856	501(C)(3)		205,976.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) UPHAM'S CORNER HEALTH CENTER 500 COLUMBIA ROAD DORCHESTER, MA 02125	23-7211732	501(C)(3)		38,394.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) URBAN HEALTH AND WELLNESS 645 GRANT ST, SE ATLANTA, GA 30312	27-0000606	501(C)(3)		78,258.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) URBAN MINISTRIES OF WAKE COUNTY, INC. 1390 CAPITAL BLVD. RALEIGH, NC 27603	58-1422700	501(C)(3)		193,024.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) UT HLTH SCIENCE CNTR AT SAN ANTONIO-FOCUS CMHE AT UTHSCSA SAN ANTONIO, TX 78229	74-1586031	OTHER		68,450.	FMV	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) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VALLEY COMMUNITY HEALTHCARE 6801 COLDWATER CYN	23-7050082	501(C)(3)		44,975.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) VARIETY CARE PO BOX 250 GRANDFIELD, OK 73546	73-1088577	OTHER		1,024,397.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) VERA FRENCH COMMUNITY MENTAL HEALTH CENTER 1441 W. CENTRAL PARK DAVENPORT, IA 52804	42-0716337	501(C)(3)		42,581.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) VIRGINIA B. ANDES VOLUNTEER COMMUNITY CLIN. 21297 OLEAN BLVD PORT CHARLOTTE, FL 33952	65-0958642	501(C)(3)		632,003.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) VISTA COMMUNITY HEALTH CENTER 14117 HUBBARD ST. STE. M SYLMAR, CA 91342	45-4642549	501(C)(3)		1,067,576.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) VNA/POTTAWATTAMIE COUNTY PUBLIC HLTH DEPT. 822 S. MAIN ST. COUNCIL BLUFFS, IA 51534	42-6004433	501(C)(3)		125,572.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) VOLUNTEER BEHAVIORAL HEALTH CARE SYSTEM 1200 S WILLOW AVE COOKEVILLE, TN 38506	62-1589440	501(C)(3)		128,380.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) VOLUNTEER HEALTHCARE CLINIC 4215 MEDICAL PARKWAY AUSTIN, TX 78756	74-6082464	501(C)(3)		26,373.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) VOLUNTEERS IN MEDICINE 15 NORTHRIDGE HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)		110,146.	FMV	MEDICAL SUPPLIES	EMERGENCY
(10) VOLUNTEERS IN MEDICINE 15 NORTHRIDGE HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)		109,968.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) VOLUNTEERS IN MEDICINE 190 N. PA AVE WILKES BARRE, PA 18702	20-3531527	501(C)(3)		10,826.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) VOLUNTEERS IN MEDICINE-CLIN. OF THE CASCADE 2300 NE NEFF RD. BEND, OR 97701	93-1327847	501(C)(3)		205,419.	FMV	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) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VOLUNTEERS IN MEDICINE - SAN DIEGO 1457 E MADISON AVENUE EL CAJON, CA 92019	26-0057391	501(C)(3)		66,582.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) VOLUNTEERS IN MEDICINE CLINIC 417 SE BALBOA AVENUE STUART, FL 34994	65-1115793	501(C)(3)		629,714.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) VOLUNTEERS IN MEDICINE CLINIC 2260 MARCOLA ROAD SPRINGFIELD, OR 97477	93-1276816	501(C)(3)		123,090.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) VOLUNTEERS IN MEDICINE CLIN. OF MONROE CNTY 811 W. SECOND STREET BLOOMINGTON, IN 47403	20-5383915	501(C)(3)		142,798.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) VOLUNTEERS IN MEDICINE OF THE OLYMPICS P.O. BOX 639 PORT ANGELES, WA 98362	01-0590704	501(C)(3)		27,729.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) VOLUNTEERS IN MEDICINE WILKES BARRE 190 N. PA AVE WILKES BARRE, PA 18702	20-3531527	501(C)(3)		69,781.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) VOLUNTEERS IN MEDICINE, INC. 1039 S. DUCHESNE ST CHARLES, MO 63301	43-1791543	501(C)(3)		127,722.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) VOLUSIA VOLUNTEERS IN MEDICINE 113 LOCKHART STREET DAYTONA BEACH, FL 32114	47-1005976	501(C)(3)		19,954.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) WAHID MEDICAL CORP P O BOX 547 PATTERSON, CA 95363	45-3797437	OTHER		92,663.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) WAIMANLO HEALTH CENTER 41-1347 KALANIANAOLE HY WAIMANALO, HI 96795	99-0273205	OTHER		129,591.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) WASATCH HOMELESS HEALTH CARE, INC. 409 WEST 400 SOUTH SALT LAKE CITY, UT 84101	87-0569356	501(C)(3)		433,624.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) WATER STREET HEALTH SERVICES 210 S. PRINCE STREET LANCASTER, PA 17603	23-2798318	501(C)(3)		5,421.	FMV	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) (2016)

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on 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.

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... [X] Yes [] No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows include Webster City Free Clinic, Webster County Health Unit, Welcome Health, Wellness Pointe, Wellness Tree Community Clinic, Wesley Church Health Center, West Central District Health Department, West Florida Community Care Center, West Hawaii Community Health Center, West Plains Christian Clinic, Westcare Gulfcoast Florida Inc, and Westminster Free Clinic.

- 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) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

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Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WESTSIDE FAMILY HEALTHCARE 300 WATER ST WILMINGTON, DE 19801	22-2488654	501(C)(3)		7,587.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) WHEELING HEALTH RIGHT INC 61-29TH ST WHEELING, WV 26003	31-1149085	501(C)(3)		453,696.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) WHOLE FAMILY HEALTH CENTER 603 INDIAN RIVER DR. FORT PIERCE, FL 34950	65-0715258	501(C)(3)		370,468.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) WILL-GRUNDY MEDICAL CLINIC 213 EAST CASS STREET JOLIET, IL 60432	36-3492306	501(C)(3)		23,664.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) WOFCC HOPE CLINIC PO BOX 1727 ELK CITY, OK 73648	26-1284785	501(C)(3)		186,597.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) WOMENS HEALTH CONNECTIONS 205 E. BARAZOS ST. PALESTINE, TX 75801	20-0776090	501(C)(3)		16,780.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) WORLD REACH INC DBA BETHESDA HEALTH CENTER 133 STETSON DR. CHARLOTTE, NC 28262	56-2015959	501(C)(3)		687,222.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) WV HEALTH RIGHT INC 1520 WASHINGTON ST. CHARLESTON, WV 25311	31-1066881	501(C)(3)		361,621.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) WV HEALTH RIGHT INC 1520 WASHINGTON ST. CHARLESTON, WV 25311	31-1066881	501(C)(3)		6,612.	FMV	MEDICAL SUPPLIES	EMERGENCY
(10) MG HEALTHCARE INSIGHTS LLC 5097 PINE RIDGE DRIVE GOLDEN, CO 80403	81-4467306	501(C)(3)	7,500.				ON-GOING
(11) ALL HANDS VOLUNTEERS 6 COUNTY RD SUITE #6 MATTAPOISETT, MA 02739	20-3414952	501(C)(3)	10,000.				EMERGENCY
(12) TOTAL FAMILY MEDICAL 22601 HWY 190 ROBERT, LA 70455	46-1385117	OTHER	37,000.				EMERGENCY

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 ▶ _____

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

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Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) INSTITUTE FOR HEALTHCARE ADVANCEMENT 501 S. IDAHO ST LA HABRA, CA 90631	33-0483197	501(C)(3)	52,113.				ON-GOING
(2) CHCANYS HEALTH CENTER 111 BROADWAY, SUITE 1402 NEW YORK, NY 10006	13-2690296	501(C)(3)	21,853.				ON-GOING
(3) GRACE MEDICAL HOME 51 PENNSLVANIA STREET ORLANDO, FL 32806	26-1817966	501(C)(3)	20,000.				ON-GOING
(4) GREENVILLE FREE MEDICAL CLINIC PO BOX 8993 GREENVILLE, SC 29604	57-0855205	501(C)(3)	20,000.				ON-GOING
(5) ST. MARY'S HEALTH WAGON 5626 PATRIOT DRIVE WISE, VA 24293	04-3739083	501(C)(3)	20,000.				ON-GOING
(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 618.

3 Enter total number of other organizations listed in the line 1 table 59.

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

Schedule I (Form 990) (2016)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FREE MEDICINE TO PATIENTS	148,297.		223,652,140.	FMV	PRESCRIPTION MEDS
2 MEDICAL OUTREACH IN THE U.S.	46.		1,020,166.	FMV	MEDICAL SUPPLIES
3					
4					
5					
6					
7					

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

FORM 990, SCHEDULE I, PART I

GRANTS AND ASSISTANCE

LINE 2 - AMERICARES MONITORS ACTIVITIES TO ENSURE THAT DONATED GOODS AND FUNDS ARE USED TO FULFILL OUR MISSION. AMERICARES TRACKS EVERY DONATION AS IT ENTERS AND LEAVES OUR WAREHOUSES AND REQUIRES REPORTING OF EACH RECEIVING PARTNER ORGANIZATION, WHICH INCLUDE DETAILED CONFIRMATION OF RECEIPT AND QUARTERLY UPDATES ON DISTRIBUTION. INDIVIDUAL LICENSED HEALTH CARE PROVIDERS RECEIVING DONATIONS THROUGH OUR MEDICAL OUTREACH PROGRAM MUST PROVIDE A REPORT DETAILING HOW THE DONATION WAS USED, NUMBER OF PATIENTS TREATED AND OTHER INFORMATION. HEALTH PARTNERS THAT RECEIVE

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

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

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

FUNDING FROM AMERICARES ARE REQUIRED TO COMPLETE A GRANT APPLICATION AND A GRANT REPORT, WHICH INCLUDES DATA ON HOW FUNDS WERE USED AND, IF APPLICABLE, THE HEALTH OUTCOME OF THE FUNDED PROJECT 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

Name of the organization

AMERICARES FOUNDATION, INC.

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

06-1008595

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the 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.

- Compensation committee, Independent compensation consultant, Form 990 of other organizations, Written employment contract, Compensation survey or study, Approval by the board or compensation committee

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

- a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

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

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

- a The organization?
b Any related organization?

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

- a The organization?
b Any related organization?

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

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

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

Table with columns Yes and No, rows 1a, 1b, 2, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, 8, 9

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	MICHAEL J. NYENHUIS PRESIDENT & CEO	(i) 363,477.	20,000.	0.	46,625.	18,762.	448,864.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	KEVIN GILRAIN SENIOR V.P., HUMAN RESOURCES	(i) 203,025.	0.	0.	12,300.	18,854.	234,179.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	RACHEL GRANGER V.P. INT'L PARTNRSHP&PROGRAMS	(i) 158,896.	0.	0.	9,548.	7,844.	176,288.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	GARRETT INGOGLIA V.P., EMERGENCY RESPONSE	(i) 139,922.	0.	0.	8,593.	10,904.	159,419.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5	GEOFF KNEISEL V.P., CORP RELATIONS	(i) 125,042.	0.	0.	7,725.	26,138.	158,905.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	GARY LEEDS V.P., FINANCE	(i) 167,799.	0.	0.	10,303.	20,688.	198,790.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7	DIANA MAGUIRE V.P., INSTITUTIONAL RELATIONS	(i) 153,088.	0.	0.	9,480.	28,347.	190,915.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8	LEE WEINER V.P., DIRECT RES. (THRU 2/17)	(i) 148,956.	0.	0.	0.	24,629.	173,585.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9	MELISSA WOOLFORD V.P., LEADERSHIP GIFTS	(i) 145,774.	0.	0.	8,520.	628.	154,922.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10	MARTHA KENNARD V.P., OPERATIONS	(i) 133,242.	0.	0.	7,978.	745.	141,965.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11	ANNE PETERSON, MD, MPH SENIOR V.P., GLOBAL PROGRAMS	(i) 229,081.	0.	0.	13,905.	11,191.	254,177.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12	RICHARD K. TROWBRIDGE, CFO & SENIOR V.P., OPERATIONS	(i) 253,074.	0.	0.	15,300.	24,957.	293,331.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13	CHRISTINE SQUIRES CHIEF DEV. OFFICER(FROM 05/16)	(i) 140,549.	0.	0.	8,438.	4,829.	153,816.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14	JED SELKOWITZ CMO & SVP, COMMUNICATIONS	(i) 239,670.	0.	0.	14,400.	7,844.	261,914.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15	DENNIS RICE CIO & SVP, COMMUNICATIONS	(i) 183,135.	0.	0.	11,124.	25,296.	219,555.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16		(i)						
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 4B

PRESIDENT & CEO, MICHAEL J. NYENHUIS, PARTICIPATES IN A SECTION 457(F)

PLAN. THE FOUNDATION CONTRIBUTED \$15,000 INTO MR. NYENHUIS' SECTION

457(F) PLAN IN CALENDAR YEAR 2016.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**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.

Name of the organization
AMERICARES FOUNDATION, INC.

Employer identification number
06-1008595

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	88.	842,059.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	40,696,365.	2,338,095,316.	COST/WHOLESALE PRICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (HYGIENE ITEMS)	X	513,212.	1,878,579.	COST/WHOLESALE PRICE
26 Other ▶ (APPAREL)	X	296,810.	1,921,817.	COST/WHOLESALE PRICE
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** 52.

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a 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 didn't 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) (2016)

JSA

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PAGE 153

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

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

Name of the organization

AMERICARES FOUNDATION, INC.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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. THE FORM 990 IS PRESENTED TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS BY MANAGEMENT AND ITS EXTERNAL ACCOUNTING FIRM; ONCE REVIEWED AND ACCEPTED BY THE AUDIT COMMITTEE, THE 990 IS DISTRIBUTED TO THE FULL BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENT. ONCE THE BOARD OF DIRECTORS HAS REVIEWED THE FORM 990, IT IS ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 12

SECTION 1. POLICY.

A DIRECTOR OR OFFICER SHALL DISCLOSE TO THE BOARD OF DIRECTORS ANY POTENTIAL CONFLICTS OF INTEREST IN CONNECTION WITH PROPOSED ACTIONS OF THE CORPORATION. WHEN ANY SUCH CONFLICT OF INTEREST IS RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD OF DIRECTORS, OR A COMMITTEE THEREOF, SUCH INTERESTED DIRECTOR OR OFFICER SHALL NOT VOTE ON THE MATTER. MOREOVER, THE INTERESTED DIRECTOR OR OFFICER SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD OF DIRECTORS (OR THE COMMITTEE) IS MEETING

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. HOWEVER, THE INTERESTED DIRECTOR OR OFFICER SHALL PROVIDE THE BOARD OF DIRECTORS OR COMMITTEE WITH ANY AND ALL MATERIAL INFORMATION.

SECTION 2. DISCLOSURE.

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

SECTION 3. REVIEW OF POLICY.

THIS POLICY SHALL BE REVIEWED ANNUALLY FOR THE INFORMATION AND GUIDANCE OF DIRECTORS, OFFICERS AND STAFF MEMBERS; AND ANY NEW DIRECTORS, OFFICERS OR STAFF MEMBERS SHALL BE ADVISED OF THE POLICY AND FURNISHED A DISCLOSURE STATEMENT UPON UNDERTAKING THE DUTIES OF SUCH OFFICE.

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

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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SENIOR STAFF AND MAY UTILIZE AVAILABLE MARKET DATA, SALARY SURVEY RESULTS AND OTHER AVAILABLE TOOLS TO SUBSTANTIATE DECISIONS.

AT LEAST BI-ANNUALLY, THE ORGANIZATION PARTICIPATES IN THE INSIDENGO SALARY AND BENEFITS SURVEY. THIS SURVEY PROVIDES COMPENSATION DATA FOR PRESIDENT/CEO/EXECUTIVE DIRECTOR LEVEL POSITIONS, 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 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 AVAILABLE ON ITS WEBSITE AND BY REQUEST. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT ORDINARILY MADE AVAILABLE TO THE PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.

FORM 990, PART XI, LINE 9

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT -\$130,842

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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ATTACHMENT 1

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

AS THE NUMBER ONE NONPROFIT PROVIDER OF DONATED MEDICINES AND SUPPLIES, AMERICARES REACHED 86 COUNTRIES IN FY17 WITH MEDICINE, MEDICAL SUPPLIES, SUPPORT AND TECHNICAL ASSISTANCE VALUED AT MORE THAN \$1.8 BILLION THROUGH OUR ACCESS TO MEDICINE, EMERGENCY PROGRAMS, CLINICAL SERVICES AND COMMUNITY HEALTH PROGRAMS.

AMERICARES REACHES AN UNRIVALED NETWORK OF OVER 4,000 LOCAL, NATIONAL AND INTERNATIONAL HEALTH CARE INSTITUTIONS AND FACILITIES THAT INCLUDES HOSPITALS, CLINICS, LOCAL HEALTH CENTERS, MINISTRIES OF HEALTH AND NONPROFIT HEALTH CARE NETWORKS AND PROVIDERS. WORKING THROUGH THIS NETWORK, AMERICARES IS FOCUSED ON THE FOLLOWING PROGRAM AREAS:

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

IN EACH PROGRAM AREA, WE WORK TO ADDRESS FIVE KEY HEALTH THEMES: WOMEN'S AND CHILDREN'S HEALTH, INFECTIOUS DISEASE, HYPERTENSION AND DIABETES, MENTAL HEALTH AND HEALTH SYSTEM STRENGTHENING.

THROUGH COLLABORATION WITH OUR EXTENSIVE WORLDWIDE PARTNER NETWORK, WE COMMITTED MORE THAN \$8.2 MILLION OF NEW SUPPORT TO 76 HEALTH PROJECTS AND ACTIVITIES IN 20 COUNTRIES THAT DIRECTLY BENEFIT AN

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

ESTIMATED 512,000 INDIVIDUALS. IN ADDITION, WE LEVERAGED MORE THAN \$1.84 BILLION WORTH OF DONATED AND PROCURED COMMODITIES TO SUPPORT PROJECTS AND ACTIVITIES AND TO RELIEVE SHORTAGES OF MEDICINES AND SUPPLIES THROUGH OUR HEALTH PARTNERS, INCLUDING ENOUGH MEDICINE TO FILL NEARLY 16 MILLION PRESCRIPTIONS AND MORE THAN 38 MILLION UNITS OF SUPPLIES.

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

AMERICARES IS WORKING TO IMPROVE HEALTH OUTCOMES FOR PATIENTS AND COMMUNITIES BY INCREASING ACCESS TO QUALITY MEDICINES AND SUPPLIES FOR LOCAL HEALTH PROVIDERS AND THE PEOPLE AND COMMUNITIES THEY SERVE.

A STRONG AND EXPANDING NETWORK OF OVER 200 PHARMACEUTICAL AND MEDICAL SUPPLY CORPORATIONS DONATE THESE MEDICINES, MEDICAL SUPPLIES, PERSONAL CARE PRODUCTS, MEDICAL EQUIPMENT AND TECHNOLOGY. WE DISTRIBUTE THESE DONATIONS TO OUR GLOBAL PARTNER NETWORK THROUGH TWO INITIATIVES:

- THE GLOBAL ACCESS TO MEDICINE PROGRAM, WHICH DISTRIBUTES HIGH-QUALITY MEDICINES DIRECTLY TO A NETWORK OF 43 PARTNERS IN 40 COUNTRIES. PARTNERS ARE SELECTED FOR THEIR CAPACITY TO SECURELY AND EFFECTIVELY PROCESS AND UTILIZE AMERICARES MEDICAL AND SUPPLY DONATIONS. AMERICARES ALSO SUPPORTS VOLUNTEER MEDICAL TEAMS AS

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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ATTACHMENT 2 (CONT'D)

THEY PROVIDE PRIMARY CARE, PERFORM SURGERIES, RESPOND TO HEALTH EMERGENCIES AND STRENGTHEN LOCAL HEALTH CARE CAPACITY IN COMMUNITIES WHERE BASIC MEDICAL CARE IS OFTEN NON-EXISTENT OR INACCESSIBLE. IN FY17, AMERICARES PROVIDED \$57,490,312 IN DONATED MEDICINE AND SUPPLIES AS WELL AS MEDICAL TRAINING TOOLS AND RESOURCES TO THESE TEAMS FOR THEIR OUTREACH TRIPS.

- THE U.S. PROGRAM NETWORK, WHICH IS A NETWORK OF 1,013 SAFETY NET HEALTH CARE PROVIDERS ACROSS ALL 50 STATES AND PUERTO RICO. AGAIN, PARTNERS ARE SELECTED FOR THEIR CAPACITY TO SECURELY AND EFFECTIVELY PROCESS AND UTILIZE AMERICARES MEDICAL AND SUPPLY DONATIONS. AMERICARES IS THE LARGEST PROVIDER OF MEDICAL DONATIONS TO THE U.S. HEALTH CARE SAFETY NET.

DURING THE 2016-17 PROGRAM YEAR, AMERICARES RECEIVED \$2.3 BILLION AND DISTRIBUTED \$1.8 BILLION WORTH OF MEDICAL DONATIONS (ENOUGH MEDICINE TO FILL 16 MILLION PRESCRIPTIONS, TO TREAT AN ESTIMATED 1.9 MILLION PEOPLE). AMERICARES RECEIVED AN EXTRAORDINARY PHARMACEUTICAL DONATION OF THE HEPATITIS C DRUG, DACLATASVIR, VALUED AT APPROXIMATELY \$1.334 BILLION. DACLATASVIR, WHEN COMBINED WITH SOFOSBUVIR, PROVIDES A POTENTIAL CURE FOR CHRONIC HEPATITIS C INFECTION IN ADULTS. AS OF JUNE 30, 2017, AMERICARES SHIPPED APPROXIMATELY \$0.97 BILLION WORTH OF THIS LIFESAVING DRUG TO MYANMAR, NIGERIA, RWANDA AND VIETNAM, WITH THE REMAINING \$0.37 BILLION OF THE PRODUCT STAGED FOR SHIPMENTS IN EARLY FISCAL YEAR

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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ATTACHMENT 2 (CONT'D)

2018 TO INDONESIA, ETHIOPIA AND, AGAIN, MYANMAR.

ADDITIONAL INITIATIVES IN FY17 INCLUDED AN IN-DEPTH ANALYSIS OF OUR DISTRIBUTION NETWORK OF 43 GLOBAL PARTNERS AND 4,038 SUB-RECIPIENT HEALTH CARE PROVIDERS AS WELL AS THE FINAL PHASE OF AMERICARES TOTAL REACH STUDY, WHICH QUANTIFIES THE NUMBER OF BENEFICIARIES OF AMERICARES DONATED MEDICINES AND SUPPLIES. THE STUDY WAS CONDUCTED IN 10 COUNTRIES AND INCLUDED A REVIEW OF OVER 3,000 UNIQUE PATIENT CHARTS. WE ARE ALSO WORKING TO IMPROVE THE CAPACITY AND TECHNOLOGY OF LOCAL SUPPLY CHAINS SO THAT DONATED MEDICINES AND SUPPLIES CAN HAVE THE MAXIMUM IMPACT AND HELP IMPROVE MORE PEOPLE'S HEALTH.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

EMERGENCY PROGRAMS

FROM JULY 2016 TO JUNE 2017, AMERICARES RESPONDED TO 25 NATURAL DISASTERS AND HUMANITARIAN CRISES IN 19 COUNTRIES, INCLUDING 12 U.S. STATES AND 1 U.S. TERRITORY WITH SHIPMENTS OF MEDICINES AND EMERGENCY SUPPLIES AS WELL AS PREPAREDNESS, RESPONSE AND RECOVERY PROJECTS. AMERICARES SERVED OVER 200,000 PEOPLE WITH RECOVERY PROJECTS, PROVIDED 45,000 POST-DISASTER PATIENT CONSULTS, REHABILITATED AND STRENGTHENED HEALTH FACILITIES IN NEPAL AND THE PHILIPPINES, AND INSTALLED A FIELD HOSPITAL IN ECUADOR THAT

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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ATTACHMENT 3 (CONT'D)

SUPPORTED MORE THAN 25,000 PATIENT VISITS.

IN FY17, AMERICARES DOUBLED THE VALUE OF EMERGENCY MEDICINES AND SUPPLIES AND NUMBER OF COURSE TREATMENTS PROVIDED FROM THE PREVIOUS FISCAL YEAR. THE EMERGENCY RESPONSE TEAM CONTINUED TO INCREASE RESPONSE INITIATION SPEED, RESPONDING TO 71 PERCENT OF DISASTERS WITHIN 72 HOURS OF ONSET.

FY17 RESPONSES:

- COLOMBIA-VENEZUELA BORDER CRISIS
- DOMINICAN REPUBLIC FLOODING
- ECUADOR EARTHQUAKE
- EL SALVADOR ZIKA VIRUS OUTBREAK
- GUATEMALA DROUGHT
- HAITI HURRICANE MATTHEW
- INDIA ASSAM AND BIHAR FLOODING
- INDIA TAMIL NADU FLOODING
- INDONESIA EARTHQUAKE
- IRAQ MOSUL CONFLICT
- MADAGASCAR TROPICAL CYCLONE ENAWO
- MYANMAR MAUBIN FLOODING
- PERU FLOODING
- PHILIPPINES TYPHOON HAIMA
- PHILIPPINES TYPHOON NINA
- SOMALIA CHOLERA OUTBREAK
- SRI LANKA FLOODING

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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ATTACHMENT 3 (CONT'D)

- SYRIA REFUGEE CRISIS
- U.S. APRIL SEVERE WEATHER
- U.S. GULF COAST FLOODING
- U.S. MESA ARIZONA WILDFIRES
- U.S. MEXICO BORDER CRISIS
- U.S. TENNESSEE WILDFIRES
- U.S. TEXAS WATER CRISIS
- U.S. WEST VIRGINIA FLOODING

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

ATTACHMENT 4

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

CLINICAL SERVICES AND COMMUNITY HEALTH

AMERICARES SUPPORTS THE CAPACITY OF LOCAL HEALTH DELIVERY PARTNERS AND PROMOTES HEALTH AND DISEASE PREVENTION IN LOW-INCOME COMMUNITIES ACROSS THE U.S. AND WORLDWIDE. IN 2016-17, AMERICARES CLINIC IN EL SALVADOR, CLINICA INTEGRAL DE ATENCION FAMILIAR, PROVIDED 25,033 PATIENTS WITH 58,363 CLINICAL CONSULTATIONS. IN

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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 ATTACHMENT 4 (CONT'D)

ADDITION, OUR PARTNERS, AMERICARES INDIA AND AMERICARES FREE CLINICS IN CONNECTICUT, PROVIDED AN ADDITIONAL 97,676 PATIENTS WITH 188,403 CLINICAL CONSULTATIONS.

AMERICARES ALSO ENGAGES DEEPLY WITH ITS GLOBAL NETWORK OF PARTNERS TO DEVELOP EFFECTIVE MODELS OF SERVICE THAT INCLUDE IMPROVED ACCESS, QUALITY AND IMPACT. WORKING TOGETHER, WE CREATE, EXAMINE AND REFINE SAFETY-NET CLINICAL MODELS. AMERICARES-SUPPORTED INITIATIVES INCLUDED: A BREAST CANCER SCREENING AND EDUCATION PROGRAM FOR WOMEN IN CAMBODIA; A MIDWIFE TRAINING AND OUTREACH PROGRAM IN LIBERIA TO PROMOTE WOMEN'S AND CHILDREN'S HEALTH; AN OBSTETRIC FISTULA SURGICAL AND RECOVERY PROGRAM FOR WOMEN IN TANZANIA; AND A STUDY MEASURING THE IMPACT OF A DIABETES PREVENTION PROGRAM AMONG LOW-INCOME, VULNERABLE U.S. PATIENTS.

IN FY17, AMERICARES SUPPORTED 42,242 SURGERIES FOR 817,395 PATIENTS PERFORMED BY U.S.-BASED MEDICAL VOLUNTEERS ON 1,073 SHORT-TERM MEDICAL OUTREACH TRIPS TO 77 COUNTRIES.

AMERICARES ALSO PROVIDES RESOURCES AND TRAINING SO HEALTH WORKERS CAN BETTER SERVE THEIR COMMUNITIES AND IMPROVE THE HEALTH OF LOW-INCOME PATIENTS. WITH CULTURALLY AND MEDICALLY APPROPRIATE OUTREACH, HEALTH WORKERS CAN EFFECTIVELY PROMOTE DISEASE PREVENTION AND HEALTH IN THEIR COMMUNITIES.

IN OUR COMMUNITY HEALTH WORK, WE ADDRESS THE ROOT CAUSES OF

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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ATTACHMENT 4 (CONT'D)

ILLNESS AND DISEASE, EMPLOYING AN INTEGRATED APPROACH THAT LINKS TREATMENT SERVICES TO DISEASE PREVENTION EFFORTS AND HEALTH EDUCATION. ALL PROGRAMS PROMOTE EVIDENCE-BASED BEST PRACTICES AND ARE DESIGNED TO THE HIGHEST STANDARDS OF PROJECT PLANNING, IMPLEMENTATION AND MONITORING AND EVALUATION.

IN FY17, AMERICARES COMMUNITY HEALTH PROGRAMS IN EIGHT COUNTRIES SPANNED A RANGE OF HEALTH THEMES INCLUDING NONCOMMUNICABLE DISEASE PREVENTION, WASH (WATER, SANITATION AND HYGIENE), WOMEN'S AND CHILDREN'S HEALTH, AND PSYCHOSOCIAL HEALTH. EXAMPLES INCLUDE:

- A COMMUNITY LEADERSHIP PROGRAM IN EL SALVADOR THAT TRAINED AN AVERAGE OF 35 COMMUNITY HEALTH WORKERS EACH MONTH IN COMMUNITY EDUCATION AND OUTREACH AROUND THE SOCIAL DETERMINANTS OF HEALTH.
- AN INTENSIVE HEALTH AND LIFESTYLE COACHING PROGRAM FOR DIABETES PREVENTION AND MANAGEMENT FOR LOW-INCOME, AT-RISK PATIENTS AT FIVE FREE AND CHARITABLE CLINICS IN THE U.S.
- A PROGRAM TO PROVIDE MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICE TRAINING FOR OVER 2,500 HEALTH WORKERS AND MIDWIVES IN NEPAL IN THE AFTERMATH OF THE DEVASTATING 2015 EARTHQUAKE AS WELL AS MORE THAN 900 COMMUNITY THEATER EVENTS PROMOTING MENTAL HEALTH, WHICH WERE ATTENDED BY 270,000 AUDIENCE MEMBERS IN EARTHQUAKE-AFFECTED COMMUNITIES.

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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ATTACHMENT 5

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

EL SALVADOR

HAITI

INDIA

LIBERIA

SIERRA LEONE

NEPAL

PHILIPPINES

TANZANIA

ATTACHMENT 6

FORM 990, PART VI, LINE 17 - STATES

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

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

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

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

ATTACHMENT 7

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MAL WARWICK & ASSOCIATES, INC. 2550 NINTH STREET, SUITE 103 BERKELEY, CA 94710	FUNDRAISING COUNSEL	1,194,942.
MAIL AMERICA COMMUNICATIONS, INC. 1174 ELKTON FARM ROAD, P.O. BOX 870 FOREST, VA 24551	PRINTING/MAILING	698,281.
RWT PRODUCTION LLC 8932 ORANGE HUNT LANE ANNANDALE, VA 22003	PRINTING AND MAILING	591,774.

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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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	484,636.
DONOR SERVICES GROUP 6715 SUNSET BOULEVARD HOLLYWOOD, CA 90028	FUNDRAISING	480,928.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2016

**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.**

▶ **Information about Schedule R (Form 990) and its instructions is at 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 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) 2016

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.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICARES FREE CLINICS, INC.	B	1,352,910.	FMV (GOODS)
(2) AMERICARES FREE CLINICS, INC.	Q	74,946.	COST
(3) AMERICARES FREE CLINICS, INC.	D	300,000.	LOAN GUARANTEE
(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 sections 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)													

Part VII **Supplemental Information**

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