

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)

2017

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 **2017** calendar year, or tax year beginning 07/01, 2017, and ending 06/30, 2018

B Check if applicable:	<input type="checkbox"/>	Address change	C Name of organization AMERICARES FOUNDATION, INC.			D Employer identification number 06-1008595	
	<input type="checkbox"/>	Name change					
	<input type="checkbox"/>	Initial return	Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 88 HAMILTON AVENUE			E Telephone number (203) 658-9500	
	<input type="checkbox"/>	Terminated					
<input type="checkbox"/>	Amended return	City or town, state or province, country, and ZIP or foreign postal code STAMFORD, CT 06902-3111			G Gross receipts \$ 1,054,351,497.		
<input type="checkbox"/>	Application pending						
			F Name and address of principal officer: MICHAEL J. NYENHUIS 88 HAMILTON AVENUE STAMFORD, CT 06902			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
						If "No," attach a list. (see instructions)	
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						H(c) Group exemption number ▶	
J Website: ▶ WWW.AMERICARES.ORG							
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: 1979			M State of legal domicile: CT	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: AMERICARES IS A HEALTH-FOCUSED RELIEF & DEVELOPMENT ORGANIZATION THAT RESPONDS TO PEOPLE AFFECTED BY POVERTY OR DISASTER WITH LIFE-CHANGING HEALTH PROGRAMS, MEDICINE & SUPPLIES.		
	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	22.
	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 2017 (Part V, line 2a)	5	170.
	6	Total number of volunteers (estimate if necessary)	6	44.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	10,475.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,379,130,027.	1,042,283,235.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	789,734.	952,079.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	604,794.	1,781,210.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-90,757.	-306,862.
			2,380,433,798.	1,044,709,662.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,846,729,386.	1,256,378,305.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15,667,345.	18,585,810.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,138,223.	1,969,321.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,214,559.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	63,768,928.	48,549,858.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,927,303,882.	1,325,483,294.	
19	Revenue less expenses. Subtract line 18 from line 12	453,129,916.	-280,773,632.	
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)	607,900,396.	327,273,603.
	22	Net assets or fund balances. Subtract line 21 from line 20	9,061,242.	9,363,704.
		598,839,154.	317,909,899.	

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			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature <i>Scott Thompson</i>	Date 2/23/2019	Check <input type="checkbox"/> if self-employed	PTIN P00741490
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-605558			
	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** (2017)

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 \$ 1,211,251,193. including grants of \$ 1,172,349,577.) (Revenue \$ 0.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 91,257,622. including grants of \$ 82,915,083.) (Revenue \$ 58,000.)

ATTACHMENT 3

4c (Code:) (Expenses \$ 6,604,573. including grants of \$ 1,113,645.) (Revenue \$ 894,079.)

ATTACHMENT 4

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

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

4e Total program service expenses ▶ 1,309,113,388.

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

▶ **File a separate application for each return.**
▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

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

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

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions. AMERICARES FOUNDATION, INC.	Employer identification number (EIN) or 06-1008595
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 88 HAMILTON AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. STAMFORD, CT 06902-3111	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

RICHARD K. TROWBRIDGE,

• The books are in the care of ▶ 88 HAMILTON AVENUE STAMFORD CT 06902

Telephone No. ▶ 203 658-9500 Fax No. ▶

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20__ or
▶ tax year beginning 07/01, 2017, and ending 06/30, 2018.

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II.		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? If "Yes," complete Schedule C, Part III.		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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? If "Yes," complete Schedule D, Part IV.		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	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? If "Yes," complete Schedule D, Part VI.	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? If "Yes," complete Schedule D, Part VII.		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? If "Yes," complete Schedule D, Part VIII.		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? If "Yes," complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	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)? If "Yes," complete Schedule D, Part X.	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		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? If "Yes," complete Schedule F, Parts I and IV.	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? If "Yes," complete Schedule F, Parts II and IV.	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? If "Yes," complete Schedule F, Parts III and IV.	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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II.	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		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 line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 700J.

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 (22), 1b (21), 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 DIRECTOR	1.00 0.	X					0.	0.	0.	
(3) ROBERT M. BAYLIS DIRECTOR	1.00 0.	X					0.	0.	0.	
(4) JEFFREY T. BECKER DIRECTOR	1.00 0.	X					0.	0.	0.	
(5) KATHERINE CLOSE DIRECTOR	1.00 0.	X					0.	0.	0.	
(6) ROBERTA CONROY DIRECTOR	1.00 0.	X					0.	0.	0.	
(7) ELIZABETH F. FRANK DIRECTOR	1.00 0.	X					0.	0.	0.	
(8) STEPHEN GALLUCCI DIRECTOR	1.00 0.	X					0.	0.	0.	
(9) BRYAN C. HANSON DIRECTOR	1.00 0.	X					0.	0.	0.	
(10) C. ROBERT HENRIKSON DIRECTOR	1.00 0.	X					0.	0.	0.	
(11) SAMHITA JAYANTI VICE CHAIRMAN	1.00 0.	X		X			0.	0.	0.	
(12) PAUL J. KUEHNER DIRECTOR	1.00 0.	X					0.	0.	0.	
(13) JERRY P. LEAMON CHAIRMAN	1.00 0.	X		X			0.	0.	0.	
(14) ALMA JANE MACAULEY PERMANENT BOARD VICE CHAIRMAN	1.00 0.	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) C. DEAN MAGLARIS DIRECTOR	1.00 0.	X					0.	0.	0.	
(16) MEHDI MAHMUD DIRECTOR (AS OF 1/2018)	1.00 0.	X					0.	0.	0.	
(17) KEITH MCALLISTER DIRECTOR	1.00 0.	X					0.	0.	0.	
(18) MICHAEL J. NYENHUIS PRESIDENT & CEO	40.00 0.	X		X			397,994.	0.	63,613.	
(19) JOSEPH J. RUCCI, JR. DIRECTOR AND SECRETARY	1.00 0.	X		X			0.	0.	0.	
(20) ALAN RWAMBUYA DIRECTOR	1.00 0.	X					0.	0.	0.	
(21) STEPHEN SADOVE DIRECTOR	1.00 0.	X					0.	0.	0.	
(22) SARAH SAINT-AMAND DIRECTOR	1.00 0.	X					0.	0.	0.	
(23) KEVIN GILRAIN SENIOR V.P., HUMAN RESOURCES	40.00 0.			X			208,062.	0.	35,379.	
(24) ANNE PETERSON, MD, MPH SENIOR V.P., GLOBAL PROGRAMS	40.00 0.			X			235,887.	0.	26,812.	
(25) CHRISTINE SQUIRES CHIEF DEV. OFFICER & SVP	40.00 0.			X			229,583.	0.	37,308.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							3,057,937.	0.	457,570.	
d Total (add lines 1b and 1c)							3,057,937.	0.	457,570.	

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 **30**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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 **8**

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) RICHARD K. TROWBRIDGE, JR. CFO & SENIOR V.P., OPERATIONS	40.00 0.			X				252,396.	0.	44,782.
(27) MEGIN WOLFMAN VP AND CHIEF OF STAFF	40.00 0.			X				105,871.	0.	8,023.
(28) RACHEL GRANGER V.P. INT'L PARTNRSHPS&PROGRAMS	40.00 0.					X		167,564.	0.	19,272.
(29) GARY LEEDS V.P., FINANCE (THRU 12/2017)	40.00 0.					X		176,051.	0.	34,779.
(30) TAUFIQUR RAHMAN VP, TECH. UNIT (THRU 11/2017)	40.00 0.					X		166,994.	0.	31,172.
(31) DENNIS RICE (THRU 6/2018) CIO & SVP, INNOVATION	40.00 0.					X		192,539.	0.	41,550.
(32) JED SELKOWITZ CMO & SVP, COMMUNICATIONS	40.00 0.					X		245,882.	0.	35,538.
(33) GARRETT INGOGLIA V.P., EMERG. RES. (THRU 12/17)	40.00 0.						X	142,262.	0.	17,370.
(34) MARTHA KENNARD V.P., OPERATIONS	40.00 0.						X	137,632.	0.	8,859.
(35) GEOFF KNEISEL V.P., CORPORATE RELATIONS	40.00 0.						X	128,018.	0.	38,835.
(36) LEE WIENER (THRU 2/2017) FORMER V.P., DIRECT. RES	40.00 0.						X	121,168.	0.	4,855.
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 **▶** 30

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entry for MELISSA WOOLFORD.

1b Sub-total
1c Total from continuation sheets to Part VII, Section A
1d 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 30

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (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	138,648.					
	b Membership dues	1b						
	c Fundraising events	1c	3,046,320.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	139,495.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,038,958,772.					
	g Noncash contributions included in lines 1a-1f: \$		977,699,912.					
	h Total. Add lines 1a-1f			1,042,283,235.				
	Program Service Revenue	2a PATIENT SERVICE REVENUE	Business Code	621400	952,079.	952,079.		
b _____								
c _____								
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f					952,079.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			1,015,736.			1,015,736.	
	4 Income from investment of tax-exempt bond proceeds			0.				
	5 Royalties			0.				
	6a Gross rents	(i) Real	(ii) Personal					
		173,300.						
		b Less: rental expenses		183,229.				
		c Rental income or (loss)		-9,929.				
	d Net rental income or (loss)				-9,929.		-9,929.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		8,300,459.	158,630.					
		b Less: cost or other basis and sales expenses		7,517,615.	176,000.			
		c Gain or (loss)		782,844.	-17,370.			
	d Net gain or (loss)				765,474.		765,474.	
	8a Gross income from fundraising events (not including \$ 3,046,320. of contributions reported on line 1c). See Part IV, line 18	a		152,000.				
	b Less: direct expenses	b		743,731.				
c Net income or (loss) from fundraising events				-591,731.		-591,731.		
9a Gross income from gaming activities. See Part IV, line 19	a							
b Less: direct expenses	b							
c Net income or (loss) from gaming activities				0.				
10a Gross sales of inventory, less returns and allowances	a		1,105,452.					
	b Less: cost of goods sold	b		1,021,260.				
	c Net income or (loss) from sales of inventory				84,192.		84,192.	
Miscellaneous Revenue			Business Code					
11a EL SALVADOR CAFETERIA INCOME		900099		186,549.			186,549.	
b EL SALVADOR MISCELLANEOUS INCOME		900099		24,057.			24,057.	
c _____								
d All other revenue								
e Total. Add lines 11a-11d				210,606.				
12 Total revenue. See instructions.				1,044,709,662.	952,079.		1,474,348.	

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	223,734,789.	223,734,789.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	273,894,610.	273,894,610.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	758,748,906.	758,748,906.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,717,603.	576,807.	691,730.	449,066.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	550,426.	392,405.		158,021.
7 Other salaries and wages	12,181,392.	7,134,030.	2,110,487.	2,936,875.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	549,295.	308,080.	107,033.	134,182.
9 Other employee benefits	2,552,221.	1,455,205.	502,631.	594,385.
10 Payroll taxes	1,034,873.	557,604.	209,654.	267,615.
11 Fees for services (non-employees):				
a Management	1,313,523.	1,146,154.	58,430.	108,939.
b Legal	72,022.	12,487.	47,714.	11,821.
c Accounting	201,203.	21,942.	179,261.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	1,969,321.			1,969,321.
f Investment management fees	91,572.		91,572.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,229,718.	425,724.	176,122.	627,872.
12 Advertising and promotion	1,121,279.	99,858.	1,255.	1,020,166.
13 Office expenses	232,705.	217,807.	6,336.	8,562.
14 Information technology	1,226,051.	260,015.	249,656.	716,380.
15 Royalties	0.			
16 Occupancy	2,126,765.	1,601,129.	224,702.	300,934.
17 Travel	1,919,484.	1,649,885.	49,503.	220,096.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	150,990.	143,921.	2,300.	4,769.
20 Interest	1,775.	1,775.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	728,521.	519,234.	91,554.	117,733.
23 Insurance	386,839.	292,788.	-7,749.	101,800.
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	28,955,655.	28,955,655.		
b POSTAGE AND FREIGHT	6,952,316.	6,070,947.	15,673.	865,696.
c MISCELLANEOUS	1,839,440.	891,631.	347,483.	600,326.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	1,325,483,294.	1,309,113,388.	5,155,347.	11,214,559.
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	14,343.	1	42,172.	
	2 Savings and temporary cash investments	3,313,505.	2	24,488,234.	
	3 Pledges and grants receivable, net	10,436,151.	3	4,058,315.	
	4 Accounts receivable, net	274,316.	4	559,908.	
	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	565,779,308.	8	262,923,133.	
	9 Prepaid expenses and deferred charges	605,600.	9	828,200.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,397,957.			
	b Less: accumulated depreciation	10b 5,058,136.			
			2,951,873.	10c	2,339,821.
	11 Investments - publicly traded securities	20,504,365.	11	28,186,503.	
	12 Investments - other securities. See Part IV, line 11	5,124.	12	0.	
	13 Investments - program-related. See Part IV, line 11	0.	13	0.	
	14 Intangible assets	0.	14	0.	
15 Other assets. See Part IV, line 11	4,015,811.	15	3,847,317.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	607,900,396.	16	327,273,603.		
Liabilities	17 Accounts payable and accrued expenses	4,618,183.	17	4,989,531.	
	18 Grants payable	758,401.	18	1,716,654.	
	19 Deferred revenue	1,056,256.	19	384,083.	
	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	2,628,402.	25	2,273,436.	
	26 Total liabilities. Add lines 17 through 25	9,061,242.	26	9,363,704.	
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	56,573,188.	27	96,572,203.	
	28 Temporarily restricted net assets	537,520,994.	28	216,368,191.	
	29 Permanently restricted net assets	4,744,972.	29	4,969,505.	
	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	598,839,154.	33	317,909,899.		
34 Total liabilities and net assets/fund balances	607,900,396.	34	327,273,603.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,044,709,662.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,325,483,294.
3	Revenue less expenses. Subtract line 2 from line 1	3	-280,773,632.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	598,839,154.
5	Net unrealized gains (losses) on investments	5	-196,217.
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	40,594.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	317,909,899.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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						

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

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2017 (51.92%); 15 Public support percentage from 2016 Schedule A, Part II, line 14 (50.54%); 16a 33 1/3% support test - 2017 (checked); 16b 33 1/3% support test - 2016; 17a 10%-facts-and-circumstances test - 2017; 17b 10%-facts-and-circumstances test - 2016; 18 Private foundation.

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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

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		

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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	2013	2014	2015	2016	2017	TOTAL
SPECIAL EVENTS	104,390.	123,250.	125,700.	141,760.	152,000.	647,100.
SALES OF INVENTORY	885,085.	913,379.	923,890.	973,607.	1,105,452.	4,801,413.
MISCELLANEOUS	80,798.	119,383.	91,781.	84,115.	210,605.	586,682.
TOTALS	<u>1,070,273.</u>	<u>1,156,012.</u>	<u>1,141,371.</u>	<u>1,199,482.</u>	<u>1,468,057.</u>	<u>6,035,195.</u>

Schedule of Contributors

2017

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

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

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		\$ 167,090,965.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 144,768,686.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 74,403,712.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 70,086,992.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 51,746,129.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 51,456,338.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
06-1008595

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 43,936,521.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 43,070,899.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 40,021,352.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 36,820,967.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 30,485,463.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 28,626,903.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
06-1008595

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 25,902,635.	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.)
		\$ _____	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	\$ 167,090,965.	VAR
2	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS	\$ 144,768,686.	VAR
3	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS	\$ 74,403,712.	VAR
4	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS	\$ 70,086,992.	VAR
5	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS	\$ 51,746,129.	VAR
6	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS	\$ 51,456,338.	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	\$ 43,936,521.	VAR
8	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS	\$ 43,070,899.	VAR
9	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS	\$ 40,021,352.	VAR
10	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS	\$ 36,820,967.	VAR
11	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS	\$ 30,485,463.	VAR
12	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS	\$ 28,626,903.	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
13	MEDICINE, MEDICAL SUPPLIES AND RELATED HEALTHCARE GOODS	\$ 25,902,635.	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

2017

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I 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 on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on 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) 2017

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	1,566,608.	1,420,481.	1,751,764.	1,701,949.	1,463,525.
b Contributions	225,000.	45,000.			
c Net investment earnings, gains, and losses	133,053.	206,768.	-31,283.	49,815.	238,424.
d Grants or scholarships					
e Other expenditures for facilities and programs	170,000.	100,000.	300,000.		
f Administrative expenses	5,848.	5,641.			
g End of year balance	1,748,813.	1,566,608.	1,420,481.	1,751,764.	1,701,949.

- 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 85.0000 %
 - c Temporarily restricted endowment 15.0000 %
- 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		934,215.	529,329.	404,886.
c Leasehold improvements		2,589,750.	1,571,523.	1,018,227.
d Equipment		3,698,992.	2,957,284.	741,708.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,339,821.

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	2,221,477.	
(3) CAPITALIZED LEASE	51,959.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	2,273,436.	

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1047200821.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-196,217.	
b	Donated services and use of facilities	2b	698,562.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	40,595.	
e	Add lines 2a through 2d		2e	542,940.
3	Subtract line 2e from line 1		3	1046657881.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-1,948,219.	
c	Add lines 4a and 4b		4c	-1,948,219.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1044709662.

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

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

1	Total expenses and losses per audited financial statements		1	1328130075.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	698,562.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,948,219.	
e	Add lines 2a through 2d		2e	2,646,781.
3	Subtract line 2e from line 1		3	1325483294.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1325483294.

Part XIII Supplemental Information.

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

SEE PAGE 5

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.

DURING TAX YEAR ENDING 2017, \$170,000 WAS WITHDRAWN FROM ITS ENDOWMENT TO SUPPORT THE IMPLEMENTATION OF A NEW ENTERPRISE RESOURCE PLANNING ("ERP") SYSTEM.

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.

Part XIII Supplemental Information (continued)

AMERICARES IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3),
 THOUGH THEY ARE SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE,
 UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. AMERICARES HAS
 PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT
 STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING
 AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT 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	\$53,595
ADJUSTED VALUE OF DONATED PROPERTY	(13,000)

TOTAL ADJUSTMENTS FOR LINE 2D	\$40,595

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

Part XIII Supplemental Information (continued)

RENTAL EXPENSES RECLASSIFIED TO OFFSET	(\$183,229)
REVENUE (AS REPORTED IN PART VIII)	
SPECIAL EVENTS RECLASSIFIED TO OFFSET	(\$743,731)
REVENUE (AS REPORTED IN PART VIII)	
COST OF GOODS SOLD RECLASSIFIED TO OFFSET	(\$1,021,260)
REVENUE (AS REPORTED IN PART VIII)	
ADJUSTMENT DUE TO ROUNDING	\$1

TOTAL REVENUE ADJUSTMENTS FOR LINE 4B	(\$1,948,219)
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EXPENSES ON BOOKS NOT ON RETURN

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

RENTAL EXPENSES RECLASSIFIED TO OFFSET	\$183,229
REVENUE (AS REPORTED IN PART VIII)	
SPECIAL EVENTS RECLASSIFIED TO OFFSET	\$743,731
REVENUE (AS REPORTED IN PART VIII)	
COST OF GOODS SOLD RECLASSIFIED TO OFFSET	\$1,021,260
REVENUE (AS REPORTED IN PART VIII)	
ADJUSTMENT DUE TO ROUNDING	(\$1)

TOTAL EXPENSE ADJUSTMENTS FOR LINE 2D	\$1,948,219
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**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I **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	0.	0.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	5,027,481.
(2) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	567,682.
(3) EUROPE	0.	0.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	172,868.
(4) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	212,368.
(5) RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	97,887.
(6) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	127,405.
(7) NORTH AMERICA	0.	0.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	17,700.
(8) SOUTH ASIA	0.	0.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	381,421.
(9) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	1,223,759.
(10) CENTRAL AMERICA/CARIBBEAN	2.	106.	GRANTMAKING		179,635,462.
(11) EAST ASIA AND THE PACIFIC	1.	6.	GRANTMAKING		348,279,027.
(12) EUROPE	0.	0.	GRANTMAKING		10,560,955.
(13) MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		26,717,430.
(14) NORTH AMERICA	0.	0.	GRANTMAKING		614,197.
(15) RUSSIA/INDEPENDENT STATES	0.	0.	GRANTMAKING		82,440,878.
(16) SOUTH AMERICA	0.	6.	GRANTMAKING		20,887,590.
(17) SOUTH ASIA	1.	14.	GRANTMAKING		11,237,933.
3a Sub-total	4.	132.			688,202,043.
b Total from continuation sheets to Part I	2.	10.			78,375,432.
c Totals (add lines 3a and 3b)	6.	142.			766,577,475.

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

Schedule F (Form 990) 2017

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

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.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I **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) SUB-SAHARAN AFRICA	2.	10.	GRANTMAKING		78,375,432.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2017

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	PARTNER SUPP	50,000.	WIRE			
(2)			CENT. AMERICA/CARIBBEAN	FOOD COMMODI	53,868.	WIRE			
(3)			CENT. AMERICA/CARIBBEAN	PARTNER SUPP	50,000.	WIRE			
(4)			CENT. AMERICA/CARIBBEAN	HURRICANE RE	7,500.	WIRE			
(5)			EAST ASIA/PACIFIC	BREAST CANCE	75,000.	WIRE			
(6)			EAST ASIA/PACIFIC	PEDIATRIC NU	135,000.	WIRE			
(7)			EAST ASIA/PACIFIC	REHABILITATI	149,183.	WIRE			
(8)			EAST ASIA/PACIFIC	PSYCHOSOCIAL	44,607.	WIRE			
(9)			EAST ASIA/PACIFIC	MENTAL HEALT	56,572.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	EARTHQUAKE R	156,000.	WIRE			
(11)			RUSSIA/NEWLY IND. STATES	SHOE DISTRIB	10,458.	WIRE			
(12)			RUSSIA/NEWLY IND. STATES	SHOE DISTRIB	10,572.	WIRE			
(13)			RUSSIA/NEWLY IND. STATES	SHOE DISTRIB	10,503.	WIRE			
(14)			SOUTH AMERICA	EARTHQUAKE R	42,571.	WIRE			
(15)			SOUTH ASIA	ANNUAL PROGR	532,828.	WIRE			
(16)			SOUTH ASIA	MOBILE MEDIC	37,847.	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	183,644.	WIRE			
(2)			SOUTH ASIA	PROGRAM EVAL	52,655.	WIRE			
(3)			SOUTH ASIA	HUMANITIES	20,000.	WIRE			
(4)			CENT. AMERICA/CARIBBEAN	EMERGENCY			2,775,538.	MED. SUPPL.	FMV
(5)			CENT. AMERICA/CARIBBEAN	EMERGENCY			1,792,752.	MED. SUPPL.	FMV
(6)			CENT. AMERICA/CARIBBEAN	EMERGENCY			44,241.	MED. SUPPL.	FMV
(7)			CENT. AMERICA/CARIBBEAN	ON-GOING			9,823,097.	MED. SUPPL.	FMV
(8)			CENT. AMERICA/CARIBBEAN	ON-GOING			17,863,703.	MED. SUPPL.	FMV
(9)			CENT. AMERICA/CARIBBEAN	ON-GOING			1,379,359.	MED. SUPPL.	FMV
(10)			CENT. AMERICA/CARIBBEAN	ON-GOING			3,585,465.	MED. SUPPL.	FMV
(11)			CENT. AMERICA/CARIBBEAN	ON-GOING			4,663,506.	MED. SUPPL.	FMV
(12)			CENT. AMERICA/CARIBBEAN	ON-GOING			64,989.	MED. SUPPL.	FMV
(13)			CENT. AMERICA/CARIBBEAN	ON-GOING			74,290,541.	MED. SUPPL.	FMV
(14)			CENT. AMERICA/CARIBBEAN	ON-GOING			9,232,305.	MED. SUPPL.	FMV
(15)			CENT. AMERICA/CARIBBEAN	ON-GOING			9,909,001.	MED. SUPPL.	FMV
(16)			CENT. AMERICA/CARIBBEAN	ON-GOING			9,665,114.	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)			CENT. AMERICA/CARIBBEAN	ON-GOING			4,005,696.	MED. SUPPL.	FMV
(2)			CENT. AMERICA/CARIBBEAN	ON-GOING			5,028.	MED. SUPPL.	FMV
(3)			CENT. AMERICA/CARIBBEAN	ON-GOING			5,031.	MED. SUPPL.	FMV
(4)			CENT. AMERICA/CARIBBEAN	ON-GOING			5,182.	MED. SUPPL.	FMV
(5)			CENT. AMERICA/CARIBBEAN	ON-GOING			5,208.	MED. SUPPL.	FMV
(6)			CENT. AMERICA/CARIBBEAN	ON-GOING			5,246.	MED. SUPPL.	FMV
(7)			CENT. AMERICA/CARIBBEAN	ON-GOING			5,264.	MED. SUPPL.	FMV
(8)			CENT. AMERICA/CARIBBEAN	ON-GOING			5,270.	MED. SUPPL.	FMV
(9)			CENT. AMERICA/CARIBBEAN	ON-GOING			5,319.	MED. SUPPL.	FMV
(10)			CENT. AMERICA/CARIBBEAN	ON-GOING			5,419.	MED. SUPPL.	FMV
(11)			CENT. AMERICA/CARIBBEAN	ON-GOING			5,436.	MED. SUPPL.	FMV
(12)			CENT. AMERICA/CARIBBEAN	ON-GOING			5,713.	MED. SUPPL.	FMV
(13)			CENT. AMERICA/CARIBBEAN	ON-GOING			5,718.	MED. SUPPL.	FMV
(14)			CENT. AMERICA/CARIBBEAN	ON-GOING			5,830.	MED. SUPPL.	FMV
(15)			CENT. AMERICA/CARIBBEAN	ON-GOING			5,974.	MED. SUPPL.	FMV
(16)			CENT. AMERICA/CARIBBEAN	ON-GOING			6,077.	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)			CENT. AMERICA/CARIBBEAN	ON-GOING			6,149.	MED. SUPPL.	FMV
(2)			CENT. AMERICA/CARIBBEAN	ON-GOING			6,209.	MED. SUPPL.	FMV
(3)			CENT. AMERICA/CARIBBEAN	ON-GOING			6,238.	MED. SUPPL.	FMV
(4)			CENT. AMERICA/CARIBBEAN	ON-GOING			6,287.	MED. SUPPL.	FMV
(5)			CENT. AMERICA/CARIBBEAN	ON-GOING			6,476.	MED. SUPPL.	FMV
(6)			CENT. AMERICA/CARIBBEAN	ON-GOING			6,506.	MED. SUPPL.	FMV
(7)			CENT. AMERICA/CARIBBEAN	ON-GOING			6,595.	MED. SUPPL.	FMV
(8)			CENT. AMERICA/CARIBBEAN	ON-GOING			6,657.	MED. SUPPL.	FMV
(9)			CENT. AMERICA/CARIBBEAN	ON-GOING			6,699.	MED. SUPPL.	FMV
(10)			CENT. AMERICA/CARIBBEAN	ON-GOING			6,716.	MED. SUPPL.	FMV
(11)			CENT. AMERICA/CARIBBEAN	ON-GOING			6,772.	MED. SUPPL.	FMV
(12)			CENT. AMERICA/CARIBBEAN	ON-GOING			6,855.	MED. SUPPL.	FMV
(13)			CENT. AMERICA/CARIBBEAN	ON-GOING			6,888.	MED. SUPPL.	FMV
(14)			CENT. AMERICA/CARIBBEAN	ON-GOING			6,948.	MED. SUPPL.	FMV
(15)			CENT. AMERICA/CARIBBEAN	ON-GOING			7,089.	MED. SUPPL.	FMV
(16)			CENT. AMERICA/CARIBBEAN	ON-GOING			7,177.	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)			CENT. AMERICA/CARIBBEAN	ON-GOING			7,278.	MED. SUPPL.	FMV
(2)			CENT. AMERICA/CARIBBEAN	ON-GOING			7,306.	MED. SUPPL.	FMV
(3)			CENT. AMERICA/CARIBBEAN	ON-GOING			7,318.	MED. SUPPL.	FMV
(4)			CENT. AMERICA/CARIBBEAN	ON-GOING			7,586.	MED. SUPPL.	FMV
(5)			CENT. AMERICA/CARIBBEAN	ON-GOING			7,633.	MED. SUPPL.	FMV
(6)			CENT. AMERICA/CARIBBEAN	ON-GOING			7,637.	MED. SUPPL.	FMV
(7)			CENT. AMERICA/CARIBBEAN	ON-GOING			7,653.	MED. SUPPL.	FMV
(8)			CENT. AMERICA/CARIBBEAN	ON-GOING			7,824.	MED. SUPPL.	FMV
(9)			CENT. AMERICA/CARIBBEAN	ON-GOING			7,900.	MED. SUPPL.	FMV
(10)			CENT. AMERICA/CARIBBEAN	ON-GOING			8,095.	MED. SUPPL.	FMV
(11)			CENT. AMERICA/CARIBBEAN	ON-GOING			8,160.	MED. SUPPL.	FMV
(12)			CENT. AMERICA/CARIBBEAN	ON-GOING			8,241.	MED. SUPPL.	FMV
(13)			CENT. AMERICA/CARIBBEAN	ON-GOING			8,477.	MED. SUPPL.	FMV
(14)			CENT. AMERICA/CARIBBEAN	ON-GOING			8,601.	MED. SUPPL.	FMV
(15)			CENT. AMERICA/CARIBBEAN	ON-GOING			8,719.	MED. SUPPL.	FMV
(16)			CENT. AMERICA/CARIBBEAN	ON-GOING			8,966.	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)			CENT. AMERICA/CARIBBEAN	ON-GOING			9,023.	MED. SUPPL.	FMV
(2)			CENT. AMERICA/CARIBBEAN	ON-GOING			9,214.	MED. SUPPL.	FMV
(3)			CENT. AMERICA/CARIBBEAN	ON-GOING			9,598.	MED. SUPPL.	FMV
(4)			CENT. AMERICA/CARIBBEAN	ON-GOING			9,803.	MED. SUPPL.	FMV
(5)			CENT. AMERICA/CARIBBEAN	ON-GOING			9,804.	MED. SUPPL.	FMV
(6)			CENT. AMERICA/CARIBBEAN	ON-GOING			9,838.	MED. SUPPL.	FMV
(7)			CENT. AMERICA/CARIBBEAN	ON-GOING			9,944.	MED. SUPPL.	FMV
(8)			CENT. AMERICA/CARIBBEAN	ON-GOING			10,226.	MED. SUPPL.	FMV
(9)			CENT. AMERICA/CARIBBEAN	ON-GOING			10,445.	MED. SUPPL.	FMV
(10)			CENT. AMERICA/CARIBBEAN	ON-GOING			10,535.	MED. SUPPL.	FMV
(11)			CENT. AMERICA/CARIBBEAN	ON-GOING			10,745.	MED. SUPPL.	FMV
(12)			CENT. AMERICA/CARIBBEAN	ON-GOING			10,770.	MED. SUPPL.	FMV
(13)			CENT. AMERICA/CARIBBEAN	ON-GOING			10,791.	MED. SUPPL.	FMV
(14)			CENT. AMERICA/CARIBBEAN	ON-GOING			10,949.	MED. SUPPL.	FMV
(15)			CENT. AMERICA/CARIBBEAN	ON-GOING			11,170.	MED. SUPPL.	FMV
(16)			CENT. AMERICA/CARIBBEAN	ON-GOING			11,204.	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)			CENT. AMERICA/CARIBBEAN	ON-GOING			11,304.	MED. SUPPL.	FMV
(2)			CENT. AMERICA/CARIBBEAN	ON-GOING			11,527.	MED. SUPPL.	FMV
(3)			CENT. AMERICA/CARIBBEAN	ON-GOING			11,565.	MED. SUPPL.	FMV
(4)			CENT. AMERICA/CARIBBEAN	ON-GOING			11,570.	MED. SUPPL.	FMV
(5)			CENT. AMERICA/CARIBBEAN	ON-GOING			11,885.	MED. SUPPL.	FMV
(6)			CENT. AMERICA/CARIBBEAN	ON-GOING			12,184.	MED. SUPPL.	FMV
(7)			CENT. AMERICA/CARIBBEAN	ON-GOING			12,359.	MED. SUPPL.	FMV
(8)			CENT. AMERICA/CARIBBEAN	ON-GOING			12,494.	MED. SUPPL.	FMV
(9)			CENT. AMERICA/CARIBBEAN	ON-GOING			12,780.	MED. SUPPL.	FMV
(10)			CENT. AMERICA/CARIBBEAN	ON-GOING			13,193.	MED. SUPPL.	FMV
(11)			CENT. AMERICA/CARIBBEAN	ON-GOING			13,244.	MED. SUPPL.	FMV
(12)			CENT. AMERICA/CARIBBEAN	ON-GOING			13,261.	MED. SUPPL.	FMV
(13)			CENT. AMERICA/CARIBBEAN	ON-GOING			13,295.	MED. SUPPL.	FMV
(14)			CENT. AMERICA/CARIBBEAN	ON-GOING			13,583.	MED. SUPPL.	FMV
(15)			CENT. AMERICA/CARIBBEAN	ON-GOING			14,806.	MED. SUPPL.	FMV
(16)			CENT. AMERICA/CARIBBEAN	ON-GOING			15,059.	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)			CENT. AMERICA/CARIBBEAN	ON-GOING			15,202.	MED. SUPPL.	FMV
(2)			CENT. AMERICA/CARIBBEAN	ON-GOING			15,308.	MED. SUPPL.	FMV
(3)			CENT. AMERICA/CARIBBEAN	ON-GOING			15,636.	MED. SUPPL.	FMV
(4)			CENT. AMERICA/CARIBBEAN	ON-GOING			15,646.	MED. SUPPL.	FMV
(5)			CENT. AMERICA/CARIBBEAN	ON-GOING			15,694.	MED. SUPPL.	FMV
(6)			CENT. AMERICA/CARIBBEAN	ON-GOING			15,718.	MED. SUPPL.	FMV
(7)			CENT. AMERICA/CARIBBEAN	ON-GOING			16,242.	MED. SUPPL.	FMV
(8)			CENT. AMERICA/CARIBBEAN	ON-GOING			16,457.	MED. SUPPL.	FMV
(9)			CENT. AMERICA/CARIBBEAN	ON-GOING			17,087.	MED. SUPPL.	FMV
(10)			CENT. AMERICA/CARIBBEAN	ON-GOING			17,265.	MED. SUPPL.	FMV
(11)			CENT. AMERICA/CARIBBEAN	ON-GOING			17,295.	MED. SUPPL.	FMV
(12)			CENT. AMERICA/CARIBBEAN	ON-GOING			17,489.	MED. SUPPL.	FMV
(13)			CENT. AMERICA/CARIBBEAN	ON-GOING			17,961.	MED. SUPPL.	FMV
(14)			CENT. AMERICA/CARIBBEAN	ON-GOING			18,408.	MED. SUPPL.	FMV
(15)			CENT. AMERICA/CARIBBEAN	ON-GOING			18,549.	MED. SUPPL.	FMV
(16)			CENT. AMERICA/CARIBBEAN	ON-GOING			18,731.	MED. SUPPL.	FMV

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(1)			CENT. AMERICA/CARIBBEAN	ON-GOING			19,380.	MED. SUPPL.	FMV
(2)			CENT. AMERICA/CARIBBEAN	ON-GOING			19,399.	MED. SUPPL.	FMV
(3)			CENT. AMERICA/CARIBBEAN	ON-GOING			19,454.	MED. SUPPL.	FMV
(4)			CENT. AMERICA/CARIBBEAN	ON-GOING			20,082.	MED. SUPPL.	FMV
(5)			CENT. AMERICA/CARIBBEAN	ON-GOING			20,707.	MED. SUPPL.	FMV
(6)			CENT. AMERICA/CARIBBEAN	ON-GOING			21,217.	MED. SUPPL.	FMV
(7)			CENT. AMERICA/CARIBBEAN	ON-GOING			21,218.	MED. SUPPL.	FMV
(8)			CENT. AMERICA/CARIBBEAN	ON-GOING			21,222.	MED. SUPPL.	FMV
(9)			CENT. AMERICA/CARIBBEAN	ON-GOING			21,229.	MED. SUPPL.	FMV
(10)			CENT. AMERICA/CARIBBEAN	ON-GOING			22,152.	MED. SUPPL.	FMV
(11)			CENT. AMERICA/CARIBBEAN	ON-GOING			22,240.	MED. SUPPL.	FMV
(12)			CENT. AMERICA/CARIBBEAN	ON-GOING			22,335.	MED. SUPPL.	FMV
(13)			CENT. AMERICA/CARIBBEAN	ON-GOING			22,538.	MED. SUPPL.	FMV
(14)			CENT. AMERICA/CARIBBEAN	ON-GOING			22,552.	MED. SUPPL.	FMV
(15)			CENT. AMERICA/CARIBBEAN	ON-GOING			22,616.	MED. SUPPL.	FMV
(16)			CENT. AMERICA/CARIBBEAN	ON-GOING			22,645.	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)			CENT. AMERICA/CARIBBEAN	ON-GOING			23,079.	MED. SUPPL.	FMV
(2)			CENT. AMERICA/CARIBBEAN	ON-GOING			23,152.	MED. SUPPL.	FMV
(3)			CENT. AMERICA/CARIBBEAN	ON-GOING			23,291.	MED. SUPPL.	FMV
(4)			CENT. AMERICA/CARIBBEAN	ON-GOING			23,382.	MED. SUPPL.	FMV
(5)			CENT. AMERICA/CARIBBEAN	ON-GOING			23,496.	MED. SUPPL.	FMV
(6)			CENT. AMERICA/CARIBBEAN	ON-GOING			23,649.	MED. SUPPL.	FMV
(7)			CENT. AMERICA/CARIBBEAN	ON-GOING			24,293.	MED. SUPPL.	FMV
(8)			CENT. AMERICA/CARIBBEAN	ON-GOING			25,271.	MED. SUPPL.	FMV
(9)			CENT. AMERICA/CARIBBEAN	ON-GOING			25,425.	MED. SUPPL.	FMV
(10)			CENT. AMERICA/CARIBBEAN	ON-GOING			25,615.	MED. SUPPL.	FMV
(11)			CENT. AMERICA/CARIBBEAN	ON-GOING			26,936.	MED. SUPPL.	FMV
(12)			CENT. AMERICA/CARIBBEAN	ON-GOING			27,093.	MED. SUPPL.	FMV
(13)			CENT. AMERICA/CARIBBEAN	ON-GOING			27,197.	MED. SUPPL.	FMV
(14)			CENT. AMERICA/CARIBBEAN	ON-GOING			28,912.	MED. SUPPL.	FMV
(15)			CENT. AMERICA/CARIBBEAN	ON-GOING			28,914.	MED. SUPPL.	FMV
(16)			CENT. AMERICA/CARIBBEAN	ON-GOING			29,119.	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)			CENT. AMERICA/CARIBBEAN	ON-GOING			29,181.	MED. SUPPL.	FMV
(2)			CENT. AMERICA/CARIBBEAN	ON-GOING			30,866.	MED. SUPPL.	FMV
(3)			CENT. AMERICA/CARIBBEAN	ON-GOING			31,456.	MED. SUPPL.	FMV
(4)			CENT. AMERICA/CARIBBEAN	ON-GOING			31,754.	MED. SUPPL.	FMV
(5)			CENT. AMERICA/CARIBBEAN	ON-GOING			31,799.	MED. SUPPL.	FMV
(6)			CENT. AMERICA/CARIBBEAN	ON-GOING			31,983.	MED. SUPPL.	FMV
(7)			CENT. AMERICA/CARIBBEAN	ON-GOING			33,376.	MED. SUPPL.	FMV
(8)			CENT. AMERICA/CARIBBEAN	ON-GOING			33,609.	MED. SUPPL.	FMV
(9)			CENT. AMERICA/CARIBBEAN	ON-GOING			34,023.	MED. SUPPL.	FMV
(10)			CENT. AMERICA/CARIBBEAN	ON-GOING			34,246.	MED. SUPPL.	FMV
(11)			CENT. AMERICA/CARIBBEAN	ON-GOING			34,465.	MED. SUPPL.	FMV
(12)			CENT. AMERICA/CARIBBEAN	ON-GOING			36,165.	MED. SUPPL.	FMV
(13)			CENT. AMERICA/CARIBBEAN	ON-GOING			36,646.	MED. SUPPL.	FMV
(14)			CENT. AMERICA/CARIBBEAN	ON-GOING			39,311.	MED. SUPPL.	FMV
(15)			CENT. AMERICA/CARIBBEAN	ON-GOING			39,324.	MED. SUPPL.	FMV
(16)			CENT. AMERICA/CARIBBEAN	ON-GOING			40,112.	MED. SUPPL.	FMV

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(1)			CENT. AMERICA/CARIBBEAN	ON-GOING			41,001.	MED. SUPPL.	FMV
(2)			CENT. AMERICA/CARIBBEAN	ON-GOING			41,215.	MED. SUPPL.	FMV
(3)			CENT. AMERICA/CARIBBEAN	ON-GOING			42,608.	MED. SUPPL.	FMV
(4)			CENT. AMERICA/CARIBBEAN	ON-GOING			42,808.	MED. SUPPL.	FMV
(5)			CENT. AMERICA/CARIBBEAN	ON-GOING			44,062.	MED. SUPPL.	FMV
(6)			CENT. AMERICA/CARIBBEAN	ON-GOING			44,098.	MED. SUPPL.	FMV
(7)			CENT. AMERICA/CARIBBEAN	ON-GOING			44,982.	MED. SUPPL.	FMV
(8)			CENT. AMERICA/CARIBBEAN	ON-GOING			44,985.	MED. SUPPL.	FMV
(9)			CENT. AMERICA/CARIBBEAN	ON-GOING			45,508.	MED. SUPPL.	FMV
(10)			CENT. AMERICA/CARIBBEAN	ON-GOING			45,795.	MED. SUPPL.	FMV
(11)			CENT. AMERICA/CARIBBEAN	ON-GOING			46,180.	MED. SUPPL.	FMV
(12)			CENT. AMERICA/CARIBBEAN	ON-GOING			46,551.	MED. SUPPL.	FMV
(13)			CENT. AMERICA/CARIBBEAN	ON-GOING			46,574.	MED. SUPPL.	FMV
(14)			CENT. AMERICA/CARIBBEAN	ON-GOING			46,741.	MED. SUPPL.	FMV
(15)			CENT. AMERICA/CARIBBEAN	ON-GOING			48,998.	MED. SUPPL.	FMV
(16)			CENT. AMERICA/CARIBBEAN	ON-GOING			50,013.	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)			CENT. AMERICA/CARIBBEAN	ON-GOING			50,247.	MED. SUPPL.	FMV
(2)			CENT. AMERICA/CARIBBEAN	ON-GOING			50,429.	MED. SUPPL.	FMV
(3)			CENT. AMERICA/CARIBBEAN	ON-GOING			52,833.	MED. SUPPL.	FMV
(4)			CENT. AMERICA/CARIBBEAN	ON-GOING			52,894.	MED. SUPPL.	FMV
(5)			CENT. AMERICA/CARIBBEAN	ON-GOING			53,092.	MED. SUPPL.	FMV
(6)			CENT. AMERICA/CARIBBEAN	ON-GOING			53,478.	MED. SUPPL.	FMV
(7)			CENT. AMERICA/CARIBBEAN	ON-GOING			53,955.	MED. SUPPL.	FMV
(8)			CENT. AMERICA/CARIBBEAN	ON-GOING			54,000.	MED. SUPPL.	FMV
(9)			CENT. AMERICA/CARIBBEAN	ON-GOING			54,374.	MED. SUPPL.	FMV
(10)			CENT. AMERICA/CARIBBEAN	ON-GOING			55,478.	MED. SUPPL.	FMV
(11)			CENT. AMERICA/CARIBBEAN	ON-GOING			55,706.	MED. SUPPL.	FMV
(12)			CENT. AMERICA/CARIBBEAN	ON-GOING			56,113.	MED. SUPPL.	FMV
(13)			CENT. AMERICA/CARIBBEAN	ON-GOING			57,106.	MED. SUPPL.	FMV
(14)			CENT. AMERICA/CARIBBEAN	ON-GOING			57,792.	MED. SUPPL.	FMV
(15)			CENT. AMERICA/CARIBBEAN	ON-GOING			58,105.	MED. SUPPL.	FMV
(16)			CENT. AMERICA/CARIBBEAN	ON-GOING			59,704.	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)			CENT. AMERICA/CARIBBEAN	ON-GOING			60,051.	MED. SUPPL.	FMV
(2)			CENT. AMERICA/CARIBBEAN	ON-GOING			60,625.	MED. SUPPL.	FMV
(3)			CENT. AMERICA/CARIBBEAN	ON-GOING			60,644.	MED. SUPPL.	FMV
(4)			CENT. AMERICA/CARIBBEAN	ON-GOING			60,649.	MED. SUPPL.	FMV
(5)			CENT. AMERICA/CARIBBEAN	ON-GOING			61,123.	MED. SUPPL.	FMV
(6)			CENT. AMERICA/CARIBBEAN	ON-GOING			61,204.	MED. SUPPL.	FMV
(7)			CENT. AMERICA/CARIBBEAN	ON-GOING			61,971.	MED. SUPPL.	FMV
(8)			CENT. AMERICA/CARIBBEAN	ON-GOING			62,598.	MED. SUPPL.	FMV
(9)			CENT. AMERICA/CARIBBEAN	ON-GOING			63,233.	MED. SUPPL.	FMV
(10)			CENT. AMERICA/CARIBBEAN	ON-GOING			64,395.	MED. SUPPL.	FMV
(11)			CENT. AMERICA/CARIBBEAN	ON-GOING			65,750.	MED. SUPPL.	FMV
(12)			CENT. AMERICA/CARIBBEAN	ON-GOING			66,448.	MED. SUPPL.	FMV
(13)			CENT. AMERICA/CARIBBEAN	ON-GOING			68,503.	MED. SUPPL.	FMV
(14)			CENT. AMERICA/CARIBBEAN	ON-GOING			69,570.	MED. SUPPL.	FMV
(15)			CENT. AMERICA/CARIBBEAN	ON-GOING			70,623.	MED. SUPPL.	FMV
(16)			CENT. AMERICA/CARIBBEAN	ON-GOING			72,717.	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)			CENT. AMERICA/CARIBBEAN	ON-GOING			75,432.	MED. SUPPL.	FMV
(2)			CENT. AMERICA/CARIBBEAN	ON-GOING			75,725.	MED. SUPPL.	FMV
(3)			CENT. AMERICA/CARIBBEAN	ON-GOING			75,841.	MED. SUPPL.	FMV
(4)			CENT. AMERICA/CARIBBEAN	ON-GOING			79,846.	MED. SUPPL.	FMV
(5)			CENT. AMERICA/CARIBBEAN	ON-GOING			79,913.	MED. SUPPL.	FMV
(6)			CENT. AMERICA/CARIBBEAN	ON-GOING			80,547.	MED. SUPPL.	FMV
(7)			CENT. AMERICA/CARIBBEAN	ON-GOING			83,824.	MED. SUPPL.	FMV
(8)			CENT. AMERICA/CARIBBEAN	ON-GOING			84,008.	MED. SUPPL.	FMV
(9)			CENT. AMERICA/CARIBBEAN	ON-GOING			84,228.	MED. SUPPL.	FMV
(10)			CENT. AMERICA/CARIBBEAN	ON-GOING			84,229.	MED. SUPPL.	FMV
(11)			CENT. AMERICA/CARIBBEAN	ON-GOING			86,920.	MED. SUPPL.	FMV
(12)			CENT. AMERICA/CARIBBEAN	ON-GOING			88,588.	MED. SUPPL.	FMV
(13)			CENT. AMERICA/CARIBBEAN	ON-GOING			91,256.	MED. SUPPL.	FMV
(14)			CENT. AMERICA/CARIBBEAN	ON-GOING			94,956.	MED. SUPPL.	FMV
(15)			CENT. AMERICA/CARIBBEAN	ON-GOING			95,682.	MED. SUPPL.	FMV
(16)			CENT. AMERICA/CARIBBEAN	EMERGENCY			95,865.	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)			CENT. AMERICA/CARIBBEAN	ON-GOING			97,307.	MED. SUPPL.	FMV
(2)			CENT. AMERICA/CARIBBEAN	ON-GOING			97,451.	MED. SUPPL.	FMV
(3)			CENT. AMERICA/CARIBBEAN	ON-GOING			97,828.	MED. SUPPL.	FMV
(4)			CENT. AMERICA/CARIBBEAN	ON-GOING			98,262.	MED. SUPPL.	FMV
(5)			CENT. AMERICA/CARIBBEAN	ON-GOING			98,559.	MED. SUPPL.	FMV
(6)			CENT. AMERICA/CARIBBEAN	ON-GOING			102,770.	MED. SUPPL.	FMV
(7)			CENT. AMERICA/CARIBBEAN	ON-GOING			103,831.	MED. SUPPL.	FMV
(8)			CENT. AMERICA/CARIBBEAN	ON-GOING			103,947.	MED. SUPPL.	FMV
(9)			CENT. AMERICA/CARIBBEAN	ON-GOING			103,974.	MED. SUPPL.	FMV
(10)			CENT. AMERICA/CARIBBEAN	ON-GOING			104,114.	MED. SUPPL.	FMV
(11)			CENT. AMERICA/CARIBBEAN	ON-GOING			104,376.	MED. SUPPL.	FMV
(12)			CENT. AMERICA/CARIBBEAN	ON-GOING			104,744.	MED. SUPPL.	FMV
(13)			CENT. AMERICA/CARIBBEAN	ON-GOING			107,351.	MED. SUPPL.	FMV
(14)			CENT. AMERICA/CARIBBEAN	ON-GOING			108,304.	MED. SUPPL.	FMV
(15)			CENT. AMERICA/CARIBBEAN	ON-GOING			110,184.	MED. SUPPL.	FMV
(16)			CENT. AMERICA/CARIBBEAN	ON-GOING			110,841.	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)			CENT. AMERICA/CARIBBEAN	ON-GOING			113,523.	MED. SUPPL.	FMV
(2)			CENT. AMERICA/CARIBBEAN	ON-GOING			115,412.	MED. SUPPL.	FMV
(3)			CENT. AMERICA/CARIBBEAN	ON-GOING			115,424.	MED. SUPPL.	FMV
(4)			CENT. AMERICA/CARIBBEAN	ON-GOING			115,482.	MED. SUPPL.	FMV
(5)			CENT. AMERICA/CARIBBEAN	ON-GOING			117,252.	MED. SUPPL.	FMV
(6)			CENT. AMERICA/CARIBBEAN	ON-GOING			117,684.	MED. SUPPL.	FMV
(7)			CENT. AMERICA/CARIBBEAN	ON-GOING			117,782.	MED. SUPPL.	FMV
(8)			CENT. AMERICA/CARIBBEAN	ON-GOING			117,891.	MED. SUPPL.	FMV
(9)			CENT. AMERICA/CARIBBEAN	ON-GOING			120,370.	MED. SUPPL.	FMV
(10)			CENT. AMERICA/CARIBBEAN	ON-GOING			123,380.	MED. SUPPL.	FMV
(11)			CENT. AMERICA/CARIBBEAN	ON-GOING			124,965.	MED. SUPPL.	FMV
(12)			CENT. AMERICA/CARIBBEAN	ON-GOING			126,232.	MED. SUPPL.	FMV
(13)			CENT. AMERICA/CARIBBEAN	ON-GOING			126,300.	MED. SUPPL.	FMV
(14)			CENT. AMERICA/CARIBBEAN	ON-GOING			127,716.	MED. SUPPL.	FMV
(15)			CENT. AMERICA/CARIBBEAN	ON-GOING			128,950.	MED. SUPPL.	FMV
(16)			CENT. AMERICA/CARIBBEAN	ON-GOING			133,438.	MED. SUPPL.	FMV

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(1)			CENT. AMERICA/CARIBBEAN	ON-GOING			135,784.	MED. SUPPL.	FMV
(2)			CENT. AMERICA/CARIBBEAN	ON-GOING			136,938.	MED. SUPPL.	FMV
(3)			CENT. AMERICA/CARIBBEAN	ON-GOING			139,384.	MED. SUPPL.	FMV
(4)			CENT. AMERICA/CARIBBEAN	ON-GOING			139,435.	MED. SUPPL.	FMV
(5)			CENT. AMERICA/CARIBBEAN	ON-GOING			141,707.	MED. SUPPL.	FMV
(6)			CENT. AMERICA/CARIBBEAN	ON-GOING			144,609.	MED. SUPPL.	FMV
(7)			CENT. AMERICA/CARIBBEAN	ON-GOING			145,323.	MED. SUPPL.	FMV
(8)			CENT. AMERICA/CARIBBEAN	ON-GOING			152,402.	MED. SUPPL.	FMV
(9)			CENT. AMERICA/CARIBBEAN	ON-GOING			152,575.	MED. SUPPL.	FMV
(10)			CENT. AMERICA/CARIBBEAN	ON-GOING			153,065.	MED. SUPPL.	FMV
(11)			CENT. AMERICA/CARIBBEAN	ON-GOING			153,455.	MED. SUPPL.	FMV
(12)			CENT. AMERICA/CARIBBEAN	ON-GOING			154,736.	MED. SUPPL.	FMV
(13)			CENT. AMERICA/CARIBBEAN	ON-GOING			155,074.	MED. SUPPL.	FMV
(14)			CENT. AMERICA/CARIBBEAN	ON-GOING			155,930.	MED. SUPPL.	FMV
(15)			CENT. AMERICA/CARIBBEAN	ON-GOING			167,991.	MED. SUPPL.	FMV
(16)			CENT. AMERICA/CARIBBEAN	ON-GOING			172,106.	MED. SUPPL.	FMV

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(1)			CENT. AMERICA/CARIBBEAN	ON-GOING			173,596.	MED. SUPPL.	FMV
(2)			CENT. AMERICA/CARIBBEAN	ON-GOING			173,798.	MED. SUPPL.	FMV
(3)			CENT. AMERICA/CARIBBEAN	ON-GOING			179,640.	MED. SUPPL.	FMV
(4)			CENT. AMERICA/CARIBBEAN	ON-GOING			184,388.	MED. SUPPL.	FMV
(5)			CENT. AMERICA/CARIBBEAN	ON-GOING			184,981.	MED. SUPPL.	FMV
(6)			CENT. AMERICA/CARIBBEAN	ON-GOING			186,522.	MED. SUPPL.	FMV
(7)			CENT. AMERICA/CARIBBEAN	ON-GOING			187,054.	MED. SUPPL.	FMV
(8)			CENT. AMERICA/CARIBBEAN	ON-GOING			194,920.	MED. SUPPL.	FMV
(9)			CENT. AMERICA/CARIBBEAN	ON-GOING			197,146.	MED. SUPPL.	FMV
(10)			CENT. AMERICA/CARIBBEAN	ON-GOING			199,765.	MED. SUPPL.	FMV
(11)			CENT. AMERICA/CARIBBEAN	ON-GOING			203,872.	MED. SUPPL.	FMV
(12)			CENT. AMERICA/CARIBBEAN	ON-GOING			213,559.	MED. SUPPL.	FMV
(13)			CENT. AMERICA/CARIBBEAN	ON-GOING			215,334.	MED. SUPPL.	FMV
(14)			CENT. AMERICA/CARIBBEAN	ON-GOING			216,095.	MED. SUPPL.	FMV
(15)			CENT. AMERICA/CARIBBEAN	ON-GOING			218,672.	MED. SUPPL.	FMV
(16)			CENT. AMERICA/CARIBBEAN	ON-GOING			219,966.	MED. SUPPL.	FMV

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(1)			CENT. AMERICA/CARIBBEAN	ON-GOING			220,419.	MED. SUPPL.	FMV
(2)			CENT. AMERICA/CARIBBEAN	ON-GOING			222,325.	MED. SUPPL.	FMV
(3)			CENT. AMERICA/CARIBBEAN	ON-GOING			225,876.	MED. SUPPL.	FMV
(4)			CENT. AMERICA/CARIBBEAN	ON-GOING			231,043.	MED. SUPPL.	FMV
(5)			CENT. AMERICA/CARIBBEAN	ON-GOING			237,152.	MED. SUPPL.	FMV
(6)			CENT. AMERICA/CARIBBEAN	ON-GOING			238,403.	MED. SUPPL.	FMV
(7)			CENT. AMERICA/CARIBBEAN	ON-GOING			241,689.	MED. SUPPL.	FMV
(8)			CENT. AMERICA/CARIBBEAN	ON-GOING			267,324.	MED. SUPPL.	FMV
(9)			CENT. AMERICA/CARIBBEAN	ON-GOING			271,000.	MED. SUPPL.	FMV
(10)			CENT. AMERICA/CARIBBEAN	ON-GOING			272,152.	MED. SUPPL.	FMV
(11)			CENT. AMERICA/CARIBBEAN	ON-GOING			281,174.	MED. SUPPL.	FMV
(12)			CENT. AMERICA/CARIBBEAN	ON-GOING			284,830.	MED. SUPPL.	FMV
(13)			CENT. AMERICA/CARIBBEAN	ON-GOING			302,778.	MED. SUPPL.	FMV
(14)			CENT. AMERICA/CARIBBEAN	ON-GOING			316,555.	MED. SUPPL.	FMV
(15)			CENT. AMERICA/CARIBBEAN	ON-GOING			323,509.	MED. SUPPL.	FMV
(16)			CENT. AMERICA/CARIBBEAN	ON-GOING			327,999.	MED. SUPPL.	FMV

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(1)			CENT. AMERICA/CARIBBEAN	ON-GOING			333,626.	MED. SUPPL.	FMV
(2)			CENT. AMERICA/CARIBBEAN	ON-GOING			336,023.	MED. SUPPL.	FMV
(3)			CENT. AMERICA/CARIBBEAN	ON-GOING			342,585.	MED. SUPPL.	FMV
(4)			CENT. AMERICA/CARIBBEAN	ON-GOING			344,042.	MED. SUPPL.	FMV
(5)			CENT. AMERICA/CARIBBEAN	ON-GOING			348,521.	MED. SUPPL.	FMV
(6)			CENT. AMERICA/CARIBBEAN	ON-GOING			355,412.	MED. SUPPL.	FMV
(7)			CENT. AMERICA/CARIBBEAN	ON-GOING			363,547.	MED. SUPPL.	FMV
(8)			CENT. AMERICA/CARIBBEAN	ON-GOING			386,475.	MED. SUPPL.	FMV
(9)			CENT. AMERICA/CARIBBEAN	ON-GOING			431,916.	MED. SUPPL.	FMV
(10)			CENT. AMERICA/CARIBBEAN	ON-GOING			432,207.	MED. SUPPL.	FMV
(11)			CENT. AMERICA/CARIBBEAN	ON-GOING			436,112.	MED. SUPPL.	FMV
(12)			CENT. AMERICA/CARIBBEAN	ON-GOING			444,951.	MED. SUPPL.	FMV
(13)			CENT. AMERICA/CARIBBEAN	ON-GOING			458,402.	MED. SUPPL.	FMV
(14)			CENT. AMERICA/CARIBBEAN	ON-GOING			486,349.	MED. SUPPL.	FMV
(15)			CENT. AMERICA/CARIBBEAN	ON-GOING			524,577.	MED. SUPPL.	FMV
(16)			CENT. AMERICA/CARIBBEAN	ON-GOING			553,518.	MED. SUPPL.	FMV

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(1)			CENT. AMERICA/CARIBBEAN	ON-GOING			561,500.	MED. SUPPL.	FMV
(2)			CENT. AMERICA/CARIBBEAN	ON-GOING			606,243.	MED. SUPPL.	FMV
(3)			CENT. AMERICA/CARIBBEAN	ON-GOING			666,159.	MED. SUPPL.	FMV
(4)			CENT. AMERICA/CARIBBEAN	ON-GOING			752,176.	MED. SUPPL.	FMV
(5)			CENT. AMERICA/CARIBBEAN	ON-GOING			772,081.	MED. SUPPL.	FMV
(6)			CENT. AMERICA/CARIBBEAN	ON-GOING			815,349.	MED. SUPPL.	FMV
(7)			EAST ASIA/PACIFIC	EMERGENCY			24,623.	MED. SUPPL.	FMV
(8)			EAST ASIA/PACIFIC	ON-GOING			13,311,567.	MED. SUPPL.	FMV
(9)			EAST ASIA/PACIFIC	ON-GOING			221,130,000.	MED. SUPPL.	FMV
(10)			EAST ASIA/PACIFIC	ON-GOING			107,940,000.	MED. SUPPL.	FMV
(11)			EAST ASIA/PACIFIC	ON-GOING			182,952.	MED. SUPPL.	FMV
(12)			EAST ASIA/PACIFIC	ON-GOING			6,478.	MED. SUPPL.	FMV
(13)			EAST ASIA/PACIFIC	ON-GOING			6,494.	MED. SUPPL.	FMV
(14)			EAST ASIA/PACIFIC	ON-GOING			7,904.	MED. SUPPL.	FMV
(15)			EAST ASIA/PACIFIC	ON-GOING			8,419.	MED. SUPPL.	FMV
(16)			EAST ASIA/PACIFIC	ON-GOING			8,882.	MED. SUPPL.	FMV

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(1)			EAST ASIA/PACIFIC	ON-GOING			9,791.	MED. SUPPL.	FMV
(2)			EAST ASIA/PACIFIC	ON-GOING			10,522.	MED. SUPPL.	FMV
(3)			EAST ASIA/PACIFIC	ON-GOING			11,302.	MED. SUPPL.	FMV
(4)			EAST ASIA/PACIFIC	ON-GOING			11,877.	MED. SUPPL.	FMV
(5)			EAST ASIA/PACIFIC	ON-GOING			12,071.	MED. SUPPL.	FMV
(6)			EAST ASIA/PACIFIC	ON-GOING			13,381.	MED. SUPPL.	FMV
(7)			EAST ASIA/PACIFIC	ON-GOING			16,898.	MED. SUPPL.	FMV
(8)			EAST ASIA/PACIFIC	ON-GOING			16,930.	MED. SUPPL.	FMV
(9)			EAST ASIA/PACIFIC	ON-GOING			18,139.	MED. SUPPL.	FMV
(10)			EAST ASIA/PACIFIC	ON-GOING			22,048.	MED. SUPPL.	FMV
(11)			EAST ASIA/PACIFIC	ON-GOING			23,826.	MED. SUPPL.	FMV
(12)			EAST ASIA/PACIFIC	ON-GOING			25,779.	MED. SUPPL.	FMV
(13)			EAST ASIA/PACIFIC	ON-GOING			26,641.	MED. SUPPL.	FMV
(14)			EAST ASIA/PACIFIC	ON-GOING			28,676.	MED. SUPPL.	FMV
(15)			EAST ASIA/PACIFIC	ON-GOING			28,975.	MED. SUPPL.	FMV
(16)			EAST ASIA/PACIFIC	ON-GOING			30,672.	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)			EAST ASIA/PACIFIC	ON-GOING			31,743.	MED. SUPPL.	FMV
(2)			EAST ASIA/PACIFIC	ON-GOING			33,036.	MED. SUPPL.	FMV
(3)			EAST ASIA/PACIFIC	ON-GOING			34,276.	MED. SUPPL.	FMV
(4)			EAST ASIA/PACIFIC	ON-GOING			39,282.	MED. SUPPL.	FMV
(5)			EAST ASIA/PACIFIC	ON-GOING			41,087.	MED. SUPPL.	FMV
(6)			EAST ASIA/PACIFIC	ON-GOING			43,047.	MED. SUPPL.	FMV
(7)			EAST ASIA/PACIFIC	ON-GOING			48,505.	MED. SUPPL.	FMV
(8)			EAST ASIA/PACIFIC	ON-GOING			50,634.	MED. SUPPL.	FMV
(9)			EAST ASIA/PACIFIC	ON-GOING			59,404.	MED. SUPPL.	FMV
(10)			EAST ASIA/PACIFIC	ON-GOING			64,940.	MED. SUPPL.	FMV
(11)			EAST ASIA/PACIFIC	ON-GOING			71,832.	MED. SUPPL.	FMV
(12)			EAST ASIA/PACIFIC	ON-GOING			72,419.	MED. SUPPL.	FMV
(13)			EAST ASIA/PACIFIC	ON-GOING			75,746.	MED. SUPPL.	FMV
(14)			EAST ASIA/PACIFIC	ON-GOING			79,213.	MED. SUPPL.	FMV
(15)			EAST ASIA/PACIFIC	ON-GOING			83,274.	MED. SUPPL.	FMV
(16)			EAST ASIA/PACIFIC	ON-GOING			87,142.	MED. SUPPL.	FMV

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(1)			EAST ASIA/PACIFIC	ON-GOING			91,090.	MED. SUPPL.	FMV
(2)			EAST ASIA/PACIFIC	ON-GOING			91,179.	MED. SUPPL.	FMV
(3)			EAST ASIA/PACIFIC	ON-GOING			96,548.	MED. SUPPL.	FMV
(4)			EAST ASIA/PACIFIC	ON-GOING			119,655.	MED. SUPPL.	FMV
(5)			EAST ASIA/PACIFIC	ON-GOING			128,375.	MED. SUPPL.	FMV
(6)			EAST ASIA/PACIFIC	ON-GOING			134,239.	MED. SUPPL.	FMV
(7)			EAST ASIA/PACIFIC	ON-GOING			152,073.	MED. SUPPL.	FMV
(8)			EAST ASIA/PACIFIC	ON-GOING			156,678.	MED. SUPPL.	FMV
(9)			EAST ASIA/PACIFIC	ON-GOING			171,540.	MED. SUPPL.	FMV
(10)			EAST ASIA/PACIFIC	ON-GOING			172,332.	MED. SUPPL.	FMV
(11)			EAST ASIA/PACIFIC	ON-GOING			185,278.	MED. SUPPL.	FMV
(12)			EAST ASIA/PACIFIC	ON-GOING			207,808.	MED. SUPPL.	FMV
(13)			EAST ASIA/PACIFIC	ON-GOING			208,570.	MED. SUPPL.	FMV
(14)			EAST ASIA/PACIFIC	ON-GOING			210,151.	MED. SUPPL.	FMV
(15)			EAST ASIA/PACIFIC	ON-GOING			211,103.	MED. SUPPL.	FMV
(16)			EAST ASIA/PACIFIC	ON-GOING			244,370.	MED. SUPPL.	FMV

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(1)			EAST ASIA/PACIFIC	ON-GOING			250,670.	MED. SUPPL.	FMV
(2)			EAST ASIA/PACIFIC	ON-GOING			430,225.	MED. SUPPL.	FMV
(3)			EAST ASIA/PACIFIC	ON-GOING			688,676.	MED. SUPPL.	FMV
(4)			EUROPE/ICELAND/GREENLAND	EMERGENCY			91,945.	MED. SUPPL.	FMV
(5)			EUROPE/ICELAND/GREENLAND	EMERGENCY			2,422,637.	MED. SUPPL.	FMV
(6)			EUROPE/ICELAND/GREENLAND	ON-GOING			5,265,834.	MED. SUPPL.	FMV
(7)			EUROPE/ICELAND/GREENLAND	ON-GOING			2,166,041.	MED. SUPPL.	FMV
(8)			EUROPE/ICELAND/GREENLAND	EMERGENCY			144,290.	MED. SUPPL.	FMV
(9)			EUROPE/ICELAND/GREENLAND	ON-GOING			186,363.	MED. SUPPL.	FMV
(10)			EUROPE/ICELAND/GREENLAND	ON-GOING			254,325.	MED. SUPPL.	FMV
(11)			MIDDLE EAST/NORTH AFRICA	ON-GOING			6,213.	MED. SUPPL.	FMV
(12)			MIDDLE EAST/NORTH AFRICA	EMERGENCY			86,362.	MED. SUPPL.	FMV
(13)			MIDDLE EAST/NORTH AFRICA	EMERGENCY			120,778.	MED. SUPPL.	FMV
(14)			MIDDLE EAST/NORTH AFRICA	EMERGENCY			203,179.	MED. SUPPL.	FMV
(15)			MIDDLE EAST/NORTH AFRICA	ON-GOING			3,102,074.	MED. SUPPL.	FMV
(16)			MIDDLE EAST/NORTH AFRICA	ON-GOING			11,979,021.	MED. SUPPL.	FMV

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(1)			MIDDLE EAST/NORTH AFRICA	ON-GOING			10,467,212.	MED. SUPPL.	FMV
(2)			MIDDLE EAST/NORTH AFRICA	ON-GOING			9,734.	MED. SUPPL.	FMV
(3)			MIDDLE EAST/NORTH AFRICA	EMERGENCY			70,768.	MED. SUPPL.	FMV
(4)			MIDDLE EAST/NORTH AFRICA	EMERGENCY			99,945.	MED. SUPPL.	FMV
(5)			MIDDLE EAST/NORTH AFRICA	EMERGENCY			174,523.	MED. SUPPL.	FMV
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY			258,754.	MED. SUPPL.	FMV
(7)			NORTH AMERICA	ON-GOING			5,191.	MED. SUPPL.	FMV
(8)			NORTH AMERICA	ON-GOING			7,394.	MED. SUPPL.	FMV
(9)			NORTH AMERICA	ON-GOING			7,597.	MED. SUPPL.	FMV
(10)			NORTH AMERICA	ON-GOING			9,448.	MED. SUPPL.	FMV
(11)			NORTH AMERICA	ON-GOING			15,513.	MED. SUPPL.	FMV
(12)			NORTH AMERICA	ON-GOING			24,955.	MED. SUPPL.	FMV
(13)			NORTH AMERICA	ON-GOING			31,913.	MED. SUPPL.	FMV
(14)			NORTH AMERICA	ON-GOING			38,384.	MED. SUPPL.	FMV
(15)			NORTH AMERICA	ON-GOING			42,804.	MED. SUPPL.	FMV
(16)			NORTH AMERICA	ON-GOING			115,954.	MED. SUPPL.	FMV

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(1)			NORTH AMERICA	ON-GOING			247,925.	MED. SUPPL.	FMV
(2)			RUSSIA/NEWLY IND. STATES	ON-GOING			14,081,202.	MED. SUPPL.	FMV
(3)			RUSSIA/NEWLY IND. STATES	ON-GOING			13,911,456.	MED. SUPPL.	FMV
(4)			RUSSIA/NEWLY IND. STATES	ON-GOING			54,403,680.	MED. SUPPL.	FMV
(5)			RUSSIA/NEWLY IND. STATES	ON-GOING			11,807.	MED. SUPPL.	FMV
(6)			SOUTH AMERICA	EMERGENCY			32,040.	MED. SUPPL.	FMV
(7)			SOUTH AMERICA	EMERGENCY			2,523,336.	MED. SUPPL.	FMV
(8)			SOUTH AMERICA	ON-GOING			505,308.	MED. SUPPL.	FMV
(9)			SOUTH AMERICA	ON-GOING			13,404,323.	MED. SUPPL.	FMV
(10)			SOUTH AMERICA	ON-GOING			5,846.	MED. SUPPL.	FMV
(11)			SOUTH AMERICA	ON-GOING			6,005.	MED. SUPPL.	FMV
(12)			SOUTH AMERICA	ON-GOING			6,411.	MED. SUPPL.	FMV
(13)			SOUTH AMERICA	ON-GOING			6,539.	MED. SUPPL.	FMV
(14)			SOUTH AMERICA	ON-GOING			7,200.	MED. SUPPL.	FMV
(15)			SOUTH AMERICA	ON-GOING			7,397.	MED. SUPPL.	FMV
(16)			SOUTH AMERICA	ON-GOING			8,261.	MED. SUPPL.	FMV

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(1)			SOUTH AMERICA	ON-GOING			8,355.	MED. SUPPL.	FMV
(2)			SOUTH AMERICA	ON-GOING			8,658.	MED. SUPPL.	FMV
(3)			SOUTH AMERICA	ON-GOING			9,042.	MED. SUPPL.	FMV
(4)			SOUTH AMERICA	ON-GOING			9,306.	MED. SUPPL.	FMV
(5)			SOUTH AMERICA	ON-GOING			9,666.	MED. SUPPL.	FMV
(6)			SOUTH AMERICA	ON-GOING			9,886.	MED. SUPPL.	FMV
(7)			SOUTH AMERICA	ON-GOING			10,182.	MED. SUPPL.	FMV
(8)			SOUTH AMERICA	ON-GOING			10,579.	MED. SUPPL.	FMV
(9)			SOUTH AMERICA	ON-GOING			11,179.	MED. SUPPL.	FMV
(10)			SOUTH AMERICA	ON-GOING			14,077.	MED. SUPPL.	FMV
(11)			SOUTH AMERICA	ON-GOING			15,811.	MED. SUPPL.	FMV
(12)			SOUTH AMERICA	ON-GOING			17,054.	MED. SUPPL.	FMV
(13)			SOUTH AMERICA	ON-GOING			17,736.	MED. SUPPL.	FMV
(14)			SOUTH AMERICA	ON-GOING			18,654.	MED. SUPPL.	FMV
(15)			SOUTH AMERICA	ON-GOING			22,052.	MED. SUPPL.	FMV
(16)			SOUTH AMERICA	ON-GOING			22,153.	MED. SUPPL.	FMV

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(1)			SOUTH AMERICA	ON-GOING			22,499.	MED. SUPPL.	FMV
(2)			SOUTH AMERICA	ON-GOING			22,666.	MED. SUPPL.	FMV
(3)			SOUTH AMERICA	ON-GOING			23,052.	MED. SUPPL.	FMV
(4)			SOUTH AMERICA	ON-GOING			24,638.	MED. SUPPL.	FMV
(5)			SOUTH AMERICA	ON-GOING			30,294.	MED. SUPPL.	FMV
(6)			SOUTH AMERICA	ON-GOING			34,669.	MED. SUPPL.	FMV
(7)			SOUTH AMERICA	ON-GOING			37,646.	MED. SUPPL.	FMV
(8)			SOUTH AMERICA	ON-GOING			39,963.	MED. SUPPL.	FMV
(9)			SOUTH AMERICA	ON-GOING			57,952.	MED. SUPPL.	FMV
(10)			SOUTH AMERICA	ON-GOING			64,448.	MED. SUPPL.	FMV
(11)			SOUTH AMERICA	ON-GOING			67,676.	MED. SUPPL.	FMV
(12)			SOUTH AMERICA	ON-GOING			70,577.	MED. SUPPL.	FMV
(13)			SOUTH AMERICA	ON-GOING			76,594.	MED. SUPPL.	FMV
(14)			SOUTH AMERICA	ON-GOING			82,034.	MED. SUPPL.	FMV
(15)			SOUTH AMERICA	ON-GOING			83,786.	MED. SUPPL.	FMV
(16)			SOUTH AMERICA	ON-GOING			90,403.	MED. SUPPL.	FMV

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(1)			SOUTH AMERICA	ON-GOING			100,587.	MED. SUPPL.	FMV
(2)			SOUTH AMERICA	ON-GOING			104,686.	MED. SUPPL.	FMV
(3)			SOUTH AMERICA	ON-GOING			107,273.	MED. SUPPL.	FMV
(4)			SOUTH AMERICA	ON-GOING			141,469.	MED. SUPPL.	FMV
(5)			SOUTH AMERICA	ON-GOING			147,004.	MED. SUPPL.	FMV
(6)			SOUTH AMERICA	ON-GOING			180,821.	MED. SUPPL.	FMV
(7)			SOUTH AMERICA	ON-GOING			350,192.	MED. SUPPL.	FMV
(8)			SOUTH AMERICA	ON-GOING			430,977.	MED. SUPPL.	FMV
(9)			SOUTH AMERICA	ON-GOING			478,089.	MED. SUPPL.	FMV
(10)			SOUTH AMERICA	ON-GOING			578,770.	MED. SUPPL.	FMV
(11)			SOUTH AMERICA	ON-GOING			618,997.	MED. SUPPL.	FMV
(12)			SOUTH ASIA	ON-GOING			8,978,229.	MED. SUPPL.	FMV
(13)			SOUTH ASIA	ON-GOING			5,709.	MED. SUPPL.	FMV
(14)			SOUTH ASIA	ON-GOING			6,493.	MED. SUPPL.	FMV
(15)			SOUTH ASIA	ON-GOING			15,130.	MED. SUPPL.	FMV
(16)			SOUTH ASIA	EMERGENCY			22,128.	MED. SUPPL.	FMV

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(1)			SOUTH ASIA	ON-GOING			24,676.	MED. SUPPL.	FMV
(2)			SOUTH ASIA	ON-GOING			25,956.	MED. SUPPL.	FMV
(3)			SOUTH ASIA	ON-GOING			27,677.	MED. SUPPL.	FMV
(4)			SOUTH ASIA	ON-GOING			37,033.	MED. SUPPL.	FMV
(5)			SOUTH ASIA	ON-GOING			45,957.	MED. SUPPL.	FMV
(6)			SOUTH ASIA	ON-GOING			47,075.	MED. SUPPL.	FMV
(7)			SOUTH ASIA	ON-GOING			53,747.	MED. SUPPL.	FMV
(8)			SOUTH ASIA	EMERGENCY			54,516.	MED. SUPPL.	FMV
(9)			SOUTH ASIA	ON-GOING			73,614.	MED. SUPPL.	FMV
(10)			SOUTH ASIA	ON-GOING			91,681.	MED. SUPPL.	FMV
(11)			SOUTH ASIA	ON-GOING			121,691.	MED. SUPPL.	FMV
(12)			SOUTH ASIA	ON-GOING			140,307.	MED. SUPPL.	FMV
(13)			SOUTH ASIA	ON-GOING			164,369.	MED. SUPPL.	FMV
(14)			SOUTH ASIA	ON-GOING			166,184.	MED. SUPPL.	FMV
(15)			SOUTH ASIA	ON-GOING			174,031.	MED. SUPPL.	FMV
(16)			SUB-SAHARAN AFRICA	EMERGENCY			15,422.	MED. SUPPL.	FMV

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(1)			SUB-SAHARAN AFRICA	EMERGENCY			16,373.	MED. SUPPL.	FMV
(2)			SUB-SAHARAN AFRICA	EMERGENCY			175,719.	MED. SUPPL.	FMV
(3)			SUB-SAHARAN AFRICA	EMERGENCY			330,047.	MED. SUPPL.	FMV
(4)			SUB-SAHARAN AFRICA	EMERGENCY			7,675.	MED. SUPPL.	FMV
(5)			SUB-SAHARAN AFRICA	EMERGENCY			79,464.	MED. SUPPL.	FMV
(6)			SUB-SAHARAN AFRICA	EMERGENCY			99,252.	MED. SUPPL.	FMV
(7)			SUB-SAHARAN AFRICA	EMERGENCY			1,077,586.	MED. SUPPL.	FMV
(8)			SUB-SAHARAN AFRICA	EMERGENCY			192,858.	MED. SUPPL.	FMV
(9)			SUB-SAHARAN AFRICA	EMERGENCY			113,144.	MED. SUPPL.	FMV
(10)			SUB-SAHARAN AFRICA	EMERGENCY			83,078.	MED. SUPPL.	FMV
(11)			SUB-SAHARAN AFRICA	ON-GOING			40,320,000.	MED. SUPPL.	FMV
(12)			SUB-SAHARAN AFRICA	ON-GOING			1,773,262.	MED. SUPPL.	FMV
(13)			SUB-SAHARAN AFRICA	ON-GOING			12,032,469.	MED. SUPPL.	FMV
(14)			SUB-SAHARAN AFRICA	ON-GOING			297,346.	MED. SUPPL.	FMV
(15)			SUB-SAHARAN AFRICA	ON-GOING			435,631.	MED. SUPPL.	FMV
(16)			SUB-SAHARAN AFRICA	ON-GOING			5,900,395.	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			5,117.	MED. SUPPL.	FMV
(2)			SUB-SAHARAN AFRICA	ON-GOING			5,310.	MED. SUPPL.	FMV
(3)			SUB-SAHARAN AFRICA	ON-GOING			5,332.	MED. SUPPL.	FMV
(4)			SUB-SAHARAN AFRICA	ON-GOING			5,748.	MED. SUPPL.	FMV
(5)			SUB-SAHARAN AFRICA	ON-GOING			5,850.	MED. SUPPL.	FMV
(6)			SUB-SAHARAN AFRICA	ON-GOING			5,959.	MED. SUPPL.	FMV
(7)			SUB-SAHARAN AFRICA	ON-GOING			6,205.	MED. SUPPL.	FMV
(8)			SUB-SAHARAN AFRICA	ON-GOING			6,353.	MED. SUPPL.	FMV
(9)			SUB-SAHARAN AFRICA	ON-GOING			6,425.	MED. SUPPL.	FMV
(10)			SUB-SAHARAN AFRICA	ON-GOING			6,632.	MED. SUPPL.	FMV
(11)			SUB-SAHARAN AFRICA	ON-GOING			6,664.	MED. SUPPL.	FMV
(12)			SUB-SAHARAN AFRICA	ON-GOING			6,839.	MED. SUPPL.	FMV
(13)			SUB-SAHARAN AFRICA	ON-GOING			7,114.	MED. SUPPL.	FMV
(14)			SUB-SAHARAN AFRICA	ON-GOING			7,383.	MED. SUPPL.	FMV
(15)			SUB-SAHARAN AFRICA	ON-GOING			7,856.	MED. SUPPL.	FMV
(16)			SUB-SAHARAN AFRICA	ON-GOING			9,751.	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			9,785.	MED. SUPPL.	FMV
(2)			SUB-SAHARAN AFRICA	ON-GOING			10,086.	MED. SUPPL.	FMV
(3)			SUB-SAHARAN AFRICA	ON-GOING			10,201.	MED. SUPPL.	FMV
(4)			SUB-SAHARAN AFRICA	ON-GOING			11,074.	MED. SUPPL.	FMV
(5)			SUB-SAHARAN AFRICA	ON-GOING			12,113.	MED. SUPPL.	FMV
(6)			SUB-SAHARAN AFRICA	ON-GOING			12,936.	MED. SUPPL.	FMV
(7)			SUB-SAHARAN AFRICA	ON-GOING			13,737.	MED. SUPPL.	FMV
(8)			SUB-SAHARAN AFRICA	ON-GOING			13,794.	MED. SUPPL.	FMV
(9)			SUB-SAHARAN AFRICA	ON-GOING			15,672.	MED. SUPPL.	FMV
(10)			SUB-SAHARAN AFRICA	ON-GOING			15,873.	MED. SUPPL.	FMV
(11)			SUB-SAHARAN AFRICA	ON-GOING			16,285.	MED. SUPPL.	FMV
(12)			SUB-SAHARAN AFRICA	ON-GOING			17,592.	MED. SUPPL.	FMV
(13)			SUB-SAHARAN AFRICA	ON-GOING			17,639.	MED. SUPPL.	FMV
(14)			SUB-SAHARAN AFRICA	ON-GOING			18,924.	MED. SUPPL.	FMV
(15)			SUB-SAHARAN AFRICA	ON-GOING			19,715.	MED. SUPPL.	FMV
(16)			SUB-SAHARAN AFRICA	ON-GOING			22,827.	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			23,061.	MED. SUPPL.	FMV
(2)			SUB-SAHARAN AFRICA	ON-GOING			24,482.	MED. SUPPL.	FMV
(3)			SUB-SAHARAN AFRICA	ON-GOING			24,919.	MED. SUPPL.	FMV
(4)			SUB-SAHARAN AFRICA	ON-GOING			26,071.	MED. SUPPL.	FMV
(5)			SUB-SAHARAN AFRICA	ON-GOING			26,378.	MED. SUPPL.	FMV
(6)			SUB-SAHARAN AFRICA	ON-GOING			26,577.	MED. SUPPL.	FMV
(7)			SUB-SAHARAN AFRICA	ON-GOING			26,772.	MED. SUPPL.	FMV
(8)			SUB-SAHARAN AFRICA	ON-GOING			27,268.	MED. SUPPL.	FMV
(9)			SUB-SAHARAN AFRICA	ON-GOING			28,610.	MED. SUPPL.	FMV
(10)			SUB-SAHARAN AFRICA	ON-GOING			29,389.	MED. SUPPL.	FMV
(11)			SUB-SAHARAN AFRICA	ON-GOING			31,965.	MED. SUPPL.	FMV
(12)			SUB-SAHARAN AFRICA	ON-GOING			32,868.	MED. SUPPL.	FMV
(13)			SUB-SAHARAN AFRICA	ON-GOING			33,098.	MED. SUPPL.	FMV
(14)			SUB-SAHARAN AFRICA	ON-GOING			33,673.	MED. SUPPL.	FMV
(15)			SUB-SAHARAN AFRICA	ON-GOING			35,442.	MED. SUPPL.	FMV
(16)			SUB-SAHARAN AFRICA	ON-GOING			37,663.	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			38,144.	MED. SUPPL.	FMV
(2)			SUB-SAHARAN AFRICA	ON-GOING			38,929.	MED. SUPPL.	FMV
(3)			SUB-SAHARAN AFRICA	ON-GOING			40,962.	MED. SUPPL.	FMV
(4)			SUB-SAHARAN AFRICA	ON-GOING			41,703.	MED. SUPPL.	FMV
(5)			SUB-SAHARAN AFRICA	ON-GOING			42,387.	MED. SUPPL.	FMV
(6)			SUB-SAHARAN AFRICA	ON-GOING			42,429.	MED. SUPPL.	FMV
(7)			SUB-SAHARAN AFRICA	ON-GOING			43,184.	MED. SUPPL.	FMV
(8)			SUB-SAHARAN AFRICA	ON-GOING			43,973.	MED. SUPPL.	FMV
(9)			SUB-SAHARAN AFRICA	ON-GOING			45,424.	MED. SUPPL.	FMV
(10)			SUB-SAHARAN AFRICA	ON-GOING			48,849.	MED. SUPPL.	FMV
(11)			SUB-SAHARAN AFRICA	ON-GOING			49,497.	MED. SUPPL.	FMV
(12)			SUB-SAHARAN AFRICA	ON-GOING			49,695.	MED. SUPPL.	FMV
(13)			SUB-SAHARAN AFRICA	ON-GOING			51,956.	MED. SUPPL.	FMV
(14)			SUB-SAHARAN AFRICA	ON-GOING			53,048.	MED. SUPPL.	FMV
(15)			SUB-SAHARAN AFRICA	ON-GOING			53,980.	MED. SUPPL.	FMV
(16)			SUB-SAHARAN AFRICA	ON-GOING			60,650.	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			61,420.	MED. SUPPL.	FMV
(2)			SUB-SAHARAN AFRICA	ON-GOING			62,156.	MED. SUPPL.	FMV
(3)			SUB-SAHARAN AFRICA	ON-GOING			62,861.	MED. SUPPL.	FMV
(4)			SUB-SAHARAN AFRICA	ON-GOING			63,013.	MED. SUPPL.	FMV
(5)			SUB-SAHARAN AFRICA	ON-GOING			64,802.	MED. SUPPL.	FMV
(6)			SUB-SAHARAN AFRICA	ON-GOING			64,908.	MED. SUPPL.	FMV
(7)			SUB-SAHARAN AFRICA	ON-GOING			67,001.	MED. SUPPL.	FMV
(8)			SUB-SAHARAN AFRICA	ON-GOING			67,782.	MED. SUPPL.	FMV
(9)			SUB-SAHARAN AFRICA	ON-GOING			69,097.	MED. SUPPL.	FMV
(10)			SUB-SAHARAN AFRICA	ON-GOING			71,052.	MED. SUPPL.	FMV
(11)			SUB-SAHARAN AFRICA	ON-GOING			73,159.	MED. SUPPL.	FMV
(12)			SUB-SAHARAN AFRICA	ON-GOING			73,691.	MED. SUPPL.	FMV
(13)			SUB-SAHARAN AFRICA	ON-GOING			75,101.	MED. SUPPL.	FMV
(14)			SUB-SAHARAN AFRICA	ON-GOING			75,438.	MED. SUPPL.	FMV
(15)			SUB-SAHARAN AFRICA	ON-GOING			76,491.	MED. SUPPL.	FMV
(16)			SUB-SAHARAN AFRICA	ON-GOING			76,816.	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			80,554.	MED. SUPPL.	FMV
(2)			SUB-SAHARAN AFRICA	ON-GOING			80,893.	MED. SUPPL.	FMV
(3)			SUB-SAHARAN AFRICA	ON-GOING			80,895.	MED. SUPPL.	FMV
(4)			SUB-SAHARAN AFRICA	ON-GOING			80,971.	MED. SUPPL.	FMV
(5)			SUB-SAHARAN AFRICA	ON-GOING			82,267.	MED. SUPPL.	FMV
(6)			SUB-SAHARAN AFRICA	ON-GOING			83,854.	MED. SUPPL.	FMV
(7)			SUB-SAHARAN AFRICA	ON-GOING			84,238.	MED. SUPPL.	FMV
(8)			SUB-SAHARAN AFRICA	ON-GOING			84,867.	MED. SUPPL.	FMV
(9)			SUB-SAHARAN AFRICA	ON-GOING			88,206.	MED. SUPPL.	FMV
(10)			SUB-SAHARAN AFRICA	ON-GOING			91,071.	MED. SUPPL.	FMV
(11)			SUB-SAHARAN AFRICA	ON-GOING			93,853.	MED. SUPPL.	FMV
(12)			SUB-SAHARAN AFRICA	ON-GOING			94,248.	MED. SUPPL.	FMV
(13)			SUB-SAHARAN AFRICA	ON-GOING			94,674.	MED. SUPPL.	FMV
(14)			SUB-SAHARAN AFRICA	ON-GOING			95,958.	MED. SUPPL.	FMV
(15)			SUB-SAHARAN AFRICA	ON-GOING			98,694.	MED. SUPPL.	FMV
(16)			SUB-SAHARAN AFRICA	ON-GOING			103,621.	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			103,944.	MED. SUPPL.	FMV
(2)			SUB-SAHARAN AFRICA	ON-GOING			110,030.	MED. SUPPL.	FMV
(3)			SUB-SAHARAN AFRICA	ON-GOING			111,133.	MED. SUPPL.	FMV
(4)			SUB-SAHARAN AFRICA	ON-GOING			118,365.	MED. SUPPL.	FMV
(5)			SUB-SAHARAN AFRICA	ON-GOING			124,625.	MED. SUPPL.	FMV
(6)			SUB-SAHARAN AFRICA	ON-GOING			126,559.	MED. SUPPL.	FMV
(7)			SUB-SAHARAN AFRICA	ON-GOING			126,621.	MED. SUPPL.	FMV
(8)			SUB-SAHARAN AFRICA	ON-GOING			128,271.	MED. SUPPL.	FMV
(9)			SUB-SAHARAN AFRICA	ON-GOING			134,575.	MED. SUPPL.	FMV
(10)			SUB-SAHARAN AFRICA	ON-GOING			141,063.	MED. SUPPL.	FMV
(11)			SUB-SAHARAN AFRICA	ON-GOING			143,466.	MED. SUPPL.	FMV
(12)			SUB-SAHARAN AFRICA	ON-GOING			144,167.	MED. SUPPL.	FMV
(13)			SUB-SAHARAN AFRICA	ON-GOING			144,920.	MED. SUPPL.	FMV
(14)			SUB-SAHARAN AFRICA	ON-GOING			145,753.	MED. SUPPL.	FMV
(15)			SUB-SAHARAN AFRICA	ON-GOING			147,047.	MED. SUPPL.	FMV
(16)			SUB-SAHARAN AFRICA	ON-GOING			147,049.	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			149,804.	MED. SUPPL.	FMV
(2)			SUB-SAHARAN AFRICA	ON-GOING			152,857.	MED. SUPPL.	FMV
(3)			SUB-SAHARAN AFRICA	ON-GOING			161,358.	MED. SUPPL.	FMV
(4)			SUB-SAHARAN AFRICA	ON-GOING			162,817.	MED. SUPPL.	FMV
(5)			SUB-SAHARAN AFRICA	ON-GOING			164,293.	MED. SUPPL.	FMV
(6)			SUB-SAHARAN AFRICA	ON-GOING			164,485.	MED. SUPPL.	FMV
(7)			SUB-SAHARAN AFRICA	ON-GOING			164,770.	MED. SUPPL.	FMV
(8)			SUB-SAHARAN AFRICA	ON-GOING			165,890.	MED. SUPPL.	FMV
(9)			SUB-SAHARAN AFRICA	ON-GOING			173,431.	MED. SUPPL.	FMV
(10)			SUB-SAHARAN AFRICA	ON-GOING			182,716.	MED. SUPPL.	FMV
(11)			SUB-SAHARAN AFRICA	ON-GOING			183,195.	MED. SUPPL.	FMV
(12)			SUB-SAHARAN AFRICA	ON-GOING			183,420.	MED. SUPPL.	FMV
(13)			SUB-SAHARAN AFRICA	ON-GOING			193,636.	MED. SUPPL.	FMV
(14)			SUB-SAHARAN AFRICA	ON-GOING			194,027.	MED. SUPPL.	FMV
(15)			SUB-SAHARAN AFRICA	ON-GOING			195,588.	MED. SUPPL.	FMV
(16)			SUB-SAHARAN AFRICA	ON-GOING			215,307.	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			232,289.	MED. SUPPL.	FMV
(2)			SUB-SAHARAN AFRICA	ON-GOING			238,653.	MED. SUPPL.	FMV
(3)			SUB-SAHARAN AFRICA	ON-GOING			251,541.	MED. SUPPL.	FMV
(4)			SUB-SAHARAN AFRICA	ON-GOING			256,114.	MED. SUPPL.	FMV
(5)			SUB-SAHARAN AFRICA	ON-GOING			256,879.	MED. SUPPL.	FMV
(6)			SUB-SAHARAN AFRICA	ON-GOING			269,636.	MED. SUPPL.	FMV
(7)			SUB-SAHARAN AFRICA	ON-GOING			288,827.	MED. SUPPL.	FMV
(8)			SUB-SAHARAN AFRICA	ON-GOING			290,453.	MED. SUPPL.	FMV
(9)			SUB-SAHARAN AFRICA	ON-GOING			315,456.	MED. SUPPL.	FMV
(10)			SUB-SAHARAN AFRICA	ON-GOING			324,799.	MED. SUPPL.	FMV
(11)			SUB-SAHARAN AFRICA	ON-GOING			368,147.	MED. SUPPL.	FMV
(12)			SUB-SAHARAN AFRICA	ON-GOING			386,041.	MED. SUPPL.	FMV
(13)			SUB-SAHARAN AFRICA	ON-GOING			398,725.	MED. SUPPL.	FMV
(14)			SUB-SAHARAN AFRICA	ON-GOING			441,822.	MED. SUPPL.	FMV
(15)			SUB-SAHARAN AFRICA	ON-GOING			454,621.	MED. SUPPL.	FMV
(16)			SUB-SAHARAN AFRICA	ON-GOING			621,663.	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			811,678.	MED. SUPPL.	FMV
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **673.**

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; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

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)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for the latest instructions.

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				22,597,933.	1,969,321.	20,628,612.

- 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	3,198,320.		3,198,320.
	2	Less: Contributions	3,046,320.		3,046,320.
	3	Gross income (line 1 minus line 2)	152,000.		152,000.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	154,870.		154,870.
	7	Food and beverages	144,071.		144,071.
	8	Entertainment	237,144.		237,144.
	9	Other direct expenses	207,646.		207,646.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-591,731.

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 2018, IN ADDITION TO THE CONSULTING FEES LISTED IN SCHEDULE G, PART I, AMERICARES PAID OTHER NON-CONSULTING FUNDRAISING EXPENSES TO TELEFUND, INC. OF \$1,422.

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			
THE HARRINGTON AGENCY 329 DICKINSON AVE. SWARTHMORE PA 19081	FUNDRAISING COUNSEL		X	22,588,250.	1,960,999.	20,627,251.
TELEFUND, INC. 186 LINCOLN STREET, STE. 100 BOSTON MA 02111	PROF'L SOLICITOR		X	9,683.	8,322.	1,361.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

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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.

▶ Go to www.irs.gov/Form990 for the latest information.

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) A COMMUNITY CLINIC, INC 344 MARKET ST. SUNBURY, PA 17801	20-4051982	501(C)(3)		30,879.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) A PROMISE TO HELP 1332 WINOLA LN. BIRMINGHAM, AL 35235	26-4401185	501(C)(3)		33,086.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) ABILENE-TAYLOR COUNTY PUBLIC HEALTH DISTRICT 850 N. 6TH ST. ABILENE, TX 79601	75-6000440	115		392,044.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) ACCESS HEALTH, INC. PO BOX 47 BAR MILLS, ME 04004	01-0757566	501(C)(3)		86,112.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) ADVANTAGE BEHAVIORAL HEALTH SYSTEMS 240 MITCHELL BRIDGE RD ATHENS, GA 30606	58-2112427	OTHER		620,075.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) AGAPE CLINIC 4104 JUNIUS ST. DALLAS, TX 75246	14-1847977	501(C)(3)		4,340,897.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) ALABAMA FREE CLINIC 212 COURTHOUSE SQ. BAY MINETTE, AL 36507	63-1247879	501(C)(3)		522,202.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) AMERICAN ACADEMY OF PEDIATRICS CESAR GONZALEZ 151 SAN JUAN, PR 00918	66-0556540	501(C)(3)		79,046.	FMV	MEDICAL SUPPLIES	EMERGENCY
(9) AMERICARES FREE CLINIC OF BRIDGEPORT 115 HIGHLAND AVE. BRIDGEPORT, CT 06604	06-1422741	501(C)(3)		494,102.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) AMERICARES FREE CLINIC OF DANBURY 76 WEST ST. DANBURY, CT 06810	06-1422741	501(C)(3)		1,051,516.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) AMERICARES FREE CLINIC OF NORWALK 98 S. MAIN ST. NORWALK, CT 06854	06-1422741	501(C)(3)		448,731.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) AMERICARES FREE CLINIC OF STAMFORD 88 HAMILTON AVE. STAMFORD, CT 06902	06-1422741	501(C)(3)		445,082.	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) (2017)

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Name of the organization

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06-1008595

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

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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) AMISTAD COMMUNITY HEALTH CENTER 1533 S. BROWNLEE CORPUS CHRISTI, TX 78404	20-3008507	501(C)(3)		141,029.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) AMISTAD COMMUNITY HEALTH CENTER 1533 S. BROWNLEE CORPUS CHRISTI, TX 78404	20-3008507	501(C)(3)		26,323.	FMV	MEDICAL SUPPLIES	EMERGENCY
(3) ANCHOR MENTAL HEALTH, INC. 1001 LAWRENCE ST., NE WASHINGTON, DC 20017	52-0824835	501(C)(3)		206,252.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) ANDERSON FREE CLINIC 414 N FANT ST ANDERSON, SC 29621	57-0787584	501(C)(3)		57,440.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) ANDREWS CENTER 2323 WEST FRONT ST. TYLER, TX 75702	75-1281410	501(C)(3)		506,263.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) ANGELS COMMUNITY CLINIC 1005 POPLAR ST. MURRAY, KY 42071	62-1777249	501(C)(3)		43,993.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) ARCHWAYS, INC 919 NE 13TH ST. FORT LAUDERDALE, FL 33304	59-2341993	501(C)(3)		7,928.	FMV	MEDICAL SUPPLIES	EMERGENCY
(8) ARIZONA BLEEDING DISORDERS HEALTH AND WELLN 821 N. 5TH AVE. PHOENIX, AZ 85003	46-5198550	OTHER		8,410.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) ARLINGTON FREE CLINIC 2921 S. 11TH ST. ARLINGTON, VA 22204	54-1671883	501(C)(3)		99,093.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) ARTHUR NAGEL COMMUNITY CLINIC 1116 12TH ST BANDERA, TX 78003	77-0697361	501(C)(3)		102,705.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) ARUBAH COMMUNITY CLINIC 1021 W. MAIN ST COLLINSVILLE, OK 74021	27-3865132	501(C)(3)		14,587.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) ASIAN & PACIFIC ISLANDER WELLNESS CENTER 726 POLK ST. SAN FRANCISCO, CA 94109	94-3096109	501(C)(3)		380,927.	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) (2017)

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

Part II Grants and Other Assistance to 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) ASOCIACION DE SALUD PRIMARIA DE PUERTO RICO 400 AVE AMERICO MIR. SAN JUAN, PR 00927	66-0419912	501(C)(3)		9,374,290.	FMV	MEDICAL SUPPLIES	EMERGENCY
(2) ATHENS NURSES CLINIC PO BOX 1732 ATHENS, GA 30601	58-2490925	501(C)(3)		169,736.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) ATLANTIC MEDICAL CENTER HWY #2 KM 57.8 BARCELONETA, PR 00617	66-0426667	501(C)(3)		21,403.	FMV	MEDICAL SUPPLIES	EMERGENCY
(4) AUGUSTA REGIONAL FREE CLINIC 342 MULE ACADEMY RD. FISHERSVILLE, VA 22939	54-1651896	501(C)(3)		22,799.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) AUNT MARTHA'S COMMUNITY HEALTH CARE 19990 GOV. HWY OLYMPIA FIELDS, IL 60491	23-7188150	501(C)(3)		6,603.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) AUSTIN TRAVIS COUNTY INTEGRAL CARE/INTEGRAL 1631 EAST 2ND ST. AUSTIN, TX 78702	74-1547909	501(C)(3)		37,327.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) AUSTIN TRAVIS COUNTY INTEGRAL CARE/INTEGRAL 1631 EAST 2ND ST. AUSTIN, TX 78702	74-1547909	501(C)(3)		34,382.	FMV	MEDICAL SUPPLIES	EMERGENCY
(8) AVENAL COMMUNITY HEALTH CENTER 405 WEST D ST LEMOORE, CA 93245	77-0425496	501(C)(3)		21,568.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) AVICENNA COMMUNITY HEALTH CENTER PO BOX 218 URBANA, IL 61803	27-0267757	501(C)(3)		21,127.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) AVITA COMMUNITY PARTNERS 4331 THURMON TAN. FLOWERY BRANCH, GA 30542	58-2109706	115		222,211.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) AZ PACH 2902 W CLARENDON AVE PHOENIX, AZ 85017	46-0650798	501(C)(3)		862,271.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) AZZARELLI OUTREACH CLINIC 341 N ST JOSEPH AVE KANKAKEE, IL 60901	36-2312493	501(C)(3)		197,971.	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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Name of the organization

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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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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) BAPTIST HEALTH FOLLOW UP CARE 151 NW 11TH ST. #202B HOMESTEAD, FL 33030	20-5155995	501(C)(3)		461,789.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) BAPTIST HOSPITAL OF SOUTHEAST TEXAS 810 HOSPITAL DR. BEAUMONT, TX 77701	74-1303730	501(C)(3)		193,045.	FMV	MEDICAL SUPPLIES	EMERGENCY
(3) BAPTIST MISSION CENTER 2125 EXCHANGE AVE OKLAHOMA CITY, OK 73108	73-0644143	501(C)(3)		127,727.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) BARTZ-ALTADONNA COMMUNITY HEALTH CENTER 43322 GINGHAM AVE LANCASTER, CA 93535	27-3261289	501(C)(3)		335,937.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) BATON ROUGE PRIMARY CARE COLLABORATIVE, INC 2013 CENTRAL RD. BATON ROUGE, LA 70807	41-2114148	501(C)(3)		15,367.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) BAYLOR S&W COMMUNITY CARE CLINIC - GARLAND 601 CLARA BARTON BLVD GARLAND, TX 75042	75-2536818	501(C)(3)		459,183.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) BAYOUCLINIC, INC. 13833 TAPIA BAYOU LA BATRE, AL 36509-2515	63-1270951	501(C)(3)		91,000.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) BEACON CLINIC FOR HEALTH AND HOPE 248 SENECA ST. (REAR) HARRISBURG, PA 17110	46-3507570	501(C)(3)		20,254.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) BEERSHEBA SPRINGS MEDICAL CLINIC PO BOX 112 BEERSHEBA SPRINGS, TN 37305	26-4579813	501(C)(3)		444,184.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) BEHAVIORAL HEALTH SERVICES OF S. GEORGIA 3120 B N. OAK ST. VALDOSTA, GA 31602	58-2107483	OTHER		352,194.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) BETHESDA COMMUNITY CLINIC, INC 111 MOUNTAIN BROOK DR CANTON, GA 30115	27-4923001	501(C)(3)		230,586.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) BETHESDA HEALTH CLINIC 409 WEST FERGUSON TYLER, TX 75702	26-0036674	501(C)(3)		730,729.	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) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**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.

▶ Go to www.irs.gov/Form990 for the latest information.

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) BLACK HAWK GRUNDY MENTAL HEALTH CENTER 3251 WEST 9TH ST. WATERLOO, IA 50702	42-0733463	501(C)(3)		113,627.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) BLUEBONNET TRAILS COMMUNITY SERVICES 1009 N. GEORGETOWN ST. ROUND ROCK, TX 78664	74-2795332	501(C)(3)		220,126.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) BOLINGBROOK CHRISTIAN HEALTH CENTER 151 E BRIARCLIFF RD BOLINGBROOK, IL 60440	36-4401468	501(C)(3)		694,947.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) BREAD OF HEALING CLINIC 1821 N 16TH ST MILWAUKEE, WI 53205	81-0669867	501(C)(3)		708,142.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) BRIDGES TO HEALTH 1251 W. KEM RD. MARION, IN 46952	20-5405181	501(C)(3)		53,514.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) BRD. ST. CLINIC 534 N. 35TH ST. MOREHEAD CITY, NC 28557	56-1853604	501(C)(3)		16,868.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) BROCK HUGHES FREE CLINIC, INC. 450 W MONROE ST WYTHEVILLE, VA 24382	20-2353144	501(C)(3)		148,667.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) BROWARD COMMUNITY & FAMILY HEALTH CENTERS 6015 WASHINGTON ST. HOLLYWOOD, FL 33023	59-3489664	501(C)(3)		671,639.	FMV	MEDICAL SUPPLIES	EMERGENCY
(9) BROWARD COMMUNITY & FAMILY HEALTH CENTERS 6015 WASHINGTON ST. HOLLYWOOD, FL 33023	59-3489664	501(C)(3)		37,685.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) BROWARD HEALTH N. HOSPITAL RETAIL PHARMACY 201 E SAMPLE RD. DEERFIELD BEACH, FL 33064	59-6012065	501(C)(3)		75,279.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) BROWNSVILLE COMMUNITY HEALTH CENTER 191 EAST PRICE RD. BROWNSVILLE, TX 78521	74-2176836	501(C)(3)		71,555.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) BROWNSVILLE COMMUNITY HEALTH CENTER 191 EAST PRICE RD. BROWNSVILLE, TX 78521	74-2176836	501(C)(3)		5,729.	FMV	MEDICAL SUPPLIES	EMERGENCY

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(1) BUDDHIST TZU CHI MEDICAL CENTER 1000 S. GARFIELD ALHAMBRA, CA 91801	95-4457939	501(C)(3)		455,987.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) BUTLER COUNTY HEALTH DEPARTMENT 1619 N. MAIN ST. POPLAR BLUFF, MO 63901	43-1070380	115		45,847.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) C.H.A.N.G.E. 37 KNOLLWOOD DR. SHREWSBURY, MA 01545	22-2905321	501(C)(3)		821,148.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) CABRINI CLINIC 1234 PORTER ST. DETROIT, MI 48226	38-3129349	501(C)(3)		172,185.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) CACHE VALLEY COMMUNITY HEALTH CENTER 1515 N 400 E SUITE 104 N.LOGAN, UT 84341	81-0587644	501(C)(3)		733,774.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) CACHE VALLEY COMMUNITY HEALTH CENTER - LOGA 944 S STATE HWY 91 LOGAN, UT 84321	81-0587644	501(C)(3)		276,902.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) CACHE VALLEY COMMUNITY HEALTH CENTER- S. 26 WEST MAIN STE 3A HYRUM, UT 84319	81-0587644	501(C)(3)		757,339.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) CALVARY COMMUNITY CLINIC 3401 E LOUISIANA AVE. TAMPA, FL 33610	47-1252154	501(C)(3)		17,948.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) CAMILLUS HEALTH CONCERN 336 NW 5TH ST MIAMI, FL 33128	65-0063921	501(C)(3)		1,849,491.	FMV	MEDICAL SUPPLIES	EMERGENCY
(10) CAMILLUS HEALTH CONCERN 336 NW 5TH ST MIAMI, FL 33128	65-0063921	501(C)(3)		376,255.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) CAMINO COMMUNITY DEVELOPMENT CORPORATION IN 133 STETSON DR. CHARLOTTE, NC 28262	56-2015959	501(C)(3)		75,582.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) CAMP FROZEN CHOSEN - ALASKA HEMOPHILIA ASSO 3851 PIPER ST. ANCHORAGE, AK 99508	94-3143226	501(C)(3)		47,882.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) CAMP HONOR 826 N 5TH AVE PHOENIX, AZ 85003	86-0209257	501(C)(3)		127,036.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) CAMP INDEPENDENT FIREFLY 3121S MD PKWY STE 206 LAS VEGAS, NV 89109	26-0286469	501(C)(3)		55,528.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) CAMP TAPAWINGO 707 SW GAINES ST RM 1133 PORTLAND, OR 97239	93-0551733	501(C)(3)		143,045.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) CANYON COUNTY COMMUNITY CLINIC 524 CLEVELAND BLVD. CALDWELL, ID 83605	26-4195171	501(C)(3)		339,673.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) CAPE VOLUNTEERS IN MEDICINE, INC 423 N. RTE 9 CAPE MAY COURT HOUSE, NJ 08210	52-2257585	501(C)(3)		127,096.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) CAPITAL AREA HEALTHNETWORK N.SIDE MEDICAL CTR. RICHMOND, VA 23222	54-1884190	501(C)(3)		138,168.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) CAPITAL CITY RESCUE MISSION FREE CLINIC 259 S. PEARL ST ALBANY, NY 12202	56-2663290	501(C)(3)		498,066.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) CARE ALLIANCE HEALTH CENTER 1530 ST. CLAIR AVE CLEVELAND, OH 44114	34-1748776	501(C)(3)		8,623.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) CARIDAD CENTER 8645 BOYNTON BEACH BOYNTON BEACH, FL 33472	65-0149423	501(C)(3)		22,456.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) CARING HEARTS FREE CLINIC 835 WOODLAND DR. STUART, VA 24171	14-1909014	501(C)(3)		355,896.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) CARING PLACE CLINIC 901 W BRD. ST MANSFIELD, TX 76063	27-0537258	501(C)(3)		66,811.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) CARROLL COUNTY HEALTH DEPARTMENT 101 WEST MAIN ST DELPHI, IN 46923	35-6000130	501(C)(3)		165,524.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) CASA EL BUEN SAMARITANO PO BOX 20487 HOUSTON, TX 77225	37-1546805	501(C)(3)		32,267.	FMV	MEDICAL SUPPLIES	EMERGENCY
(2) CASS COUNTY MENTAL HEALTH ASSOCIATION 121 EAST 2ND ST. BEARDSTOWN, IL 62618	23-7244801	501(C)(3)		36,606.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) CATHERINE MCAULEY CLINIC 5530 HOHMAN AVE. HAMMOND, IN 46320	35-1835133	501(C)(3)		39,686.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) CATHOLIC CHARITIES - CROSSRD.S ALLIANCE 3010 NE 24TH ST. OCALA, FL 34470	53-0196620	501(C)(3)		18,164.	FMV	MEDICAL SUPPLIES	EMERGENCY
(5) CENTER FOR FAMILY HEALTH AND EDUCATION 8727 VAN NUYS BLVD PANORAMA CITY, CA 91402	27-0224623	501(C)(3)		108,638.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) CENTER FOR HEALTHY HEARTS 1200 WEST CARY ST. RICHMOND, VA 23220	52-1303481	501(C)(3)		6,439.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) CENTER FOR PHARMACY CARE 1000 FIFTH AVE. PITTSBURGH, PA 15282	25-1035663	501(C)(3)		6,487.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) CENTRE VOLUNTEERS IN MEDICINE 2520 GREEN TECH DR STATE COLLEGE, PA 16803	25-1897969	501(C)(3)		140,972.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) CENTRO DE SALUD FAMILIAR DR JULIO PALMIERI CALLE MORSE EZQUINA VAL. ARROYO, PR 00714	66-0496484	501(C)(3)		40,512.	FMV	MEDICAL SUPPLIES	EMERGENCY
(10) CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE P CALLE RIEFKHOL 99 PATILLAS, PR 00723	66-0428922	501(C)(3)		69,395.	FMV	MEDICAL SUPPLIES	EMERGENCY
(11) CENTRO SAN VICENTE 8061 ALAMEDA AVE. EL PASO, TX 79915	74-2505561	501(C)(3)		24,720.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) CHARITABLE PHARMACY OF CENTRAL OHIO 200 E. LIVINGSTON AVE COLUMBUS, OH 43215	27-0147099	501(C)(3)		132,464.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) CHARLOTTE COMMUNITY HEALTH CLINIC 8401 MEDICAL PLAZA DR CHARLOTTE, NC 28262	56-2274174	501(C)(3)		35,527.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) CHAUTAUQUA HEALTHCARE SERVICES 3686 US HWY 331 DEFUNIAK SPRINGS, FL 32435	59-1469145	501(C)(3)		54,811.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) CHCGD_EAST DAYTON HEALTH CENTER 2132 E. THIRD ST DAYTON, OH 45403	26-1253235	501(C)(3)		103,080.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) CHILDREN AND COMMUNITY HEALTH CENTER 120 S. CENTRAL EXP. MCKINNEY, TX 75072	20-0637782	501(C)(3)		85,759.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) CHIPPEWA VALLEY FREE CLINIC 816 PORTER AVE EAU CLAIRE, WI 54701	39-1840231	501(C)(3)		228,658.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) CHI-ST. VINCENT INTERFAITH CLINIC 830 N. CREEK CONWAY, AR 72032	71-0830696	501(C)(3)		979,539.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) CHRIST CLINIC 25722 KINGSLAND BLVD. KATY, TX 77494	90-0789318	501(C)(3)		451,230.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) CHRIST CLINIC 25722 KINGSLAND BLVD. KATY, TX 77494	90-0789318	501(C)(3)		351,047.	FMV	MEDICAL SUPPLIES	EMERGENCY
(9) CHRISTIAN HEALTH CENTER 1115 FAIRVIEW CAMDEN, AR 71701	71-0804142	501(C)(3)		119,382.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) CHRISTUS SPOHN HEALTH SYSTEM 600 ELIZABETH ST. CORPUS CHRISTI, TX 78404	74-1109836	501(C)(3)		97,825.	FMV	MEDICAL SUPPLIES	EMERGENCY
(11) CHURCH HEALTH SERVICES 115 N CENTER ST. BEAVER DAM, WI 53916	39-1759669	501(C)(3)		265,335.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) CHURCH HILL FREE CLINIC PO BOX 166 CHURCH HILL, TN 37642	62-1391365	501(C)(3)		192,134.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) CIRCLE HEALTH SERVICES 12201 EUCLID AVE CLEVELAND, OH 44106	23-7078501	501(C)(3)		519,153.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) CITRUS HEALTH NETWORK, INC. 4175 W 20 AVE. HIALEAH, FL 33012	59-1865751	501(C)(3)		6,912.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) CITY ON A HILL MINISTRIES HEALTH CLINIC 100 S. PINE ST STE. 140 ZEELAND, MI 49464	20-3901260	501(C)(3)		9,339.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) CITY SQ. 2835 AL LIPSCOMB WAY DALLAS, TX 75215	79-2332948	501(C)(3)		64,639.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) CL BRUMBACK PRIMARY CARE CLINICS 2601 10TH AVE N PALM SPRINGS, FL 33461	45-5591655	501(C)(3)		14,306.	FMV	MEDICAL SUPPLIES	EMERGENCY
(6) CLAY BEHAVIORAL HEALTH CENTER 1726 KINGSLEY AVE. ORANGE PARK, FL 32073	59-2219317	501(C)(3)		1,183,991.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) CLEARWATER FREE CLINIC 707 HARRISON AVE. CLEARWATER, FL 33755	59-1852871	501(C)(3)		228,576.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) CLEVELAND COUNTY HEALTH DEPARTMENT 200 S POST RD SHELBY, NC 28152	56-6000288	115		676,660.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) CLINIC BY THE BAY 4877 MISSION ST. SAN FRANCISCO, CA 94112	26-2593712	501(C)(3)		5,142.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) CMAP EXPRESS 1101 4TH ST. ALEXANDRIA, LA 71301	02-0751416	501(C)(3)		10,293.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) COASTAL BEND WELLNESS FOUNDATION 5633 S.STAPLES ST. CORPUS CHRISTI, TX 78411	74-2429518	501(C)(3)		1,074,557.	FMV	MEDICAL SUPPLIES	EMERGENCY
(12) COMCARE OF SEDGWICK COUNTY 934 N. WATER WICHITA, KS 67203	48-6000798	115		343,302.	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) COMMUNITY CARE CENTER FOR FORSYTH CO. INC. 2135 NEW WALKERTOWN WINSTON SALEM, NC 27101	58-1403699	501(C)(3)		850,493.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) COMMUNITY CARE CLINIC 608 E GARFIELD AVE GETTYSBURG, SD 57442	46-0396683	501(C)(3)		18,271.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) COMMUNITY CARE CLINIC OF DARE PO BOX 1329 NAGS HEAD, NC 27959	20-2230717	501(C)(3)		17,450.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) COMMUNITY CARE CLINIC OF HIGHLANDS-CASHIERS 52 AUNT DORA DR. HIGHLANDS, NC 28741	65-1251915	501(C)(3)		164,268.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) COMMUNITY CONNECTIONS FREE CLINIC 101 E. FOUNTAIN ST. DODGEVILLE, WI 53533	72-1619112	501(C)(3)		61,884.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) COMMUNITY FREE CLINIC, INC. 249 MILL ST. HAGERSTOWN, MD 21740	52-1772594	501(C)(3)		915,114.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) COMMUNITY HEALTH AND SOCIAL SERVICES CENTER 5635 W FORT ST DETROIT, MI 48209-3154	38-3094394	501(C)(3)		7,859.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) COMMUNITY HEALTH CARE CLINIC 900 N. FRANKLIN NORMAL, IL 61761	37-1316328	501(C)(3)		258,541.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS 3011 MICHIGAN ST. PITTSBURG, KS 66762	75-3003364	501(C)(3)		9,165.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) COMMUNITY HEALTH CENTERS, INC. 12716 N.E. 36TH ST. SPENCER, OK 73084	73-0930123	501(C)(3)		194,341.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) COMMUNITY HEALTH CLINIC OF HARDIN & LARUE C 1113 WOODLAND DR. ELIZABETHTOWN, KY 42701	30-0042070	501(C)(3)		288,423.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) COMMUNITY HEALTH CLINIC OF JOPLIN 701 S. JOPLIN AVE JOPLIN, MO 64801	43-1643962	501(C)(3)		23,050.	FMV	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**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.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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(1) COMMUNITY HEALTH IMPROVEMENT CENTER 320 E CENTRAL AVE DECATUR, IL 62521	37-0961830	501(C)(3)		591,227.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) COMMUNITY HEALTH OF S. FLORIDA INC 10300 SW 216TH ST. MIAMI, FL 33190	53-1372690	501(C)(3)		38,053.	FMV	MEDICAL SUPPLIES	EMERGENCY
(3) COMMUNITY HEALTH SERVICE INC 1113 W 11TH ST GRAFTON, ND 58237	41-1000060	501(C)(3)		565,182.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) COMMUNITY HEALTH SERVICES OF UNION COUNTY I 1338-C EAST SUNSET DR. MONROE, NC 28112	46-0495947	501(C)(3)		116,564.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) COMMUNITY HEALTH SERVICES, INC COMM. HLTH. SVCS. INC. MORRHEAD, MN 56560	41-1000060	501(C)(3)		125,843.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) COMMUNITY HEALTH-IN-PARTNERSHIP SERVICES (C) CHIPS HLTH&WELL. CTR SAINT LOUIS, MO 63106	43-1589851	501(C)(3)		440,135.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) COMMUNITY HEALTHWORX 1543 MCGINNIS ST. ALEXANDRIA, LA 71301	72-1444312	501(C)(3)		5,135.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) COMMUNITY HELPING HANDS HEALTH CLINIC 34-C COURTHOUSE SQ. CLEVELAND, GA 30528	64-0950194	501(C)(3)		366,724.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) COMMUNITY HELPING PLACE FREE MEDICAL CLINIC 56 CAMP GLISSON RD. DAHLONEGA, GA 30533	37-1554432	501(C)(3)		135,627.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) COMMUNITY MEDICAL CLINIC OF KERSHAW COUNTY 110 C EAST DEKALB ST. CAMDEN, SC 29021	57-1074191	501(C)(3)		19,071.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) COMMUNITY MEDICAL WELLNESS CENTERS 1360 E. ANAHEIM ST. LONG BEACH, CA 90813	45-2424322	501(C)(3)		67,808.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) COMMUNITY MEDICINE FOUNDATION 1131 SALUDA ST. ROCK HILL, SC 29730-5776	57-0891008	501(C)(3)		274,077.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) COMMUNITY MENTAL HEALTH AFFILIATES, INC. CMHA NEW BRITAIN, CT 06051	06-0934544	501(C)(3)		9,549.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) COMMUNITY VOLUNTEERS IN MEDICINE 300B LAWRENCE DR. WEST CHESTER, PA 19380	23-2944553	501(C)(3)		288,358.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) COMMUNITYCARE HC - CENTRAL TX CHC DBA 2901 MONTOPOLIS DR AUSTIN, TX 78741	55-0853118	501(C)(3)		5,729.	FMV	MEDICAL SUPPLIES	EMERGENCY
(4) COMMUNITYHEALTH 2611 W. CHICAGO AVE. CHICAGO, IL 60622	36-3931793	501(C)(3)		22,169.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) COMPASSION CONNECT INC. 18040 SW ALEXANDER ST BEAVERTON, OR 97003	26-2304524	501(C)(3)		11,090.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) COMPASSIONATE CARE OF SHELBY COUNTY, INC. 124 N. OHIO AVE SIDNEY, OH 45365	20-8479583	501(C)(3)		396,771.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) CONCILIO DE SALUD INTEGRAL DE LOIZA CARR. 187, INTERSECCION 188 LOIZA, PR 00772	23-7259899	501(C)(3)		27,163.	FMV	MEDICAL SUPPLIES	EMERGENCY
(8) COOPERATIVE CHRISTIAN MINISTRIES AND CLINIC 133 ARBOR ST. HOT SPRINGS, AR 71901	62-1671396	501(C)(3)		149,063.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) COOS COUNTY FAMILY HEALTH SERVICES CCFHS BERLIN, NH 03570	02-0350051	501(C)(3)		115,945.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) CORNERSTONE FAMILY HEALTHCARE 2570 ROUTE 9W CORNWALL, NY 12518	06-1036715	501(C)(3)		19,899.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) CORNERSTONE MONTGOMERY INC. 2 TAFT COURT ROCKVILLE, MD 20851	52-0937199	501(C)(3)		473,561.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) CORPORACION DE SERVICIOS MEDICOS PRIMARIOS PO BOX 907 HATILLO, PR 00659	66-0427194	501(C)(3)		90,493.	FMV	MEDICAL SUPPLIES	EMERGENCY

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OMB No. 1545-0047

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(1) CORPORACION DE SERVICIOS MEDICOS PRIMARIOS PO BOX 907 HATILLO, PR 00659	66-0427194	501(C)(3)		48,337.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) CORPORACION SANOS 6-24 CALLE EL TROCHE CAGUAS, PR 00725	66-0671427	501(C)(3)		27,956.	FMV	MEDICAL SUPPLIES	EMERGENCY
(3) CORPUS CHRISTI METRO MINISTRIES 1919 LEOPARD ST. CORPUS CHRISTI, TX 78408	74-2247261	501(C)(3)		417,927.	FMV	MEDICAL SUPPLIES	EMERGENCY
(4) CORPUS CHRISTI METRO MINISTRIES 1919 LEOPARD ST. CORPUS CHRISTI, TX 78408	74-2247261	501(C)(3)		68,547.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) COSSMA, INC. AVE EL JIBARO CARR 172 CIDRA, PR 00739	66-0434923	501(C)(3)		176,708.	FMV	MEDICAL SUPPLIES	EMERGENCY
(6) COSTA SALUD COMMUNITY HEALTH CENTER INC MUPOZ RIVERA #28 RINCON, PR 00677	66-0428488	501(C)(3)		152,231.	FMV	MEDICAL SUPPLIES	EMERGENCY
(7) COVE HOUSE FREE CLINIC 806 E AVE D COPPERAS COVE, TX 76522	74-2764062	501(C)(3)		983,125.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) COVENANT COMMUNITY CARE 559 W. GRAND BLVD. DETROIT, MI 48216	38-3533998	501(C)(3)		49,384.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) COVENANT COMMUNITY CARE 559 W. GRAND BLVD. DETROIT, MI 48216	38-3533998	501(C)(3)		20,947.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) COVENANT HOUSE TEXAS 1111 LOVETT BLVD HOUSTON, TX 77006	76-0050882	501(C)(3)		13,051.	FMV	MEDICAL SUPPLIES	EMERGENCY
(11) COVENANT WITH CHRIST INDIGENT HEALTHCARE 117 S. WILLIAM BARNETT CLEVELAND, TX 77328	77-0719656	501(C)(3)		202,687.	FMV	MEDICAL SUPPLIES	EMERGENCY
(12) COVENANT WITH CHRIST INDIGENT HEALTHCARE 117 S. WILLIAM BARNETT CLEVELAND, TX 77328	77-0719656	501(C)(3)		6,818.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) CPC BEHAVIORAL HEALTHCARE 10 INDUSTRIAL WAY EAST EATONTOWN, NJ 07724	21-0719369	501(C)(3)		99,571.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) CREEKS BEHAVIORAL HEALTH SERVICES 4636 S HARVARD TULSA, OK 74137	73-1108774	501(C)(3)		333,837.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) CRESCENT COMMUNITY CLINIC 5244 COMMERCIAL WAY SPRING HILL, FL 34606	30-0475982	501(C)(3)		606,689.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) CROSS AND CROWN CLINIC 1008 MCKINLEY ST. OKLAHOMA CITY, OK 73106	73-1608071	501(C)(3)		277,178.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) CROSSINGS COMMUNITY CLINIC 10255 N PENN AVE OKLAHOMA CITY, OK 73120	86-1115863	501(C)(3)		297,661.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) CROSSOVER MINISTRY 108 COWARDIN AVE RICHMOND, VA 23224	54-1371067	501(C)(3)		90,560.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) CROSSRD.S CLINIC VOLUNTEERS IN MEDICINE 10714 VETERANS MEM. LAKE ST LOUIS, MO 63367	27-3109107	501(C)(3)		12,333.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) DAVID LAWRENCE CENTER 6075 BATHEY LN. BLDG. B-3 NAPLES, FL 34116	59-2206025	501(C)(3)		56,388.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) DAVIDSON MEDICAL MINISTRIES 420 N SALISBURY ST LEXINGTON, NC 27292	56-1746266	501(C)(3)		808,536.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) DAVIS ST. COMMUNITY CENTER INCORPORATED 3081 TEAGARDEN ST. SAN LEANDRO, CA 94577	94-3121699	501(C)(3)		67,078.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) DELTA HEALTH ALLIANCE/LELAND MEDICAL CLINIC P.O. BOX 277 LELAND, MS 38776	64-0892954	501(C)(3)		21,729.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) DENTON COUNTY MHMR 2519 SCRIPTURE ST DENTON, TX 76201	75-1368151	501(C)(3)		466,672.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) DEO CLINIC P. O. BOX 814 DALTON, GA 30722	46-0789000	501(C)(3)		394,725.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) DEPARTAMENTO DE SALUD CENTRO MEDICO SAN JUAN, PR 00921		115		7,253,083.	FMV	MEDICAL SUPPLIES	EMERGENCY
(3) DILLON COUNTY FREE MEDICAL CLINIC 310 E WASHINGTON ST DILLON, SC 29536	36-4669012	501(C)(3)		111,288.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) DIVINE GRACE MEDICAL MISSIONARIES 10600 FONDREN RD HOUSTON, TX 77096	27-4000666	501(C)(3)		26,148.	FMV	MEDICAL SUPPLIES	EMERGENCY
(5) DOUGLASS COMMUNITY CLINIC 801 E PLANO PKWY. STE 140 PLANO, TX 75074	75-2536818	501(C)(3)		74,873.	FMV	MEDICAL SUPPLIES	EMERGENCY
(6) DOUGLASS COMMUNITY CLINIC 801 E PLANO PKWY. STE 140 PLANO, TX 75074	75-2536818	501(C)(3)		52,704.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) DOWNTOWN CLINIC 611 S. SECOND ST. LARAMIE, WY 82070	83-0326354	501(C)(3)		19,317.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) DR GARY BURNSTEIN COMMUNITY HEALTH CLINIC 45580 WOODWARD AVE PONTIAC, MI 48341	32-0015321	501(C)(3)		97,994.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) DREAM CENTERS WOMEN'S CLINIC 4360 MONTEBELLO COLORADO SPRINGS, CO 80918	27-4876080	501(C)(3)		49,072.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) DREAM CENTERS WOMEN'S CLINIC 4360 MONTEBELLO COLORADO SPRINGS, CO 80918	27-4876080	501(C)(3)		209,817.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) DUFFY HEALTH CENTER, INC. 94 MAIN ST ORLEANS, MA 02653	04-3373741	501(C)(3)		142,048.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) DUPLIN MEDICAL ASSOCIATION 600 S. SYCAMORE ST. ROSE HILL, NC 28398	56-1414420	501(C)(3)		1,467,209.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) EDISTO INDIAN FREE CLINIC 1125 RIDGE RD RIDGEVILLE, SC 29472	82-1691197	501(C)(3)		1,408,176.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) EDWARD R. LEAHY JR. CENTER CLINIC FOR THE U 800 LINDEN ST. SCRANTON, PA 18510	24-0795495	501(C)(3)		19,084.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) ELLENTON HEALTH CLINIC, PUBLIC HEALTH DISTR 185 N. BAKER ST. ELLENTON, GA 31747	23-7379607	501(C)(3)		89,209.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) EUNICE COMMUNITY HEALTH CENTER 450 MOOSA BLVD. STE. E EUNICE, LA 70535	27-0213992	501(C)(3)		1,255,320.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) EXCELTH INC. FQHC 4422 GENERAL MEYER NEW ORLEANS, LA 70131	72-1193464	501(C)(3)		376,959.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) FAIR HAVEN COMMUNITY HEALTH CLINIC INC. 374 GRAND AVE. NEW HAVEN, CT 06513	06-0883545	501(C)(3)		7,063.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) FAITH COMMUNITY PHARMACY (ST. VINCENT DE PA 7033 BURLINGTON PIKE FLORENCE, KY 41042	61-1378914	501(C)(3)		2,522,360.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) FAMILY CARE HEALTH CENTERS 401 HOLLY HILLS AVE SAINT LOUIS, MO 63111	23-7076112	501(C)(3)		23,730.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) FAMILY CENTERS HEALTH CARE 111 WILBUR PECK COURT GREENWICH, CT 06830	06-0646656	501(C)(3)		124,368.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) FAMILY HEALTH PARTNERSHIP CLINIC 401 CONGRESS PKWY. CRYSTAL LAKE, IL 60014	36-4277029	501(C)(3)		7,966.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) FAMILY HEALTH SERVICES 794 EASTLAND TWIN FALLS, ID 83301	82-0371093	501(C)(3)		10,012.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) FEED MY SHEEP 116 W. AVE. G TEMPLE, TX 76504	74-2724033	501(C)(3)		37,795.	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) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**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.

▶ Go to www.irs.gov/Form990 for the latest information.

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) FEEDING AMERICA 35 EAST WACKER DR. CHICAGO, IL 60601	36-3673599	501(C)(3)		56,887.	FMV	MEDICAL SUPPLIES	EMERGENCY
(2) FEEDING AMERICA SOUTHWEST VIRGINIA 1025 ELECTRIC RD. SALEM, VA 24153	54-1939556	501(C)(3)		114,929.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) FERNCARE FREE CLINIC, INC. 751 E. NINE MILE RD. FERNDALE, MI 48220	32-0246843	501(C)(3)		10,725.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) FIRST BAPTIST CHURCH MEDICAL/DENTAL CLINIC 1607 CHERRY ST. VICKSBURG, MS 39180	64-0356253	501(C)(3)		172,664.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) FIRST REFUGE MINISTRIES MEDICAL CLINIC 1701 BRD.WAY ST. DENTON, TX 76201	45-5606427	501(C)(3)		155,424.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) FISH RIVER RURAL HEALTH 10 CARTER ST. EAGLE LAKE, ME 04739	01-0452749	501(C)(3)		8,976.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) FIU COLLEGE OF MEDICINE MOBILE HEALTH CENTE 11200 SW 8TH ST. MIAMI, FL 33199	23-7047106	501(C)(3)		862,759.	FMV	MEDICAL SUPPLIES	EMERGENCY
(8) FIU COLLEGE OF MEDICINE MOBILE HEALTH CENTE 11200 SW 8TH ST. MIAMI, FL 33199	23-7047106	501(C)(3)		304,241.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) FLAGLER COUNTY FREE CLINIC 703 EAST MOODY BLVD. BUNNELL, FL 32110	20-5036975	501(C)(3)		449,087.	FMV	MEDICAL SUPPLIES	EMERGENCY
(10) FLAGLER COUNTY FREE CLINIC 703 EAST MOODY BLVD. BUNNELL, FL 32110	20-5036975	501(C)(3)		266,817.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) FLORIDA HOSPITAL WATERMAN COMMUNITY HEALTH 2300 KURT ST. EUSTIS, FL 32726	59-3140669	501(C)(3)		58,536.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) FOREST BAPTIST CHURCH MEDICAL MISSION CLINI PO BOX 338 FOREST, MS 39074	64-0368681	501(C)(3)		7,106.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) FOUNDATION FOR HIV AND KIDNEY DIALYSIS INC. 14 ZIRKEL AVE.. PISCATAWAY, NJ 08854	43-2024266	501(C)(3)		8,413.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) FRAMINGHAM BOARD OF HEALTH 150 CONCORD ST. FRAMINGHAM, MA 01702	04-6001151	501(C)(3)		130,566.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) FREE CLINIC OF CULPEPER 610 LAUREL ST. CULPEPER, VA 22701	52-1366700	501(C)(3)		24,438.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) FREE CLINIC SUSSEX COUNTY 67 HIGH ST. NEWTON, NJ 07860	45-4224214	501(C)(3)		25,836.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) FREE MEDICAL CLINIC 47 W LONG AVE. DUBOIS, PA 15801	25-1804763	501(C)(3)		529,667.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) FREE MEDICAL CLINIC OF DARLINGTON COUNTY 203 GROVE ST. DARLINGTON, SC 29532	58-2445265	501(C)(3)		6,076.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) FREE MEDICAL CLINIC OF NSV, INC. 301 N. CAMERON ST. WINCHESTER, VA 22601	54-1373296	501(C)(3)		47,700.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) FREE MEDICAL CLINIC OF OAK RIDGE 116 E. DIVISION RD. OAK RIDGE, TN 37830	90-0715369	501(C)(3)		542,028.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) FRIENDS OF HICKORY COUNTY HEALTH DEPARTMENT 24885 STATE HWY 254 HERMITAGE, MO 65668	47-1206725	501(C)(3)		20,554.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) FUNDACION MANOS JUNTAS 1330 CLASSEN BLVD. OKLAHOMA CITY, OK 73106	73-1523135	501(C)(3)		245,300.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) GAIN, INC. (GREATER ASSISTANCE TO THOSE IN 712 W. 3RD ST. LITTLE ROCK, AR 72201	71-0763418	501(C)(3)		375,193.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) GALVESTON COUNTY HEALTH DISTRICT 9850 A EMMETT F LOWRY TEXAS CITY, TX 77591		115		104,626.	FMV	MEDICAL SUPPLIES	EMERGENCY

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(1) GATEWAY COMMUNITY SERVICES, INC. GATEWAY COMM. SVCS. JACKSONVILLE, FL 32204	59-1881828	501(C)(3)		31,576.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) GATEWAY FOUNDATION - CARBONDALE 55 E. JACKSON CHICAGO, IL 60604	36-2670036	501(C)(3)		234,479.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) GATEWAY FOUNDATION - CASEYVILLE 600 W LINCOLN AVE. CASEYVILLE, IL 62232	36-2670036	501(C)(3)		139,170.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) GATEWAY FOUNDATION - CHICAGO WEST 55 E. JACKSON CHICAGO, IL 60604	36-2670036	501(C)(3)		28,564.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) GATEWAY FOUNDATION - DELAWARE 55 E. JACKSON CHICAGO, IL 60604	36-2670036	501(C)(3)		7,654.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) GATEWAY FOUNDATION - SPRINGFIELD AND PEKIN 55 E. JACKSON CHICAGO, IL 60604	37-1394445	501(C)(3)		50,250.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) GATEWAY FOUNDATION LAKE VILLA 55 E JACKSON CHICAGO, IL 60604	36-2670036	501(C)(3)		28,003.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) GENESEO PARISH OUTREACH CENTER INC. 4520 GENESEE ST (RT63) GENESEO, NY 14454	14-1916822	501(C)(3)		24,737.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) GET HEALTHY MEGA CLINIC 801 E. NOLANA AVE MCALLEN, TX 78504	27-2389624	501(C)(3)		144,817.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) GET UP PROJECT 8101 CAMERON RD AUSTIN, TX 78754	45-4931906	501(C)(3)		80,687.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) GLOUCESTER MATHEWS CARE CLINIC 6031 INDUSTRIAL DR. GLOUCESTER, VA 23061	54-1875619	501(C)(3)		5,002.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) GOOD HEALTH CLINIC, INC 91555 OVERSEAS HWY TAVERNIER, FL 33070	04-3745805	501(C)(3)		297,693.	FMV	MEDICAL SUPPLIES	EMERGENCY

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(1) GOOD HEALTH CLINIC, INC 91555 OVERSEAS HWY TAVERNIER, FL 33070	04-3745805	501(C)(3)		26,870.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) GOOD NEWS CARE CENTER 101 S. REDLAND RD. HOMESTEAD, FL 33034	59-1923401	501(C)(3)		1,255,878.	FMV	MEDICAL SUPPLIES	EMERGENCY
(3) GOOD NEWS CLINICS 810 PINE ST. GAINESVILLE, GA 30501	58-2058853	501(C)(3)		172,236.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) GOOD NEWS MINISTRIES/ GOOD NEWS HEALTH CLIN 2716 WASHINGTON ST INDIANAPOLIS, IN 46201	35-0999233	501(C)(3)		104,553.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) GOOD SAMARITAN CLINIC OF WEST VOLUSIA, INC. 136 E. PLYMOUTH AVE. DELAND, FL 32724	30-0408193	501(C)(3)		17,080.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) GOOD SAMARITAN HEALTH AND WELLNESS CENTER 209 WEST STATE LINE RD. S. FULTON, TN 38257	45-3745315	501(C)(3)		974,750.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) GOOD SAMARITAN HEALTH CENTER 1015 DONALD LEE HOLLOWELL ATLANTA, GA 30318	58-2373395	501(C)(3)		147,110.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) GOOD SAMARITAN HEALTH CLINIC 401 ARNOLD ST., NE CULLMAN, AL 35055	20-0149215	501(C)(3)		308,161.	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)		795,227.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) GOOD SAMARITAN HOUSE FREE COMMUNITY HEALTH 213 N. MAIN ST DEARING, GA 30808	58-1391481	501(C)(3)		668,995.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) GOOD SAMARITAN MEDICAL CLINIC 139 CHURCH ST. CHESTER, SC 29706-2904	82-0549226	501(C)(3)		58,401.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) GOOD SAMARITAN PHARMACY & HEALTH SERVICES, 2502 TAMIAMI TRAIL N. NOKOMIS, FL 34275	26-2295558	501(C)(3)		308,853.	FMV	MEDICAL SUPPLIES	EMERGENCY

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(1) GOOD SAMARITAN PHARMACY & HEALTH SERVICES, 2502 TAMiami TRAIL N. NOKOMIS, FL 34275	26-2295558	501(C)(3)		95,558.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) GOOD SAMARITAN RESCUE MISSION P.O. BOX 65 CORPUS CHRISTI, TX 78403	74-1611894	501(C)(3)		217,866.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) GOOD SHEPHERD CLINIC PO BOX 6 MORROW, GA 30260	58-2578581	501(C)(3)		250,866.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) GOOD SHEPHERD HEALTHCARE CLINIC OF MUSKOGEE GOOD SHEPHERD CLINIC MUSKOGEE, OK 74401	73-1581613	501(C)(3)		2,430,550.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) GOOD SHEPHERD MINISTRIES OF OKLAHOMA, INC. 222 NW 12TH ST. OKLAHOMA CITY, OK 73103	20-0526892	501(C)(3)		165,798.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) GOOD SHEPHERD PHARMACY 2166 CUBA MILLINGTON MILLINGTON, TN 38053	46-3313048	501(C)(3)		2,327,649.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) GOODWIN COMMUNITY HEALTH 311 ROUTE 108 SOMERSWORTH, NH 03878	02-0304203	501(C)(3)		542,129.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) GOODWIN COMMUNITY HEALTH CENTER, INC. DBA C 2605 PARKWOOD DR BRUNSWICK, GA 31520	01-0576945	501(C)(3)		464,587.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) GRACE CLINICS OF OHIO, INC. 40 S. FRANKLIN ST. DELAWARE, OH 43015	27-0415624	501(C)(3)		8,663.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) GRACE COMMUNITY HEALTH CENTER 1019 CUMBERLAND FALLS HWY CORBIN, KY 40734	26-1779437	501(C)(3)		15,468.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) GRACE MEDICAL HOME 51 PENNSYLVANIA ST ORLANDO, FL 32806	26-1817966	501(C)(3)		399,594.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) GRACE MEDICAL HOME 51 PENNSYLVANIA ST ORLANDO, FL 32806	26-1817966	501(C)(3)		166,084.	FMV	MEDICAL SUPPLIES	EMERGENCY

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(1) GRAND AVE FREE MEDICAL CLINIC/FREE CLINICS 605 N. GRAND AVE. SPENCER, IA 51301	42-1428706	501(C)(3)		7,918.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) GRAPEVINE RELIEF AND COMMUNITY EXCHANGE (GR 837 E. WALNUT ST. GRAPEVINE, TX 76051	75-2195702	501(C)(3)		192,153.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) GREATER GREENWOOD UNITED MINISTRY FREE MEDI 1404 EDGEFIELD ST. GREENWOOD, SC 29646	57-1012393	501(C)(3)		17,136.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) GREATER HICKORY COOPERATIVE CHRISTIAN MINIS 31 1ST AVE SE HICKORY, NC 28602	56-0934855	501(C)(3)		246,732.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) GREATER KILLEEN COMMUNITY CLINIC 718 N 2ND ST., STE A KILLEEN, TX 76541	74-2724725	501(C)(3)		83,764.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) GREATER KILLEEN FREE CLINIC 718 N 2ND ST., STE A KILLEEN, TX 76541	74-2724725	501(C)(3)		1,272,183.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) GREATER KILLEEN FREE CLINIC 718 N 2ND ST., STE A KILLEEN, TX 76541	74-2724725	501(C)(3)		44,018.	FMV	MEDICAL SUPPLIES	EMERGENCY
(8) GREATER TEXOMA HEALTH CLINIC 900 N. ARMSTRONG AVE. DENISON, TX 75020	81-0584983	501(C)(3)		11,475.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) GREENVILLE FREE MEDICAL CLINIC PO BOX 8993 GREENVILLE, SC 29604	57-0855205	501(C)(3)		16,693.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) GUADALUPE CLINIC 940 S SAINT FRANCIS WICHITA, KS 67211	20-1285208	501(C)(3)		854,016.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) GUIDANCE/CARE CENTER, INC. 3000 41ST ST. OCEAN MARATHON, FL 33050	59-1458324	501(C)(3)		393,885.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) GUIDANCE/CARE CENTER, INC. 3000 41ST ST. OCEAN MARATHON, FL 33050	59-1458324	501(C)(3)		284,318.	FMV	MEDICAL SUPPLIES	EMERGENCY

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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) GULF BEND CENTER 6502 NURSERY DR. VICTORIA, TX 77904	74-1659064	501(C)(3)		148,062.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) GULF COAST HEALTH CENTER, INC. 2548 MEMORIAL BLVD. PORT ARTHUR, TX 77640	76-0289927	501(C)(3)		435,624.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) GULF COAST HEALTH CENTER, INC. 2548 MEMORIAL BLVD. PORT ARTHUR, TX 77640	76-0289927	501(C)(3)		625,262.	FMV	MEDICAL SUPPLIES	EMERGENCY
(4) GULU PROJECT, INC 5400 JOHNSON DR. MISSION, KS 66205	82-1003879	501(C)(3)		8,366.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) HALEY CENTER 122 WEST CENTRAL AVE WINTER HAVEN, FL 33880	59-0766974	501(C)(3)		335,618.	FMV	MEDICAL SUPPLIES	EMERGENCY
(6) HALEY CENTER 122 WEST CENTRAL AVE WINTER HAVEN, FL 33880	59-0766974	501(C)(3)		200,064.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) HANDS OF HOPE CLINIC, INC. 1010 HOSPITAL DR. STOCKBRIDGE, GA 30281	42-1591970	501(C)(3)		116,192.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) HANDS TOGETHER FAMILY HEALTH, INC. 2549 GESSNER RD HOUSTON, TX 77494	47-3286543	501(C)(3)		44,281.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) HARMONY HEALTH CLINIC 201 E. ROOSEVELT LITTLE ROCK, AR 72206	20-5691313	501(C)(3)		113,523.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) HARTVILLE MIGRANT MINISTRIES PO BOX 682 HARTVILLE, OH 44632	34-0899100	501(C)(3)		25,599.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) HAVEN FREE CLINIC 800 HOWARD AVE, 1ST FL. NEW HAVEN, CT 06519	06-0646973	501(C)(3)		270,782.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) HEAL THE CITY 609 S. CAROLINA AMARILLO, TX 79106	46-5694050	501(C)(3)		78,036.	FMV	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
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(1) HEAL, INC. 2600 MLK JR. DR ATLANTA, GA 30311	26-3990559	501(C)(3)		82,005.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) HEALING BRIDGE CLINIC 215 WILLOW BEND PEACHTREE CITY, GA 30269	26-3555799	501(C)(3)		36,557.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) HEALING HANDS MINISTRIES INC 8515 GREENVILLE AVE. DALLAS, TX 75243	65-1259379	501(C)(3)		78,953.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) HEALTH ACCESS, INC. 489 WASHINGTON AVE. CLARKSBURG, WV 26301	55-0715066	501(C)(3)		193,975.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) HEALTH AND HOPE CLINIC, INC. 1718 E OLIVE RD PENSACOLA, FL 32514	26-4336638	501(C)(3)		177,813.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) HEALTH AND HOPE MEDICAL OUTREACH 1911 COOKS HILL RD. CENTRALIA, WA 98531	27-4432389	501(C)(3)		8,195.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) HEALTH BRIGADE 1010 N. THOMPSON ST. RICHMOND, VA 23230	54-0927792	501(C)(3)		16,519.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) HEALTH FOR ALL PO BOX 5913 BRYAN, TX 77805	74-2624477	501(C)(3)		32,860.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) HEALTH PARTNERS FREE CLINIC 1300 N. COUNTY RD. 25A TROY, OH 45373	31-1596731	501(C)(3)		60,764.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) HEALTH PARTNERS OF WESTERN OHIO 329 N. WEST ST. LIMA, OH 45801	56-2330309	501(C)(3)		106,750.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) HEALTHCARE FOR THE HOMELESS - HOUSTON 1934 CAROLINE ST. HOUSTON, TX 77002	76-0647934	501(C)(3)		205,362.	FMV	MEDICAL SUPPLIES	EMERGENCY
(12) HEALTHNET OF ROCK COUNTY, INC. 23 W. MILWAUKEE ST. JANESVILLE, WI 53548	39-1778804	501(C)(3)		166,769.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) HEALTHPROMED - SAN JUAN AVENIDA BORINQUEN SAN JUAN, PR 00915	66-0437924	501(C)(3)		29,558.	FMV	MEDICAL SUPPLIES	EMERGENCY
(2) HEALTHQUEST OF UNION COUNTY 415 E. FRANKLIN ST. MONROE, NC 28112	56-2117596	501(C)(3)		199,530.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) HEALTHREACH COMMUNITY CLINIC 400 STATESVILLE AVE MOORESVILLE, NC 28115	20-1020941	501(C)(3)		166,156.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) HEART TO HEART INTERNATIONAL 13250 WEST 98TH ST. LENEXA, KS 66215	48-1108359	501(C)(3)		50,685.	FMV	MEDICAL SUPPLIES	EMERGENCY
(5) HEARTBRIGHT FOUNDATION INC 2923 S. TRYON CHARLOTTE, NC 28203	45-0496759	501(C)(3)		40,885.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) HEARTS AND HANDS CLINIC 127 N. COLLEGE ST. STATESBORO, GA 30458	26-4597700	501(C)(3)		184,829.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) HELPING HAND CLINIC 507 N. STEELE ST SANFORD, NC 27330	56-1752295	501(C)(3)		231,495.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) HELPING HANDS CLINIC, INC. 810 HARPER AVE LENOIR, NC 28645	56-2076541	501(C)(3)		196,785.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) HELPING HANDS MINISTRY OF RICHLAND HILLS 7294 GLENVIEW DR. RICHLAND HILLS, TX 76180	47-5624322	501(C)(3)		404,649.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) HEMOPHILIA TREATMENT CENTER OF NEVADA 3121 S. MARYLAND PKWY. LAS VEGAS, NV 89109	26-0286469	501(C)(3)		8,855.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) HEMOSTASIS AND THROMBOSIS CENTER OF NEVADA 778 STAR APPLE LN LAS VEGAS, NV 89178	82-2793154	501(C)(3)		55,712.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) HICKORY COUNTY HEALTH DEPARTMENT 24885 STATE HWY. 254 HERMITAGE, MO 65668	47-1206725	501(C)(3)		102,042.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) HILL COUNTRY COMMUNITY MHMR CENTER 819 WATER ST. KERRVILLE, TX 78028	74-2822017	501(C)(3)		34,906.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) HIPPOCRATES MEDICAL CLINIC INC. 308 N PINE ST MOMENCE, IL 60954	81-1065602	501(C)(3)		25,490.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) HIS HANDS FREE MEDICAL CLINIC 400 12TH ST. SE CEDAR RAPIDS, IA 52403	39-1878606	501(C)(3)		226,760.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) HOLLAND FREE HEALTH CLINIC 99 WEST 26TH ST HOLLAND, MI 49423	30-0072620	501(C)(3)		25,858.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) HOPE CHRISTIAN HEALTH CENTER 4040 MARTIN L KING N. LAS VEGAS, NV 89032	46-3098169	501(C)(3)		14,367.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) HOPE CLINIC 203 N. ST. BAYBORO, NC 28515	56-2114681	501(C)(3)		265,152.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) HOPE CLINIC P.O. BOX 4025 BARTLESVILLE, OK 74006	46-4417141	501(C)(3)		5,702.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) HOPE CLINIC AND CARE CENTER 1814 APPLETON RD. MENASHA, WI 54952-1110	47-3031346	501(C)(3)		146,824.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) HOPE CLINIC OF GARLAND 800 S. 6TH ST., STE. 100 GARLAND, TX 75040	75-2960314	501(C)(3)		16,444.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) HOPE CLINIC OF MCKINNEY PO BOX 2542 MCKINNEY, TX 75070	81-3813928	501(C)(3)		192,764.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) HOPE HEALTH CLINIC 1025 SANIBEL WAY LAGRANGE, KY 40031	46-5509958	501(C)(3)		47,327.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) HOPE MEDICAL CLINIC 10101 60TH ST. LEXINGTON, OK 73051	73-1338039	OTHER		269,199.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) HOPE MEDICAL CLINIC HOPE MEDICAL CLINIC YPSILANTI, MI 48197	38-2469007	501(C)(3)		67,963.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) HOPE MEDICAL/DENTAL CLINIC 111 MEADOWVIEW DR. CLEBURNE, TX 76033	75-2953856	501(C)(3)		182,344.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) HOPEHEALTH MANNING FAMILY PRACTICE 12 WEST S. ST. MANNING, SC 29102	57-0984427	501(C)(3)		455,564.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) HOPELIGHT MEDICAL CLINIC 1351 COLLYER ST LONGMONT, CO 80501	46-4657471	501(C)(3)		275,607.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) HOSPITAL GENERAL CASTANER CARRETERA 135 CASTANER, PR 00631	66-0352014	501(C)(3)		37,393.	FMV	MEDICAL SUPPLIES	EMERGENCY
(6) HOUSTON COUNTY VOLUNTEER MEDICAL CLINIC 107 HICKORY LN. BONAIRE, GA 31005-4341	20-1859450	501(C)(3)		19,013.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) HOUSTON HEALTH DEPARTMENT GEORGE R. BROWN CON. CTR. HOUSTON, TX 77010		115		97,530.	FMV	MEDICAL SUPPLIES	EMERGENCY
(8) HPM FOUNDATION, INC. 2020 AVE BORINQUEN SAN JUAN, PR 00915	66-0437924	501(C)(3)		7,722,952.	FMV	MEDICAL SUPPLIES	EMERGENCY
(9) IBN SINA FOUNDATION 11226 S. WILCREST DR HOUSTON, TX 77099	76-0698464	501(C)(3)		2,082,700.	FMV	MEDICAL SUPPLIES	EMERGENCY
(10) IBN SINA FOUNDATION 11226 S. WILCREST DR HOUSTON, TX 77099	76-0698464	501(C)(3)		695,929.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) IMPACT CHRISTIAN MINISTRIES CLINIC 115 W. SOLOMON ST. GRIFFIN, GA 30223	27-0344233	501(C)(3)		246,382.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) INHEALTH COMMUNITY WELLNESS FREE CLINIC 109 1/2 E BLUFF ST BOSCOBEL, WI 53805	33-1170597	501(C)(3)		54,036.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) INTERFAITH CLINIC 403 W. OAK, STE. 200 EL DORADO, AR 71730	71-0236863	501(C)(3)		1,280,832.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) INTERFAITH COMMUNITY CLINIC 101 PINE MANOR OAK RIDGE N., TX 77385	75-2634623	501(C)(3)		15,088.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) INTERFAITH COMMUNITY CLINIC 101 PINE MANOR OAK RIDGE N., TX 77385	75-2634623	501(C)(3)		9,933.	FMV	MEDICAL SUPPLIES	EMERGENCY
(4) IRVING COMMUNITY CLINIC 1302 LN. ST IRVING, TX 75061	75-2536818	501(C)(3)		45,223.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) ISLAMIC ASSOCIATION OF N. TEXAS 840 ABRAMS RD. RICHARDSON, TX 75081	23-7181345	501(C)(3)		7,886.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) ISLAND HEALTH CARE 245 EDGARTOW VINEYARD EDGARTOWN, MA 02539	47-0870772	501(C)(3)		16,996.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) IUSB HEALTH & WELLNESS CENTER 941 20TH ST. SOUTH BEND, IN 46615	35-6001673	501(C)(3)		130,238.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) JACKSON COUNTY HEALTH DEPARTMENT 801 W. SECOND ST. SEYMOUR, IN 47274	35-6000159	501(C)(3)		78,333.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) JEFFERSON CENTER FOR MENTAL HEALTH 4851 INDEPENDENCE ST. WHEAT RIDGE, CO 80033	84-0474717	501(C)(3)		509,223.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) JFCS D/B/A BEN MASSELL DENTAL CLINIC 700 14TH ST NW ATLANTA, GA 30318	58-1479212	501(C)(3)		6,450.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) JOHN P. MURRAY COMMUNITY CARE CLINIC 303 YADKIN ST., STE C ALBEMARLE, NC 28001	56-2098720	501(C)(3)		21,413.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) JOHNSTOWN FREE MEDICAL CLINIC 340 MAIN ST. JOHNSTOWN, PA 15901	23-2922409	501(C)(3)		140,113.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) KANAWHA-CHARLESTON HEALTH DEPARTMENT 108 LEE ST. EAST CHARLESTON, WV 25301	55-6011142	115		8,693.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) KATAHDIN VALLEY HEALTH CENTER 529 S. PATTEN RD. PATTEN, ME 04747	23-7411014	501(C)(3)		365,950.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) KATALLASSO FAMILY HEALTH CENTER 38 S. BELVIDERE AVE. YORK, PA 17401	45-3170905	501(C)(3)		56,372.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) KEVINS COMMUNITY CENTER 25 COMMERCE RD. NEWTOWN, CT 06470	61-1436909	501(C)(3)		391,481.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) KEY WEST HEALTH AND REHAB, INC 5860 COLLEGE RD. KEY WEST, FL 33040	23-2266006	501(C)(3)		1,443,808.	FMV	MEDICAL SUPPLIES	EMERGENCY
(6) KIDS FIRST HEALTH CARE 4675 E. 69TH AVE. COMMERCE CITY, CO 80022	84-0799374	501(C)(3)		42,230.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) KITSAP MENTAL HEALTH SERVICES KITSAP MENTAL HLTH SVCS BREMERTON, WA 98311	91-1020106	501(C)(3)		216,031.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) KNOX COUNTY HEALTH CLINIC 22 WHITE ST. ROCKLAND, ME 04841	01-0528885	501(C)(3)		15,965.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) LA CLINICA CRISTIANA 1915 AVALON AVE. MUSCLE SHOALS, AL 35661	20-1624284	501(C)(3)		167,456.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) LA CLINICA DE LA ESPERANZA 3200 GRAND AVE. DES MOINES, IA 50312	42-0680452	501(C)(3)		27,186.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) LA CROSSE COUNTY MENTAL HEALTH OUTPATIENT C 300 FOURTH ST. N. LA CROSSE, WI 54601	39-6005709	115		89,889.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) LACKEY CLINIC 1620 OLD WILLIAMSBURG YORKTOWN, VA 23690	54-1850915	501(C)(3)		12,701.	FMV	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**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.

▶ Go to www.irs.gov/Form990 for the latest information.

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) LAKE COUNTY FREE CLINIC 54 S. STATE ST PAINESVILLE, OH 44077	34-1081191	501(C)(3)		32,038.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) LAKE ST LOUIS VOLUNTEERS IN MEDICINE 10714 VETERANS MEM. LAKE ST LOUIS, MO 63367	27-3109107	501(C)(3)		53,409.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) LAKELAND VOLUNTEERS IN MEDICINE 1021 LAKELAND HILLS BLVD LAKELAND, FL 33805	52-2351630	501(C)(3)		18,522.	FMV	MEDICAL SUPPLIES	EMERGENCY
(4) LAKESHORE COMMUNITY HEALTH CARE PO BOX 959 SHEBOYGAN, WI 53082-0959	26-4321839	501(C)(3)		25,402.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) LAKEVIEW CENTER INC. 1221 W. LAKEVIEW AVE PENSACOLA, FL 32501	59-0737872	501(C)(3)		426,793.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) LAWTON COMMUNITY HEALTH CENTER 5404 SW LEE BLVD LAWTON, OK 73505	73-6061037	115		68,154.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) LEFLORE COUNTY HEALTH CENTER 706 HWY 82 WEST GREENWOOD, MS 38930	20-0069223	501(C)(3)		174,732.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) LEGACY COMMUNITY HEALTH SERVICES 1415 CALIFORNIA ST. HOUSTON, TX 77006	76-0009637	501(C)(3)		25,073.	FMV	MEDICAL SUPPLIES	EMERGENCY
(9) LEWIS & CLARK BEHAVIORIAL HEALTH SERVICES, I 1028 WALNUT ST. YANKTON, SD 57078	16-1900308	501(C)(3)		232,399.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) LIFE CHOICES MEDICAL CLINIC 3234 NORTHWESTERN SAN ANTONIO, TX 78238	74-2809910	501(C)(3)		684,753.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) LIFEPATH SYSTEMS 1515 HERITAGE DR. MCKINNEY, TX 75069	75-1761911	501(C)(3)		993,224.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) LIFESPRING HEALTH SYSTEMS 460 SPRING ST. JEFFERSONVILLE, IN 47130	35-1097350	501(C)(3)		10,872.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) LIFESTREAM BEHAVIORAL CENTER 515 MAIN ST. LEESBURG, FL 34748	59-1561501	501(C)(3)		3,177,052.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) LIGHT OF THE WORLD CLINIC, INC. 5333 N. DIXIE HWY OAKLAND PARK, FL 33334	65-0266070	501(C)(3)		688,251.	FMV	MEDICAL SUPPLIES	EMERGENCY
(3) LIGHT OF THE WORLD CLINIC, INC. 5333 N. DIXIE HWY OAKLAND PARK, FL 33334	65-0266070	501(C)(3)		143,697.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) LLOYD F. MOSS FREE CLINIC 1301 SAM PERRY FREDERICKSBURG, VA 22401	54-1677934	501(C)(3)		82,956.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) LONE STAR FAMILY HEALTH CENTER 607 S CONROE MEDICAL DR. CONROE, TX 77304	30-0038860	501(C)(3)		218,429.	FMV	MEDICAL SUPPLIES	EMERGENCY
(6) LORAIN COUNTY FREE CLINIC 5040 OBERLIN AVE. LORAIN, OH 44053	34-1506180	501(C)(3)		34,721.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) LOWER KEYS MEDICAL CENTER 5900 COLLEGE RD. KEY WEST, FL 33040	65-0905661	OTHER		61,801.	FMV	MEDICAL SUPPLIES	EMERGENCY
(8) LUKE SOCIETY P.O. BOX 16194 GALVESTON, TX 77552	74-2211973	501(C)(3)		178,123.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) LUKE SOCIETY P.O. BOX 16194 GALVESTON, TX 77552	74-2211973	501(C)(3)		48,355.	FMV	MEDICAL SUPPLIES	EMERGENCY
(10) LUTHERAN SOCIAL SERVICES OF THE VIRGIN ISLA 516B HOSPITAL ST. FREDERIKSTED, VI 00840	67-0250807	501(C)(3)		253,679.	FMV	MEDICAL SUPPLIES	EMERGENCY
(11) MALTA HOUSE OF CARE, INC 19 WOODLAND ST. HARTFORD, CT 06105	20-3562424	501(C)(3)		148,724.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) MALTA HOUSE OF CARE-WATERBURY, INC. PO BOX 247 MIDDLEBURY, CT 06762	26-3484648	501(C)(3)		223,709.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) MAMOU HEALTH RESOURCES, INC. 300 S. ST. MAMOU, LA 70554	72-0949444	501(C)(3)		48,087.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) MANNA MINISTRIES INC 120 ST. A, STE. A PICAYUNE, MS 39466	20-1788094	501(C)(3)		550,587.	FMV	MEDICAL SUPPLIES	EMERGENCY
(3) MANNA MINISTRIES INC 120 ST. A, STE. A PICAYUNE, MS 39466	20-1788094	501(C)(3)		5,279.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) MARION COUNTY PUBLIC HEALTH 2003 N. LINCOLN KNOXVILLE, IA 50138	42-6004844	115		22,808.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) MARTIN LUTHER KING HEALTH CENTER 865 OLIVE ST. SHREVEPORT, LA 71104	72-1079721	501(C)(3)		41,389.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) MATAGORDA EPISCOPAL HEALTH OUTREACH PROGRAM MEHOP BAY CITY, TX 77414	20-0537948	501(C)(3)		314,346.	FMV	MEDICAL SUPPLIES	EMERGENCY
(7) MATAGORDA EPISCOPAL HEALTH OUTREACH PROGRAM MEHOP BAY CITY, TX 77414	20-0537948	501(C)(3)		70,373.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) MATTAWA COMMUNITY MEDICAL CLINIC 210 GOVERNMENT RD. MATTAWA, WA 99349	91-1499763	501(C)(3)		802,962.	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)		201,831.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) MCINTOSH TRAIL, CSB 1435 N. EXPRESSWAY GRIFFIN, GA 30223	58-2098758	115		2,124,853.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) MCR HEALTH SERVICES 700 8TH AVE. WEST PALMETTO, FL 34211	65-0852321	501(C)(3)		15,953.	FMV	MEDICAL SUPPLIES	EMERGENCY
(12) MED CENTRO 1034 AVE HOSTOS PONCE, PR 00716	66-0292961	501(C)(3)		7,202,027.	FMV	MEDICAL SUPPLIES	EMERGENCY

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(1) MEDICAL MISSIONS FOR CHRIST CLINIC PO BOX 1948 CAMDENTON, MO 65020	20-3637019	501(C)(3)		10,715.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) MEDICAL OUTREACH MINISTRIES 1401 E S. BLVD. MONTGOMERY, AL 36116	63-1204645	501(C)(3)		137,556.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) MEDICAL SERVICE BUREAU, INC. 1530 S. OLIVER WICHITA, KS 67218	48-0891620	501(C)(3)		7,441.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) MEDLINK GEORGIA, INC. 11 CHARLIE MORRIS RD. COLBERT, GA 30628	58-1394645	501(C)(3)		48,139.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) MERCI CLINIC 1315 TATUM DR. NEW BERN, NC 28560	56-2034052	501(C)(3)		38,033.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) MERCY HEALTH CENTER, INC. 700 OGLETHORPE AVE. ATHENS, GA 30606	58-2603523	501(C)(3)		96,160.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) MERCY MEDICAL CLINIC 615 WASHINGTON ST. SHELBYVILLE, KY 40065	61-1211189	501(C)(3)		335,979.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) MERIDIAN BEHAVIORAL HEALTHCARE, INC 4300 SW 13TH ST. GAINESVILLE, FL 32608	59-1906214	501(C)(3)		256,673.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) METROCARE SERVICES 1345 RIVER BEND DR. DALLAS, TX 75247	75-1285603	501(C)(3)		137,829.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) METROCREST COMMUNITY CLINIC ONE MEDICAL PKWY. FARMERS BRANCH, TX 75234	75-2616002	501(C)(3)		20,649.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) MHRC FACT TEAM 5266 GOLDEN GATE PKWY NAPLES, FL 34116	59-1905344	501(C)(3)		200,955.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) MIAMI BEACH COMMUNITY HEALTH CENTER 11645 BISCAYNE BLVD MIAMI, FL 33181	59-1829984	501(C)(3)		5,391.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) MIAMI RESCUE MISSION CLINIC INC 2015 NW 1ST AVE MIAMI, FL 33127	45-1481860	501(C)(3)		184,350.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) MIDDLE FLINT AREA COMMUNITY SERVICE BOARD 120 N DUDLEY ST AMERICUS, GA 31709	58-2111079	115		92,342.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) MIDDLE PENINSULA N.ERN NECK CSB PO BOX 2468 GLOUCESTER, VA 23061	54-0958505	501(C)(3)		203,311.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) MIDLAND COMMUNITY CHILDREN'S CLINIC 1101 E. FRONT ST. MIDLAND, TX 79701	75-1875246	501(C)(3)		31,632.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) MIGRANT HEALTH CENTER RAMON BETANECS 392 MAYAGUEZ, PR 00680	66-0427801	501(C)(3)		14,412.	FMV	MEDICAL SUPPLIES	EMERGENCY
(6) MILAN PUSKAR HEALTH RIGHT 341 SPRUCE ST. MORGANTOWN, WV 26507	31-1118673	501(C)(3)		110,705.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) MINISTRIES OF JESUS 1100 E. I-35 FRONTAGE RD. EDMOND, OK 73034	73-1622804	501(C)(3)		1,104,223.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) MISSION ARLINGTON MEDICAL CLINIC 210 W. SOUTH ARLINGTON, TX 76010	75-2724385	501(C)(3)		1,150,145.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) MISSION CLINIC OF PALM SPRINGS, INC 3300 10TH AVE. N. PALM SPRINGS, FL 33461	47-3441097	501(C)(3)		177,608.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) MISSION HOSPITAL- MEDICATION ASSISTANCE PRO 1 HOSPITAL DR. ASHEVILLE, NC 28801	58-1450888	501(C)(3)		345,671.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) MISSION MEDICAL CENTER 2125 LASALLE ST. COLORADO SPRINGS, CO 80909	68-0506812	501(C)(3)		48,412.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) MISSION OF MERCY 719 SHORELINE BLVD CORPUS CHRISTI, TX 78401	86-0704883	501(C)(3)		5,401.	FMV	MEDICAL SUPPLIES	EMERGENCY

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(1) MISSION OF MERCY 22 S. MARKET ST. FREDERICK, MD 21701	86-0704883	501(C)(3)		1,134,003.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) MISSION OF MERCY-ARIZONA 821 W WARNER RD. CHANDLER, AZ 85225	86-0704883	501(C)(3)		390,947.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) MISSION TRAVIS MERCY P.O. BOX 11557 FORT WORTH, TX 76110	45-3841621	501(C)(3)		19,809.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) MISSION WACO HEALTH CLINIC 1315 N. 15TH ST WACO, TX 76707	74-2605621	501(C)(3)		100,474.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) MOAB FREE HEALTH CLINIC 380 N. 400 WEST MOAB, UT 84532	26-2082745	501(C)(3)		40,119.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) MODESTO GOSPEL MISSION 964 WOODLAND DR TURLOCK, CA 95382	94-6102833	501(C)(3)		12,886.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) MOORE FREE AND CHARITABLE CLINIC, INC. 211 TRIMBLE PLANT SOUTHERN PINES, NC 28387	01-0781234	501(C)(3)		68,112.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) M-POWER MINISTRIES HEALTH CENTER 4022 4TH AVE S. BIRMINGHAM, AL 35222	31-1639601	501(C)(3)		166,600.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) MUSLIM COMMUNITY CENTER FOR HUMAN SERVICES 7600 GLENVIEW DR. RICHLAND HILLS, TX 76180	75-2580088	501(C)(3)		277,094.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) MUSTARD SEED COMMUNITY HEALTH 238 S. ENGLISH ST. GREENSBORO, NC 27405	46-4980081	501(C)(3)		5,915.	FMV	MEDICAL SUPPLIES	EMERGENCY
(11) NATIONAL FOUNDATION FOR THE CENTERS FOR DIS 55 PARK PLACE ATLANTA, GA 30303	58-2106707	501(C)(3)		338,038.	FMV	MEDICAL SUPPLIES	EMERGENCY
(12) NEIGHBOR FOR NEIGHBOR 505 E 36TH ST N TULSA, OK 74106	73-0776404	501(C)(3)		353,181.	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) NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE RD N NAPLES, FL 34102	59-3546884	501(C)(3)		219,541.	FMV	MEDICAL SUPPLIES	EMERGENCY
(2) NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE RD N NAPLES, FL 34102	59-3546884	501(C)(3)		22,750.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) NEIGHBORHOOD SERVICE ORGANIZATION NSO TUMAINI CETR. DETROIT, MI 48201	38-1561624	501(C)(3)		38,568.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) NEOMED CENTER INC. 941 ST. RD. SALIDA GURABO, PR 00778	66-0485440	501(C)(3)		16,173.	FMV	MEDICAL SUPPLIES	EMERGENCY
(5) NEW LIFE COMMUNITY HEALTH CENTER NEW LIFE COMM. HLTH ELMHURST, NY 11373	11-3204890	501(C)(3)		20,796.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) NEW ORLEANS DREAM CENTER 1137 SAINT CHARLES NEW ORLEANS, LA 70130	46-1935367	501(C)(3)		80,067.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) NEWHOPE CLINIC 41 S. COURT ST. OWINGSVILLE, KY 40360	61-1363437	501(C)(3)		121,403.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) N. BROWARD HOSPITAL DISTRICT 200 NW 7TH AVE. FORT LAUDERDALE, FL 33311	59-6012065	501(C)(3)		784,023.	FMV	MEDICAL SUPPLIES	EMERGENCY
(9) N. BROWARD HOSPITAL DISTRICT 200 NW 7TH AVE. FORT LAUDERDALE, FL 33311	59-6012065	501(C)(3)		86,721.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) N. BROWARD HOSPITAL DISTRICT D/B/A BROWARD 303 SE 17TH ST. FORT LAUDERDALE, FL 33316	59-6012065	501(C)(3)		59,861.	FMV	MEDICAL SUPPLIES	EMERGENCY
(11) N. BROWARD HOSPITAL DISTRICT D/B/A BROWARD 303 SE 17TH ST. FORT LAUDERDALE, FL 33316	59-6012065	501(C)(3)		41,252.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) N. DALLAS SHARED MINISTRIES 2875 MERRELL RD. DALLAS, TX 75229	75-1908563	501(C)(3)		10,156.	FMV	MEDICAL SUPPLIES	ON-GOING

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**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.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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(1) N. HUDSON COMMUNITY ACTION CORPORATION 800-31ST ST. UNION CITY, NJ 07087	22-1818699	501(C)(3)		135,751.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) N. JEFFERSON COUNTY CLINIC PHARMACY 1295 PEARL ST BEAUMONT, TX 77701	74-6000291	115		87,262.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) N. JEFFERSON COUNTY CLINIC PHARMACY 1295 PEARL ST BEAUMONT, TX 77701	74-6000291	115		21,754.	FMV	MEDICAL SUPPLIES	EMERGENCY
(4) NORTHERN NECK FREE HEALTH CLINIC N. NECK FREE HLTH KILMARNOCK, VA 22482	54-1679279	501(C)(3)		93,317.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS 715 PYLE DR. KINGSFORD, MI 49802	38-3210490	501(C)(3)		31,820.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) NORTHSHORE SCOTTSDALE PHARMACY 3564 SCOTTSDALE ST PORTAGE, IN 46368	35-2028588	501(C)(3)		1,437,090.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) NORTHWEST MICHIGAN HEALTH SERVICES 10767 TRAVERSE HWY. TRAVERSE CITY, MI 49684	38-1958790	501(C)(3)		29,340.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) NOVA SCRIPTSCENTRAL 6400 ARLINGTON BLVD FALLS CHURCH, VA 22042	65-1275162	501(C)(3)		128,635.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) OAKLAWN 330 LAKEVIEW DR. GOSHEN, IN 46528	35-1070041	501(C)(3)		345,462.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) OASIS OF HOPE CENTER 522 LEONARD GRAND RAPIDS, MI 49504-4258	20-2781312	501(C)(3)		36,867.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) OHIO VALLEY HEALTH CENTER ONE ROSS PARK STEUBENVILLE, OH 43952	20-3924355	501(C)(3)		175,953.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) OLDE TOWNE MEDICAL & DENTAL CENTER 5249 OLDE TOWNE RD. WILLIAMSBURG, VA 23188	54-1663905	501(C)(3)		11,110.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) ONE STOP CLINIC 701 17TH AVE W BRADENTON, FL 34205	59-3340921	501(C)(3)		460,228.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) ONEWORLD COMMUNITY HEALTH CENTERS INC 4920 S. 30TH ST., SUITE 103 OMAHA, NE 68107	47-0548990	501(C)(3)		192,433.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) OPEN ARMS CLINIC 109 BIG A RD. TOCCOA, GA 30577	20-3296577	501(C)(3)		413,029.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) OPEN ARMS HEALTH CLINIC 3311 LITTLE RD ARLINGTON, TX 76016	45-0621201	501(C)(3)		378,539.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) OPEN DOOR CLINIC OF ALAMANCE COUNTY 319 GRAHAM-HOPEDALE RD BURLINGTON, NC 27217	56-1794210	501(C)(3)		41,538.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) OPEN DOOR HEALTH CENTER 151 NW 11TH ST. HOMESTEAD, FL 33030	83-0375996	501(C)(3)		811,216.	FMV	MEDICAL SUPPLIES	EMERGENCY
(7) OPEN DOOR HEALTH CENTER 151 NW 11TH ST. HOMESTEAD, FL 33030	83-0375996	501(C)(3)		534,766.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) OPEN DOOR HEALTH CLINIC 709 S MATTHEWS RD ELLENSBURG, WA 98926	65-1185178	501(C)(3)		433,371.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) OPTIMUS HEALTH CARE 982 EAST MAIN ST. BRIDGEPORT, CT 06608	06-0972166	501(C)(3)		158,916.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) ORANGEBURG-CALHOUN FREE MEDICAL CLINIC 141 CENTRE ST. ORANGEBURG, SC 29115	26-3762573	501(C)(3)		83,166.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) ORTHOPAEDIC HEMOPHILIA TREATMENT CENTER 403 W ADAMS BLVD LOS ANGELES, CA 90007	95-1644604	501(C)(3)		117,659.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) OZARKS COMMUNITY HEALTH CENTER 18614 JACKSON ST HERMITAGE, MO 65668	20-5822485	501(C)(3)		154,569.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) OZARKS COMMUNITY HEALTH CENTER - URBANA PO BOX 125 HERMITAGE, MO 65668	20-5822485	501(C)(3)		467,860.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) PALMETTO HEALTH COUNCIL, INC. 643 MAIN ST. PALMETTO, GA 30268	58-1307597	501(C)(3)		3,868,370.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) PARTNERS FOR HEALING INC 109 WEST BLACKWELL TULLAHOMA, TN 37388	62-1834800	501(C)(3)		548,765.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) PASADENA HEALTH CENTER, INC. 908 SOUTHWORE AVE. PASADENA, TX 77502	20-0462905	501(C)(3)		581,146.	FMV	MEDICAL SUPPLIES	EMERGENCY
(5) PAUITE INDIAN TRIBE OF UTAH 440 N. PAIUTE DR. CEDAR CITY, UT 84721	87-0365095	115		8,882.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) PEDIPLACE 502 OLD ORCHARD LN LEWISVILLE, TX 75067	75-2512752	501(C)(3)		120,505.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) PEOPLES CLINIC 3111 ELECTRIC AVE PORT HURON, MI 48060	38-3274342	OTHER		37,278.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) PERSON CENTERED PARTNERSHIPS IN DBA AMARA W 5801 EXECUTIVE CTR. DR. CHARLOTTE, NC 28212	56-2271889	501(C)(3)		302,529.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) PERSONAL ENRICHMENT THROUGH MENTAL HEALTH 11254 58TH ST. PINELLAS PARK, FL 33782-2213	59-3453549	501(C)(3)		63,579.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) POCATELLO FREE CLINIC 429 WASHINGTON POCATELLO, ID 83201	82-0351133	501(C)(3)		561,284.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) POLK COUNTY HEALTH CENTER 1317 W. BRD.WAY BOLIVAR, MO 65613	43-1268665	115		94,240.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) PORT ARANSAS TEXAS EMS 710 W. AVE A PORT ARANSAS, TX 78373		115		16,185.	FMV	MEDICAL SUPPLIES	EMERGENCY

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(1) PORT ARTHUR HEALTH DEPARTMENT 2200 JEFFERSON DR. PORT ARTHUR, TX 77647		115		37,242.	FMV	MEDICAL SUPPLIES	EMERGENCY
(2) PORTER STARKE SERVICES D.B.A. MARRAM HEALTH 601 WALL ST. VALPARAISO, IN 46383	35-1330771	501(C)(3)		586,803.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) PRESBYTERIAN MEDICAL CARE MISSION 1857 PINE ST STE 100 ABILENE, TX 79601	75-1910600	501(C)(3)		939,860.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) PRIMARY CARE & HOPE CLINIC 1453 HOPE WAY MURFREESBORO, TN 37129	62-1482091	501(C)(3)		76,746.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) PROJECT SOS (SUPPORT OUR SOLDIERS) 2412 DUE WEST DR. THE VILLAGES, FL 32162	27-2932657	501(C)(3)		9,184.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) PROTEUS 1221 CTR. ST DES MOINES, IA 50309	42-1186501	501(C)(3)		66,937.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) PRYMED MEDICAL CARE RD 149 FM 13 CIALES, PR 00638	66-0329532	501(C)(3)		16,911.	FMV	MEDICAL SUPPLIES	EMERGENCY
(8) PUERTO RICO DEPARTMENT OF HEALTH 1111 CESAR LUIS GON. SAN JUAN, PR 00927		115		36,453.	FMV	MEDICAL SUPPLIES	EMERGENCY
(9) RAPHA CLINIC OF WEST GEORGIA INC RAPHA CLIN. OF W GA TEMPLE, GA 30179	27-1188932	501(C)(3)		16,291.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) RAPHAEL COMMUNITY FREE CLINIC, INC. 1807 WATER ST. KERRVILLE, TX 78028	74-2819628	501(C)(3)		150,003.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) REACH OUT OF MONTGOMERY COUNTY 25 E. FORAKER DAYTON, OH 45409	31-1434282	501(C)(3)		265,756.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) REFRESH F5 INC 25 W. MAIN ST. AUSTIN, IN 47102	81-3730871	501(C)(3)		100,308.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) REFUGE CLINIC 2349 RICHMOND RD LEXINGTON, KY 40502	37-1547506	501(C)(3)		17,815.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) REMOTE AREA MEDICAL 2200 STOCK CREEK BLVD ROCKFORD, TN 37853	62-1650446	501(C)(3)		864,672.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) RENEWED HOPE HEALTH CLINIC 894 MARSHALL ALLEGAN, MI 49010	16-1760734	501(C)(3)		148,186.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) RICHARD CONDORELLI MEMORIAL FOUNDATION 7 TAGGART DR., STE. F NASHUA, NH 03060	26-2917177	501(C)(3)		2,662,152.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) RILEY MEDICAL CLINIC/FIRST BAPTIST CHURCH J 147 CHURCH ST. JONESBORO, GA 30236	58-0685903	501(C)(3)		141,416.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) RIVER HILLS COMMUNITY HEALTH CENTER 100 W MAIN ST RICHLAND, IA 52585	42-1489471	501(C)(3)		849,320.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) RIVER HILLS COMMUNITY HEALTH CENTER 201 S. MARKET ST. OTTUMWA, IA 52501	42-1489471	501(C)(3)		287,739.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) RIVER VALLEY FAMILY HEALTH CENTER PO BOX 529 OLATHE, CO 81425	27-3757444	501(C)(3)		1,866,877.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) RIVERVIEW HEALTH SERVICES 722 REYNOLDS AVE. KANSAS CITY, KS 66101	48-1072716	501(C)(3)		14,107.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) ROANOKE CHOWAN COMMUNITY HEALTH CENTER (RCC) 120 HEALTH CENTER DR. AHOSKIE, NC 27910	42-1638714	501(C)(3)		120,936.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) ROCK SPRINGS CLINIC 211 ROCK SPRINGS RD. MILNER, GA 30257	26-4485460	501(C)(3)		575,037.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) ROPHE FREE CLINIC 4374 W 52ND ST INDIANAPOLIS, IN 46254	81-2339063	501(C)(3)		137,660.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) ROSE GARDEN CENTER FOR HOPE AND HEALING 2020 MADISON AVE COVINGTON, KY 41014	27-2425177	501(C)(3)		178,158.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) ROTACARE INC 875 JERUSALEM AVE UNIONDALE, NY 11530	11-3135331	501(C)(3)		276,485.	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)		24,397.	FMV	MEDICAL SUPPLIES	EMERGENCY
(4) RUTHS PLACE 1411 CRAWFORD AVE. GRANBURY, TX 76048	20-4594680	501(C)(3)		115,923.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) RUTLAND FREE CLINIC 145 STATE ST. RUTLAND, VT 05701	83-0427544	501(C)(3)		224,815.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) SACRED HEART COMMUNITY CLINIC 620 ROUND ROCK WEST DR ROUND ROCK, TX 78681	27-2901548	501(C)(3)		75,795.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) SAFE HARBOR FREE CLINIC 7209 265TH ST. STANWOOD, WA 98292	26-3825107	501(C)(3)		11,565.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) SAFENETRX PHARMACY 11100 AURORA AVE. URBANDALE, IA 50322	42-1518875	501(C)(3)		171,626.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) SALINA FAMILY HEALTHCARE CENTER 651 EAST PRESCOTT RD. SALINA, KS 67401	48-0858197	501(C)(3)		136,110.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) SALT LAKE COUNTY HEALTH DEPARTMENT 2001 STATE ST. SALT LAKE CITY, UT 84114	87-6000316	115		22,472.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) SALUD INTEGRAL EN LA MONTANA (SIM) CENTRO DE SALUD INTEG. NARANJITO, PR 00719	66-0329532	501(C)(3)		205,456.	FMV	MEDICAL SUPPLIES	EMERGENCY
(12) SAMARITAN HEALTH CENTER 13 ROSE ST. DANBURY, CT 06810	75-3258057	501(C)(3)		16,086.	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) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**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.

▶ Go to www.irs.gov/Form990 for the latest information.

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) SAMARITAN HOUSE 114 5TH AVE REDWOOD CITY, CA 94063	23-7416272	501(C)(3)		5,032.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) SAMARITAN REGIONAL HEALTH CLINIC 937 BRD.WAY CAPE GIRARDEAU, MO 63701	27-5427837	501(C)(3)		1,088,012.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) SAMARITANS TOUCH CARE CENTER 3015 HERRING AVE. SEBRING, FL 33870	02-0773338	501(C)(3)		1,990,132.	FMV	MEDICAL SUPPLIES	EMERGENCY
(4) SAMARITANS TOUCH CARE CENTER 3015 HERRING AVE. SEBRING, FL 33870	02-0773338	501(C)(3)		124,586.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-NEW 25115 AVE. STANFORD VALENCIA, CA 91355	95-4278726	501(C)(3)		64,239.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) SAMUEL DIXON FAMILY HEALTH CENTERS, INC-VAL 25115 AVE. STANFORD VALENCIA, CA 91355	95-4278726	501(C)(3)		27,092.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) SAN FRANCISCO FREE CLINIC 4900 CALIFORNIA ST. SAN FRANCISCO, CA 94118	94-3186248	501(C)(3)		259,402.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) SAN JOSE CLINIC 2615 FANNIN ST. HOUSTON, TX 77002	76-0373703	501(C)(3)		901,784.	FMV	MEDICAL SUPPLIES	EMERGENCY
(9) SANTA ROSA COMMUNITY HEALTH CENTERS 3569 ROUND BARN CR SANTA ROSA, CA 95403	68-0365296	501(C)(3)		18,190.	FMV	MEDICAL SUPPLIES	EMERGENCY
(10) SANTA ROSA COMMUNITY HEALTH CENTERS 3569 ROUND BARN CR SANTA ROSA, CA 95403	68-0365296	501(C)(3)		8,623.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) SCHNEIDER REGIONAL MEDICAL CENTER 9048 SUGAR ESTATE ST. THOMAS, VI 00802	66-0873579	501(C)(3)		132,045.	FMV	MEDICAL SUPPLIES	EMERGENCY
(12) SCHUYLER COUNSELING AND HEALTH SERVICES 127 S. LIBERTY RUSHVILLE, IL 62681	37-0923523	501(C)(3)		15,214.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) SCOTLAND COMMUNITY HEALTH CLINIC 1405-B WEST BLVD LAURINBURG, NC 28353	20-2841940	501(C)(3)		85,733.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) SCOTT COUNTY HEALTH DEPARTMENT 1296 N. GARDNER ST SCOTTSBURG, IN 47170	00-3118924	115		52,278.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) SEAGER MEMORIAL CLINIC PO BOX 150143 OGDEN, UT 84415-0143	46-0711300	501(C)(3)		321,728.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) SECOND HARVEST FOOD BANK OF GREATER NEW ORL 700 EDWARDS AVE NEW ORLEANS, LA 70123	72-0956468	501(C)(3)		33,743.	FMV	MEDICAL SUPPLIES	EMERGENCY
(5) SEMO HEALTH NETWORK 421 SEMO DR. NEW MADRID, MO 63869	43-1253101	501(C)(3)		1,201,330.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) SENIOR FRIENDSHIP CENTERS, INC. 1900 BROTHER GEENEN WAY SARASOTA, FL 34236	59-1522614	501(C)(3)		331,570.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) SET FAMILY MEDICAL CLINICS 2864 CIRCLE DR. COLORADO SPRINGS, CO 80906	84-1183335	501(C)(3)		30,344.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) SETON CENTRAL OUTPATIENT PHARMACY 1500 RED RIVER ST 14052 AUSTIN, TX 78701	74-1109643	501(C)(3)		61,425.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) SHELTER HEALTH SERVICES 534 SPRATT ST. CHARLOTTE, NC 28206	20-3041985	501(C)(3)		129,727.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) SHENANODAH COMMUNITY HEALTH CLINIC 124 VALLEY VISTA DR WOODSTOCK, VA 22664	54-2032008	501(C)(3)		6,943.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) SHEPHERDS CARE MEDICAL CLINIC 304 B PONY RD. ZEBULON, NC 27597	26-2757593	501(C)(3)		168,289.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) SHEPHERDS CLINIC 2800 KIRK AVE. BALTIMORE, MD 21218	52-1739001	501(C)(3)		28,176.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) SHIFA CLINIC 1092 JOHNNIE DODDS MT. PLEASANT, SC 29464	04-3810161	501(C)(3)		493,520.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) SILOAM FAMILY HEALTH CENTER 820 GALE LN. NASHVILLE, TN 37204	58-1867940	501(C)(3)		263,245.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) SINCLAIR HEALTH CLINIC 301 N. CAMERON ST. WINCHESTER, VA 22601	54-1373296	501(C)(3)		23,187.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) SISTER MAURA BRANNICK HEALTH CENTER 326 S. CHAPIN ST. SOUTH BEND, IN 46601	53-0196617	501(C)(3)		74,574.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) SMITH MEDICAL CLINIC, INC 99 BASKERVILL DR. PAWLEYS ISLAND, SC 29585	57-0786699	501(C)(3)		291,371.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) SNAKE RIVER COMMUNITY CLINIC 215 10TH ST. LEWISTON, ID 83501	31-1726460	501(C)(3)		433,171.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) SOCIAL HEALTH AND MEDICAL SERVICE CLINIC (S) 7439 FRANKFORD AVE PHILADELPHIA, PA 19136	04-3810161	501(C)(3)		135,899.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) SOCIAL WELFARE BOARD 904 S. 10TH, STE. A ST. JOSEPH, MO 64503	44-6000455	115		57,467.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) SOCIEDAD PUERTORIQUEÑO DE ENDOCRINOLOGIA Y BAYAMON HLTH CTR. BAYAMON, PR 00960	66-0442165	501(C)(3)		477,968.	FMV	MEDICAL SUPPLIES	EMERGENCY
(10) SOCIETY OF ST. VINCENT DE PAUL 2033 FISH HATCHERY MADISON, WI 53725-9686	39-0824876	501(C)(3)		403,323.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) SOCIETY OF ST. VINCENT DE PAUL CHARITABLE P 3826 GILBERT AVE. DALLAS, TX 75219	26-3273175	501(C)(3)		71,093.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) S. CENTRAL MISSOURI COMMUNITY HEALTH CENTER 1081 EAST 18TH ST. ROLLA, MO 65401	26-2522083	501(C)(3)		382,796.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) S. ROUTT MEDICAL CENTER HEALTH SERVICE DIST PO BOX 8 OAK CREEK, CO 80467	84-6032810	501(C)(3)		41,228.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) S. SANTA ROSA INTERFAITH MINISTRIES GOOD SAMARITAN CLINC GULF BREEZE, FL 32563	59-3690750	501(C)(3)		547,664.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) SOUTHEAST INC. 16 WEST LONG ST. COLUMBUS, OH 43215	31-0940189	501(C)(3)		29,180.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) SOUTHEAST MENTAL HEALTH SERVICES 711 BARNES AVE. LA JUNTA, CO 81050	84-0519607	501(C)(3)		299,218.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) SOUTHERN NEVADA HEALTH DISTRICT 280 S DECATUR BLVD LAS VEGAS, NV 89107	88-0151573	115		300,787.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) SOUTHSIDE COMMUNITY HEALTH SERVICES, INC. 324 EAST 35TH ST. MINNEAPOLIS, MN 55409	23-7113799	501(C)(3)		16,329.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) SOUTHWEST BOULEVARD FAMILY HEALTH CLINIC 300 SW BOULEVARD KANSAS CITY, KS 66103	48-1067752	501(C)(3)		492,560.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) SOUTHWEST COMMUNITY HEALTH CENTER 266 W MAIN ST HILLSBORO, OR 97123	74-3050497	501(C)(3)		199,986.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) SOUTHWEST IOWA MENTAL HEALTH CENTER 1500 EAST 10TH ST. ATLANTIC, IA 50022	42-0928938	501(C)(3)		64,530.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) SOUTHWEST MISSOURI AREA COALITION 1011 W MAIN BUFFALO, MO 65622	27-3253482	501(C)(3)		107,232.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) SOUTHWEST UTAH COMMUNITY HEALTH CENTER 25 N. 100 EAST ST GEORGE, UT 84770	35-2163112	501(C)(3)		904,101.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) SPACE COAST VOLUNTEERS IN MEDICINE 2555 JUDGE FRAN JAMIESON VIERA, FL 32940	27-2135914	501(C)(3)		166,578.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) SPACE COAST VOLUNTEERS IN MEDICINE 2555 JUDGE FRAN JAMIESON VIERA, FL 32940	27-2135914	501(C)(3)		33,308.	FMV	MEDICAL SUPPLIES	EMERGENCY
(2) SPINDLETOP CENTER 2750 S. 8TH ST. BEAUMONT, TX 77701	74-1684198	501(C)(3)		1,833,075.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) SPRING BRANCH COMMUNITY HEALTH CENTER 800 W SAM HOUSTON PKWY S HOUSTON, TX 77042	30-0198705	501(C)(3)		388,410.	FMV	MEDICAL SUPPLIES	EMERGENCY
(4) ST CHARLES/MCAULEY CLINIC 5024 N GROVE OKLAHOMA CITY, OK 73122	73-0701035	501(C)(3)		27,304.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) ST LUKE COMMUNITY CLINIC 316 N ROYAL AVE FRONT ROYAL, VA 22630	54-1801220	501(C)(3)		30,918.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) ST VINCENT DE PAUL CHARITABLE PHARMACY 1125 BANK ST. CINCINNATI, OH 45214	30-0272954	501(C)(3)		682,056.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) ST. CLARE MEDICAL OUTREACH 1407 YORK RD. LUTHERVILLE, MD 21093	52-1681044	501(C)(3)		832,323.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) ST. FRANCIS COMMUNITY FREE CLINIC 1062 N. KOELLER ST. OSHKOSH, WI 54902	39-1334342	501(C)(3)		283,465.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) ST. JOESPH'S NEIGHBORHOOD CENTER ST. JOSEPH'S NBHD. CTR. ROCHESTER, NY 14620	46-1176792	501(C)(3)		344,468.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) ST. JOHN BOSCO CLINIC, INC. 3661 S. MIAMI AVE. MIAMI, FL 33133	65-0435764	501(C)(3)		135,478.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) ST. JOSEPH HEALTH CENTER 510 W. ADAMS ST PLYMOUTH, IN 46563	35-1142669	501(C)(3)		646,540.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) ST. JOSEPH PRIMARY CARE 4400 FALLS OF NEUSE RD. RALEIGH, NC 27609	46-5192720	501(C)(3)		548,548.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) ST. LUKES CLINIC 132 SEYMOUR AVE. JACKSON, MI 49202	32-0038675	501(C)(3)		59,600.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) ST. MARTINS HEALTHCARE INC ST. MARTIN'S HEALTHCARE GARRETT, IN 46738	20-8609620	501(C)(3)		668,723.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) ST. MARY'S HEALTH WAGON 5626 PATRIOT DR. WISE, VA 24293	04-3739083	501(C)(3)		5,211.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) ST. MARY'S LEGACY CLINIC 805 S. NORTHSHORE DR. KNOXVILLE, TN 37919	46-2331706	501(C)(3)		47,346.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) ST. MARYS HEALTH CENTER 1302 DRAYTON ST SAVANNAH, GA 31401	58-2282758	501(C)(3)		8,701.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) ST. MICHAEL'S COMMUNITY SERVICES INC 1005 W. 18TH ST. ANNISTON, AL 36201	63-0974974	501(C)(3)		783,659.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) ST. THOMAS CLINIC 600 PAUL HAND BLVD. FRANKLIN, IN 46131	35-1449379	501(C)(3)		58,621.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) ST. THOMAS EAST END MEDICAL CENTER CORP. 4605 TUTU PARK MALL ST. THOMAS, VI 00802	66-0585077	501(C)(3)		1,747,266.	FMV	MEDICAL SUPPLIES	EMERGENCY
(9) ST. VINCENT DE PAUL MEDICAL CLINIC 420 W WATKINS RD PHOENIX, AZ 85013	86-0096789	501(C)(3)		47,320.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) ST. VINCENT DEPAUL COMMUNITY PHARMACY 502 GRAMMONT ST MONROE, LA 71201	90-0014479	501(C)(3)		124,518.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) ST. VINCENT'S MOBILE HEALTH OUTREACH MINIST 3 SHIRCLIFF WAY JACKSONVILLE, FL 32204	53-0196617	501(C)(3)		38,351.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) ST. VINCENT'S STUDENT FREE CLINIC 2817 POST OFFICE ST GALVESTON, TX 77550	74-1384864	501(C)(3)		169,109.	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) ST. VINCENT'S STUDENT FREE CLINIC 2817 POST OFFICE ST GALVESTON, TX 77550	74-1384864	501(C)(3)		41,038.	FMV	MEDICAL SUPPLIES	EMERGENCY
(2) ST.MARY'S DINING ROOM 545 W.SONORA ST. STOCKTON, CA 95203	94-2687280	501(C)(3)		328,418.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) STAR - STAND TOGETHER AND RECOVER CENTERS, 3003 N CENTRAL AVE PHOENIX, AZ 85012	86-0586210	501(C)(3)		218,994.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) STEHOUWER FREE CLINIC 201 N. MITCHELL CADILLAC, MI 49601	61-1401888	501(C)(3)		6,157.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) STEPHEN F. AUSTIN COMMUNITY HEALTH CENTER 1612 CALLAWAY DR. ALVIN, TX 77511	41-2273820	501(C)(3)		52,198.	FMV	MEDICAL SUPPLIES	EMERGENCY
(6) STILLWATER COMMUNITY HEALTH CENTER 1321 W. 7TH AVE. STILLWATER, OK 74074	73-1502192	501(C)(3)		17,601.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) SU CLINICA 1706 TREASURE HILLS HARLINGEN, TX 78550	74-2965534	501(C)(3)		5,729.	FMV	MEDICAL SUPPLIES	EMERGENCY
(8) SULZBACHER HEALTH CENTER 611 EAST ADAMS ST. JACKSONVILLE, FL 32202	59-3229898	501(C)(3)		906,670.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) SULZBACHER HEALTH CENTER 611 EAST ADAMS ST. JACKSONVILLE, FL 32202	59-3229898	501(C)(3)		408,658.	FMV	MEDICAL SUPPLIES	EMERGENCY
(10) SUMPTER FREE MEDICAL CLINIC DBA SUMPTER FRE 1083 HWY 35 SAINT STEPHEN, SC 29479	27-1097304	501(C)(3)		226,491.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) SURRY MEDICAL MINISTRIES PO BOX 349 MOUNT AIRY, NC 27030	56-1829347	501(C)(3)		108,711.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) SUSAN B. ANTHONY CENTER, INC. 1633 POINCIANA DR. PEMBROKE PINES, FL 33025	65-0583089	501(C)(3)		194,213.	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) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**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.

▶ Go to www.irs.gov/Form990 for the latest information.

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) SWAIN COUNTY CARING CORNER PO BOX 1998 BRYSON CITY, NC 28713	47-2593010	501(C)(3)		139,229.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) SWEETWATER EPISCOPAL ACADEMY 251 E LAKE BRANTLEY DR LONGWOOD, FL 32779	59-2404885	501(C)(3)		10,261.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) TALBOT HOUSE MINISTRIES OF LAKELAND, INC. 814 N. KENTUCKY AVE. LAKELAND, FL 33801	85-8012641	501(C)(3)		512,632.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) TARZANA TREATMENT CENTERS, INC. 18646 OXNARD ST. TARZANA, CA 91356	94-2219349	501(C)(3)		140,135.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) TEMPLE COMMUNITY CLINIC 1905 CURTIS B ELLIOT DR. TEMPLE, TX 76501	74-2634500	501(C)(3)		108,562.	FMV	MEDICAL SUPPLIES	EMERGENCY
(6) TEMPLE COMMUNITY CLINIC 1905 CURTIS B ELLIOT DR. TEMPLE, TX 76501	74-2634500	501(C)(3)		7,838.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) TEWKSBURY HEALTH DEPT. 1009 MAIN ST TEWKSBURY, MA 01876	04-6001322	115		18,960.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) TEXAS DEPARTMENT OF STATE HEALTH SERVICES 1100 WEST 49TH ST. AUSTIN, TX 78756		115		152,940.	FMV	MEDICAL SUPPLIES	EMERGENCY
(9) THE ARK 6450 N. CALIFORNIA AVE. CHICAGO, IL 60645	23-7164967	501(C)(3)		370,723.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) THE CARE CLINIC 239 ROBESON ST. FAYETTEVILLE, NC 28301	56-1837010	501(C)(3)		47,211.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) THE CENTER FOR BLACK WOMEN'S WELLNESS 477 WINDSOR ST. ATLANTA, GA 30312	58-2212203	501(C)(3)		17,570.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) THE CLINIC 143 CHURCH ST. PHOENIXVILLE, PA 19460	23-3072363	501(C)(3)		275,252.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) THE EL PASO BAPTIST CLINIC 8308 ECHO ST EL PASO, TX 79901	20-3046801	501(C)(3)		278,417.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) THE FLOATING HOSPITAL 4140 27TH ST LONG ISLAND CITY, NY 11101	13-1624169	501(C)(3)		384,491.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) THE FREE CLINICS OF HENDERSON COUNTY 841 CASE ST. HENDERSONVILLE, NC 28792	56-2212024	501(C)(3)		5,407.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) THE FREE MEDICAL CLINIC 1875 HARDEN ST. COLUMBIA, SC 29204	57-0779279	501(C)(3)		61,470.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) THE FRIENDSHIP CLINIC 704 LATAH BOISE, ID 83705	20-0184266	501(C)(3)		63,647.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) THE GOOD SAMARITAN CENTER 140 INDUS. LOOP FREDERICKSBURG, TX 78624	91-2129853	501(C)(3)		51,586.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) THE MEDINA HEALTH MINISTRY 970 E. WASHINGTON ST. MEDINA, OH 44256	30-0092944	501(C)(3)		91,506.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) THE NEIGHBORHOOD CHRISTIAN CLINIC 1929 W. FILLMORE PHOENIX, AZ 85009	86-0839580	501(C)(3)		191,659.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) THE OPEN DOOR CLINIC 130 W CENTRAL CHIPPEWA FALLS, WI 54729	20-3673759	501(C)(3)		8,757.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) THE RD. HOME, PEDIATRIC ACUTE CARE CLINIC 210 RIO GRANDE ST SALT LAKE CITY, UT 84104	87-0212465	501(C)(3)		156,184.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) THE SALVATION ARMY 10291 MCGREGOR BLVD FT MYERS, FL 33919	58-0660607	501(C)(3)		552,498.	FMV	MEDICAL SUPPLIES	EMERGENCY
(12) THE SALVATION ARMY 10291 MCGREGOR BLVD FT MYERS, FL 33919	58-0660607	501(C)(3)		66,402.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) THE SALVATION ARMY - PUERTO RICO 440 WEST NYACK RD. WEST NYACK, NY 10994	13-5562351	501(C)(3)		61,979.	FMV	MEDICAL SUPPLIES	EMERGENCY
(2) THE SALVATION ARMY - TEXAS DIVISION 6500 HARRY HINES BLVD DALLAS, TX 75235	75-0800678	501(C)(3)		110,489.	FMV	MEDICAL SUPPLIES	EMERGENCY
(3) THE TEXAS INTL. INSTITUTE OF HEALTH PROFESS 8121 BRD.WAY ST. HOUSTON, TX 77061	46-1267820	501(C)(3)		129,927.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) THE WAY FREE MEDICAL CLINIC, INC. 479 HOUSTON GREEN COVE SPRINGS, FL 32043	76-0828154	501(C)(3)		921,112.	FMV	MEDICAL SUPPLIES	EMERGENCY
(5) THE WAY FREE MEDICAL CLINIC, INC. 479 HOUSTON GREEN COVE SPRINGS, FL 32043	76-0828154	501(C)(3)		68,203.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) THE WRIGHT CENTER/COMMUNITY HEALTH HUB 640 MADISON AVE SCRANTON, PA 18510	27-3582779	501(C)(3)		43,503.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) THRESHOLDS, INC 4101 N. RAVENSWOOD CHICAGO, IL 60613	36-2518901	501(C)(3)		5,749.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) TOMAGWA 455 SCHOOL ST. #30 TOMBALL, TX 77375	76-0280324	501(C)(3)		485,192.	FMV	MEDICAL SUPPLIES	EMERGENCY
(9) TOMAGWA 455 SCHOOL ST. #30 TOMBALL, TX 77375	76-0280324	501(C)(3)		267,305.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) TOTAL FAMILY MEDICAL, LLC 22601 HWY 190 ROBERT, LA 70455	46-1385117	OTHER		322,978.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) TREASURE COAST COMMUNITY HEALTH, INC TREASURE COAST COM. VERO BEACH, FL 32962	59-3219191	501(C)(3)		58,929.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) TRI CITY HEALTH PARTNERSHIP 318 WALNUT ST. SAINT CHARLES, IL 60174	36-4475369	501(C)(3)		13,058.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) TRIANGLE AREA NETWORK 3737 N. 16TH ST. ORANGE, TX 77632	76-0226835	501(C)(3)		904,866.	FMV	MEDICAL SUPPLIES	EMERGENCY
(2) TRIANGLE AREA NETWORK - BEAUMONT 1495 N. 7TH ST. BEAUMONT, TX 77702	76-0226835	501(C)(3)		227,978.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) TRIANGLE AREA NETWORK - ORANGE 3737 N 16TH ST. ORANGE, TX 77632	76-0226835	501(C)(3)		280,883.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) TRINITY CLINIC 507 4TH ST. CALVIN, OK 74531	73-1325401	501(C)(3)		234,364.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) TROPICAL TEXAS BEHAVIORAL HEALTH 1901 S. 24TH AVE. EDINBURG, TX 78539	74-1565510	501(C)(3)		850,999.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) UBI CARITAS 4442 HIGHLAND AVE. BEAUMONT, TX 77705	76-0558225	501(C)(3)		166,120.	FMV	MEDICAL SUPPLIES	EMERGENCY
(7) UNDERGROUND FREE CLINIC PO BOX 75157 TAMPA, FL 33675	20-4722214	501(C)(3)		544,904.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) UNION COUNTY HEALTH DEPARTMENT 940 LONDON AVE. MARYSVILLE, OH 43040	31-6400087	115		12,918.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) UNION GOSPEL MISSION CLINIC @ UNION GOSPEL DALLAS, TX 75247	75-6003612	501(C)(3)		36,603.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) UNION GOSPEL MISSION CLINIC 1300 N 1ST ST. YAKIMA, WA 98901	23-7050061	501(C)(3)		409,467.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) UNISON BEHAVIORAL HEALTH 1007 MARY ST. WAYCROSS, GA 31501	58-2107877	115		96,722.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) UNITED HEALTH PARTNERS (UHP) 3723 ROWLOCK VINE DR HOUSTON, TX 77084	61-1757254	501(C)(3)		503,371.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) UNIVERSITY OF MIAMI 1601 NW 12 AVE. #4067 MIAMI, FL 33136	59-0624458	501(C)(3)		254,737.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) UNIVERSITY OF MIAMI 1601 NW 12 AVE. #4067 MIAMI, FL 33136	59-0624458	501(C)(3)		92,462.	FMV	MEDICAL SUPPLIES	EMERGENCY
(3) UNIVERSITY OF WISCONSIN OSHKOSH LIVING HEAL 510 DOCTORS COURT OSHKOSH, WI 54901	39-6076856	501(C)(3)		23,586.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) UPHAM'S CORNER HEALTH CENTER 500 COLUMBIA RD. DORCHESTER, MA 02125	23-7211732	501(C)(3)		402,841.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) URBAN HEALTH AND WELLNESS 859 METROPOLITAN PKWY. ATLANTA, GA 30310	81-3845426	501(C)(3)		59,997.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) URBAN MINISTRIES OF WAKE COUNTY, INC. 1390 CAPITAL BLVD. RALEIGH, NC 27603	58-1422700	501(C)(3)		71,242.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) URGENT & PRIMARY CARE OF CLARKSDALE P O BOX 2098 CLARKSDALE, MS 38614	82-1075385	OTHER		25,939.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) US SALVATION ARMY 1221 RIVER BEND DR. DALLAS, TX 75235	22-2406433	501(C)(3)		5,145.	FMV	MEDICAL SUPPLIES	EMERGENCY
(9) USVI DEPARTMENT OF HEALTH USVI DEPT. OF HEALTH ST. THOMAS, VI 00802		115		3,077,625.	FMV	MEDICAL SUPPLIES	EMERGENCY
(10) USVI DEPARTMENT OF HUMAN SERVICES 24 AA KINGSHILL ST CROIX, VI 00824		115		53,922.	FMV	MEDICAL SUPPLIES	EMERGENCY
(11) UT HEALTH SCIENCE CENTER AT SAN ANTONIO - F THE CMHE AT UTHSCSA SAN ANTONIO, TX 78229	74-1586031	115		166,202.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) VALLEY COMMUNITY HEALTH CENTERS 212 S. 4TH ST. GRAND FORKS, ND 58201	27-0056777	501(C)(3)		56,289.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) VARIETY CARE PO BOX 250 GRANDFIELD, OK 73546	73-1088577	501(C)(3)		833,680.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) VECINOS FARMWORKER HEALTH PROGRAM 3971 LITTLE SAVANNAH RD CULLOWHEE, NC 28723	57-1192063	501(C)(3)		63,681.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) VIRGINIA B. ANDES VOLUNTEER COMMUNITY CLINI 21297 OLEAN BLVD PORT CHARLOTTE, FL 33952	65-0958642	501(C)(3)		216,476.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) VIRGINIA B. ANDES VOLUNTEER COMMUNITY CLINI 21297 OLEAN BLVD PORT CHARLOTTE, FL 33952	65-0958642	501(C)(3)		119,383.	FMV	MEDICAL SUPPLIES	EMERGENCY
(5) VISTA COMMUNITY HEALTH CENTER 14117 HUBBARD ST. STE. M SYLMAR, CA 91342	45-4642549	501(C)(3)		15,642.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) VOLUNTEER BEHAVIORAL HEALTH CARE SYSTEM 1200 S WILLOW AVE COOKEVILLE, TN 38506	62-1589440	501(C)(3)		201,291.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) VOLUNTEERS IN MEDICINE VOL. IN MED. HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)		310,039.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) VOLUNTEERS IN MEDICINE - CLINIC OF THE CASC 2300 NE NEFF RD. BEND, OR 97701	93-1327847	501(C)(3)		750,921.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) VOLUNTEERS IN MEDICINE - SAN DIEGO 1457 E MADISON AVE. EL CAJON, CA 92019	26-0057391	501(C)(3)		9,549.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) VOLUNTEERS IN MEDICINE CLINIC 2260 MARCOLA RD. SPRINGFIELD, OR 97477	93-1276816	501(C)(3)		383,021.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) VOLUNTEERS IN MEDICINE CLINIC 417 SE BALBOA AVE. STUART, FL 34994	65-1115793	501(C)(3)		465,110.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) VOLUNTEERS IN MEDICINE CLINIC OF MONROE COU 811 W. SECOND ST. BLOOMINGTON, IN 47403	20-5383915	501(C)(3)		49,424.	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) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**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.

▶ Go to www.irs.gov/Form990 for the latest information.

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 OF THE OLYMPICS P.O. BOX 639 PORT ANGELES, WA 98362	01-0590704	501(C)(3)		9,998.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) VOLUNTEERS IN MEDICINE WILKES BARRE 190 N. PA AVE WILKES BARRE, PA 18702	20-3531527	501(C)(3)		103,443.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) VOLUNTEERS IN MEDICINE, INC. 1039 S. DUCHESNE ST CHARLES, MO 63301	43-1791543	501(C)(3)		442,992.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) VOLUSIA VOLUNTEERS IN MEDICINE 113 LOCKHART ST. DAYTONA BEACH, FL 32114	47-1005976	501(C)(3)		835,570.	FMV	MEDICAL SUPPLIES	EMERGENCY
(5) VOLUSIA VOLUNTEERS IN MEDICINE 113 LOCKHART ST. DAYTONA BEACH, FL 32114	47-1005976	501(C)(3)		25,197.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) WAHID MEDICAL CORP P O BOX 547 PATTERSON, CA 95363	45-3797437	OTHER		309,178.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) WAIMANLO HEALTH CENTER WAIMANALO HLTH CTR. WAIMANALO, HI 96795	99-0273205	501(C)(3)		110,558.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) WALWORTH COUNTY DEPT. OF HEALTH & HUMAN SER W4051 COUNTY RD. NN ELKHORN, WI 53121	39-6005752	115		74,026.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) WASATCH HOMELESS HEALTH CARE, INC. 409 WEST 400 SOUTH SALT LAKE CITY, UT 84101	87-0569356	501(C)(3)		25,374.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) WELCOME HEALTH (FORMERLY NWA FREE HEALTH CT 1100 N. WOOLSEY AVE. FAYETTEVILLE, AR 72703	58-1691790	501(C)(3)		9,779.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) WELLNESS TREE COMMUNITY CLINIC 173 MARTIN ST. TWIN FALLS, ID 83301	26-1249939	501(C)(3)		2,386,363.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) WESLEY CHURCH HEALTH CENTER, INC. 410 PITTSBURGH ST. CONNELLSVILLE, PA 15425	25-1844565	501(C)(3)		27,298.	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) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

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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

- 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) WEST CENTRAL DISTRICT HEALTH DEPARTMENT 111 N DEWEY ST NORTH PLATTE, NE 69101	47-0879835	115		383,844.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) WEST HAWAII COMMUNITY HEALTH CENTER 75-5751 KUAKINI HWY KAILUA-KONA, HI 96740	20-0495394	501(C)(3)		468,306.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) WEST PLAINS CHRISTIAN CLINIC 1117 ALASKA ST. WEST PLAINS, MO 65775	27-1307333	501(C)(3)		62,761.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) WESTCARE GULF COAST FLORIDA INC 8800 49TH ST N PINELLAS PARK, FL 33782	59-3714627	501(C)(3)		5,923.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) WESTMINSTER FREE CLINIC 5560 NAPOLEON DR. OAK PARK, CA 91377	77-0563241	501(C)(3)		223,499.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) WHOLE FAMILY HEALTH CENTER 603 N. INDIAN RIVER FORT PIERCE, FL 34950	65-0715258	501(C)(3)		112,480.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) WILL-GRUNDY MEDICAL CLINIC 213 EAST CASS ST. JOLIET, IL 60432	36-3492306	501(C)(3)		24,220.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) WOFCC HOPE CLINIC 609 WEST AVE. E ELK CITY, OK 73644	26-1284785	501(C)(3)		233,678.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) WOMENKIND 1511 TRUMAN AVE. KEY WEST, FL 33040	65-1003208	501(C)(3)		521,934.	FMV	MEDICAL SUPPLIES	EMERGENCY
(10) WOVEN HEALTH ONE MEDICAL PKWY. FARMERS BRANCH, TX 75234	75-2616002	501(C)(3)		291,219.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) WV HEALTH RIGHT INC 1520 WASHINGTON ST. CHARLESTON, WV 25311	31-1066881	501(C)(3)		423,258.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) YOUR BEST PATHWAY TO HEALTH BENNY MOORE OOLTEWAH, TN 37363	81-3012737	501(C)(3)		110,597.	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) (2017)

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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) ZUFALL HEALTH CENTER 18 WEST BLACKWELL ST. DOVER, NJ 07801	22-3125397	501(C)(3)		11,437.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) AMISTAD COMMUNITY HEALTH CENTER 1533 BROWNLEE BLVD CORPUS CHRISTI, TX 78404	20-3008507	501(C)(3)	199,000.				EMERGENCY
(3) BAPTIST HOSPITALS OF SOUTHEAST TEXAS FOUNDA 3070 COLLEGE ST. BEAUMONT, TX 77702	61-1557670	501(C)(3)	110,208.				EMERGENCY
(4) CASTANER GENERAL HOSPITAL PO BOX 1003 CASTANER, PR 00631-1003	66-0352014	501(C)(3)	14,000.				EMERGENCY
(5) CENTRO DE SALUD FAMILIAR DR JULIO PALMIERI CALLE MORSE ESQUINA ARROYO, PR 00714	66-0496484	501(C)(3)	12,000.				EMERGENCY
(6) CENTROS INTEGRADOS DE SERVICIOS DE SALUD CARR 111 KM AVE LARES, PR 00669	66-0426506	501(C)(3)	12,000.				EMERGENCY
(7) CHRIST CLINIC 25722 KINGSLAND BLVD KATY, TX 77494	90-0789318	501(C)(3)	170,714.				EMERGENCY
(8) CHRISTUS HEALTH SOUTHEAST TEXAS 2830 CAKDER ST. BEAUMONT, TX 77702	76-0136274	501(C)(3)	323,193.				EMERGENCY
(9) COASTAL BEND WELLNESS FOUNDATION 5633 S. STAPLES CORPUS CHRISTI, TX 78411	74-2429518	501(C)(3)	47,871.				EMERGENCY
(10) COMMUNITY HEALTH CARE CLINIC 902 N. FRANKLIN AVE. NORMAL, IL 61761	37-1316328	501(C)(3)	100,000.				ON-GOING
(11) COMMUNITY HEALTH NFP 2611 W CHICAGO AVE. CHICAGO, IL 60622	36-3831793	501(C)(3)	100,000.				ON-GOING
(12) CORPORACION DE SERVICIOS MEDICOS PRIMARIOS 116 AVE DR. SUSONI HATILLO, PR 00659	66-0427194	501(C)(3)	18,000.				EMERGENCY

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06-1008595

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- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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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) CORPORACION SANOS TROCHE, APARTADO 1025 CAGUAS, PR 00726-1025	66-0671427	OTHER	12,000.				EMERGENCY
(2) COSTA SALUD COMMUNITY HEALTH CENTERS INC CALE MUNOZ RIVERA # 28 RINCON, PR 00677	66-0428488	501(C)(3)	12,000.				EMERGENCY
(3) COVENANT HOUSE FLORIDA 733 BREAKERS AVE. FORT LAUDERDALE, FL 33304	59-2323607	501(C)(3)	100,000.				EMERGENCY
(4) COVENANT HOUSE TEXAS 1111 LOVETT BLVD HOUSTON, TX 77006	76-0050882	501(C)(3)	215,000.				EMERGENCY
(5) EASTER SEALS OF GREATER HOUSTON 4888 LOOP CENTRAL DR HOUSTON, TX 77081	74-1238418	501(C)(3)	100,000.				EMERGENCY
(6) FREDERIKSTED HEALTH CARE, INC.. P.O. BOX 1198 FREDERIKSTED, VI 00840	66-0586667	501(C)(3)	21,500.				EMERGENCY
(7) GULF COAST HEALTH CENTER, INC. 2548 MEMORIAL BLVD. PORT ARTHUR, TX 77640	76-0289927	501(C)(3)	103,451.				EMERGENCY
(8) HEALTHCARE FOR THE HOMELESS-HOUSTON 1934 CAROLINE ST. HOUSTON, TX 77002	76-0647934	501(C)(3)	92,985.				EMERGENCY
(9) HOMELAND PREPAREDNESS PROJECT 2833 CYTHEREA CIRCLE ALVIN, TX 77511	34-2028513	501(C)(3)	65,000.				EMERGENCY
(10) IBN SINA FOUNDATION INC. 11226 S. WILCREST DR HOUSTON, TX 77099	76-0698464	501(C)(3)	35,000.				EMERGENCY
(11) LUTHERAN SOCIAL SERVICES OF THE VIRGIN ISLA 516B HOSPITAL ST. FREDERLIKSTED, VI 00840	67-0250807	501(C)(3)	104,311.				EMERGENCY
(12) MANSFIELD CARING PLACE 901 W. BRD. ST. MANSFIELD, TX 76063	27-0537258	501(C)(3)	15,000.				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) (2017)

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- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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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) MIGRANT HEALTH CENTER 491 RAMON E BETANCES ST. MAYAGUEZ, PR 00680	66-0427801	501(C)(3)	20,000.				EMERGENCY
(2) MOROVIS COMMUNITY HEALTH CENTERS INC 2 PATRON ST. MOROVIS, PR 00687	66-0480948	501(C)(3)	12,000.				EMERGENCY
(3) PQMD 326 FIRST ST SUITE 32 ANNAPOLIS, MD 21403	23-3097238	501(C)(3)	7,500.				ON-GOING
(4) PRYMED MEDICAL CARE INC CARRETERA 149 KM 13 CIALES, PR 00638	66-0428120	501(C)(3)	12,000.				EMERGENCY
(5) REFUGIO COUNTY MEMORIAL HOSPITAL DISTRICT 107 SWIFT ST. REFUGIO, TX 78377	74-1915330	OTHER	250,000.				EMERGENCY
(6) SALUD INTEGRAL DE LA MONTANA INC RD 164 KM 0.2 SECTOR EL NARANJITO, PR 00719	66-0329532	501(C)(3)	20,000.				EMERGENCY
(7) SAMARITAN'S TOUCH CARE CENTER 3015 HERRING AVE SEBRING, FL 33870	02-0773338	501(C)(3)	10,000.				EMERGENCY
(8) SAN JOSE CLINIC 2615 FANNING ST HOUSTON, TX 77002	76-0373703	501(C)(3)	60,909.				EMERGENCY
(9) SMITHVILLE COMMUNITY CLINIC 300 LYNCH ST SMITHVILLE, TX 78957	20-4515999	501(C)(3)	15,000.				EMERGENCY
(10) SOUTH TEXAS FAMILY PLANNING 4455 PADRE ISLAND CORPUS CHRISTI, TX 78411	74-1728621	501(C)(3)	200,000.				EMERGENCY
(11) SPINDLETOP CENTER 655 S. 8TH ST. BEAUMONT, TX 77701	74-1684198	501(C)(3)	87,632.				EMERGENCY
(12) STEPHEN F. AUSTIN COMMUNITY HEALTH CENTER 1111 WEST ADOUE ST ALVIN, TX 77511	41-2273820	501(C)(3)	425,554.				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) (2017)

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Name of the organization

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Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TEXANA CENTER 4910 AIRPORT AVE ROSENBERG, TX 77471	76-0253287	501(C)(3)	75,000.				EMERGENCY
(2) THE AGAPE CLINIC 4104 JUNIUS ST. DALLAS, TX 75246	14-1847977	501(C)(3)	15,000.				EMERGENCY
(3) THE GOOD SAMARITAN HEALTH CENTER, INC. 1015 DONALD LEE HOLLOWELL ATLANTA, GA 30318	58-2373395	501(C)(3)	100,000.				ON-GOING
(4) TOMAGWA HEALTHCARE MINISTRIES 455 SCHOOL ST., STE. 30 TOMBALL, TX 77375	76-0280324	501(C)(3)	15,000.				EMERGENCY
(5) TRIANGLE AREA NETWORK INC. 1495 N. 7TH ST. BEAUMONT, TX 77702	76-0226835	501(C)(3)	187,500.				EMERGENCY
(6) UBI CARITAS 4442 HIGHLAND AVE BEAUMONT, TX 77705	76-0558225	501(C)(3)	189,986.				EMERGENCY
(7) VECINO HEALTH CENTERS 424 HAHLO ST. HOUSTON, TX 77020	76-0622208	501(C)(3)	10,000.				EMERGENCY
(8) VOCES COALICION DE VACUNACION DE PUERTO RIC 35 JUAN C. BORBON GUAYNABO, PR 00969	66-0798610	501(C)(3)	66,000.				EMERGENCY
(9) VOLUNTEERS IN MEDICINE WILKES-BARRE 190 N. PA AVE. WILKES-BARRE, PA 18702	20-3531527	501(C)(3)	100,000.				ON-GOING
(10) VOLUSIA VOLUNTEERS IN MEDICINE 113 LOCKHART ST. DAYTONA BEACH, FL 32114	47-1005976	501(C)(3)	15,000.				EMERGENCY
(11) WOMANKIND 1511 TRUMAN AVE. KEY WEST, FL 33040	65-1003208	501(C)(3)	10,000.				EMERGENCY
(12) WORLD SURGICAL FOUNDATION P.O. BOX 1006 CAMP HILL, PA 17001	23-2905618	501(C)(3)	25,000.				ON-GOING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 733.

3 Enter total number of other organizations listed in the line 1 table ▶ 11.

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Schedule I (Form 990) (2017)

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	171,808.	268,912,043.		FMV	PRESCRIPTION
2 MEDICAL OUTREACH IN THE US	57.	4,982,567.		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

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2017

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	KEVIN GILRAIN SENIOR V.P., HUMAN RESOURCES	(i)	208,062.	0.	0.	12,669.	22,710.	243,441.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	RACHEL GRANGER V.P. INT'L PARTNRSHP&PROGRAMS	(i)	167,564.	0.	0.	10,080.	9,192.	186,836.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	GARRETT INGOGLIA V.P., EMERG. RES. (THRU 12/17)	(i)	142,262.	0.	0.	8,561.	8,809.	159,632.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	MARTHA KENNARD V.P., OPERATIONS	(i)	137,632.	0.	0.	8,212.	647.	146,491.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	GEOFF KNEISEL V.P., CORPORATE RELATIONS	(i)	128,018.	0.	0.	7,957.	30,878.	166,853.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	GARY LEEDS V.P., FINANCE (THRU 12/2017)	(i)	176,051.	0.	0.	10,815.	23,964.	210,830.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	MICHAEL J. NYENHUIS PRESIDENT & CEO	(i)	347,994.	50,000.	0.	41,625.	21,988.	461,607.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	ANNE PETERSON, MD, MPH SENIOR V.P., GLOBAL PROGRAMS	(i)	235,887.	0.	0.	14,322.	12,490.	262,699.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	TAUFIQUR RAHMAN VP, TECH. UNIT (THRU 11/2017)	(i)	166,994.	0.	0.	7,743.	23,429.	198,166.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	DENNIS RICE (THRU 6/2017) CIO & SVP, INNOVATION	(i)	192,539.	0.	0.	11,729.	29,821.	234,089.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	JED SELKOWITZ CMO & SVP, COMMUNICATIONS	(i)	245,882.	0.	0.	14,832.	20,706.	281,420.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	CHRISTINE SQUIRES CHIEF DEV. OFFICER & SVP	(i)	229,583.	0.	0.	13,905.	23,403.	266,891.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	RICHARD K. TROWBRIDGE, CFO & SENIOR V.P., OPERATIONS	(i)	252,396.	0.	0.	15,300.	29,482.	297,178.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14	LEE WIENER (THRU 2/2017) FORMER V.P., DIRECT. RES	(i)	25,464.	0.	95,704.	0.	4,855.	126,023.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
15	MELISSA WOOLFORD V.P., LEADERSHIP GIFTS	(i)	150,034.	0.	0.	8,776.	647.	159,457.	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 4A

FORMER OFFICER, LEE WEINER, RECEIVED A SEVERANCE PAYMENT IN CALENDAR YEAR

2017; THIS SEVERANCE IS REPORTED IN SCHEDULE J, PART II, COLUMN

(B)(III).

SCHEDULE J, PART I, LINE 4B

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

PLAN. THE FOUNDATION CONTRIBUTED \$7,000 INTO MR. NYENHUIS' SECTION

457(F) PLAN IN CALENDAR YEAR 2017.

SCHEDULE J, PART I, LINE 7

PRESIDENT & CEO, MICHAEL NYENHUIS, RECEIVED A DISCRETIONARY BONUS IN

CALENDAR YEAR 2017 FOR EXCEEDING CERTAIN PERFORMANCE-BASED OBJECTIVES

ESTABLISHED BY THE COMPENSATION COMMITTEE. THE DETERMINATION TO ISSUE A

BONUS IS MEMORIALIZED IN COMPENSATION COMMITTEE MINUTES. PRESIDENT

NYENHUIS DID NOT PARTICIPATE IN THE DECISION-MAKING PROCESS TO AWARD THE

BONUS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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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	121 .	1,708,803 .	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	7,680 .	46,368 .	COST/WHOLESALE PRICE
20 Drugs and medical supplies	X	20,208,197 .	972,928,586 .	COST/WHOLESALE PRICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (HYGIENE ITEMS)	X	1,546,750 .	1,795,045 .	COST/WHOLESALE PRICE
26 Other ▶ (APPAREL)	X	224,339 .	1,221,111 .	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		84 .
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		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?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Schedule M (Form 990) (2017)

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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

2017

**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 AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. HOWEVER, THE INTERESTED DIRECTOR OR

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

AMERICARES PURSUES A RIGOROUS PROCESS TO ENSURE THAT THE COMPENSATION IT PAYS IS COMMENSURATE WITH THE NOT-FOR-PROFIT INDUSTRY IN WHICH IT OPERATES. THE FOUNDATION HAS A COMPENSATION COMMITTEE IN PLACE THAT DETERMINES THE PRESIDENT & CEO'S COMPENSATION BASED ON COMPENSATION

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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SURVEY RESULTS CONDUCTED BY AN INDEPENDENT THIRD PARTY CONSULTANT. (THE LAST SURVEY WAS CONDUCTED IN OCTOBER OF 2017). THE BOARD OF DIRECTORS ULTIMATELY DETERMINES THE COMPENSATION OF THE PRESIDENT AND CEO.

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

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

CHANGES IN SPLIT-INTEREST AGREEMENTS	\$53,595
ADJUSTED VALUE OF DONATED PROPERTY	(13,000)
ADJUSTMENT DUE TO ROUNDING	(1)

TOTAL ADJUSTMENTS FOR LINE 9	\$40,594

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 97 COUNTRIES IN FY18 WITH MEDICINE, MEDICAL SUPPLIES, SUPPORT AND TECHNICAL ASSISTANCE VALUED AT NEARLY \$1.3 BILLION THROUGH OUR ACCESS TO MEDICINE, EMERGENCY, 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 INCLUDE 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, NON-COMMUNICABLE DISEASE (SUCH AS HYPERTENSION AND DIABETES), MENTAL HEALTH AND HEALTH SYSTEM STRENGTHENING.

THROUGH COLLABORATION WITH OUR EXTENSIVE WORLDWIDE PARTNER NETWORK, WE COMMITTED MORE THAN \$14 MILLION OF NEW SUPPORT TO 126 HEALTH PROJECTS AND ACTIVITIES IN 19 COUNTRIES. IN ADDITION, WE LEVERAGED

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

NEARLY \$1.3 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 12.6 MILLION PRESCRIPTIONS AND MORE THAN 21 MILLION UNITS OF SUPPLIES.

ATTACHMENT 2

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

ACCESS TO MEDICINE

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 32 PARTNERS IN 27 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. LAST YEAR, THESE VOLUNTEER TEAMS MADE 1,073 SHORT-TERM MEDICAL OUTREACH TRIPS TO 79 COUNTRIES FOR WHICH AMERICARES PROVIDED \$64 MILLION IN DONATED MEDICINES AND SUPPLIES AS WELL AS MEDICAL TRAINING TOOLS AND RESOURCES.

- THE U.S. PROGRAM SUPPORTS A NETWORK OF 1,009 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 LEADING NONPROFIT PROVIDER OF MEDICAL AID TO THE U.S. HEALTH CARE SAFETY NET.

IN TOTAL, DURING THE 2017-2018 PROGRAM YEAR, AMERICARES RECEIVED \$981 MILLION AND DISTRIBUTED NEARLY \$1.3 BILLION WORTH OF MEDICAL DONATIONS (ENOUGH MEDICINE TO FILL 12.6 MILLION PRESCRIPTIONS, TO TREAT AN ESTIMATED 3.2 MILLION PEOPLE).

ATTACHMENT 3

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

EMERGENCY PROGRAMS

FROM JULY 2017 TO JUNE 2018, AMERICARES RESPONDED TO 35 NATURAL DISASTERS AND HUMANITARIAN CRISES IN 24 COUNTRIES, INCLUDING SIX

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

U.S. STATES AND TWO U.S. TERRITORIES, WITH SHIPMENTS OF MEDICINES AND EMERGENCY SUPPLIES AS WELL AS PREPAREDNESS, RESPONSE AND RECOVERY PROJECTS.

THIS FY18 EMERGENCY WORK INCLUDED SIMULTANEOUS RESPONSES TO HURRICANES HARVEY, IRMA AND MARIA IN 2017, FOR WHICH AMERICARES DEPLOYED MORE THAN 75 RELIEF WORKERS FROM AMERICARES CORE STAFF AND OUR GLOBAL ROSTER TO RAPIDLY RESPOND TO STORM-AFFECTED COMMUNITIES. IN THE INITIAL MONTHS, AMERICARES RELIEF WORKERS SPENT MORE THAN 2,500 DAYS IN THE FIELD, WHILE CORE STAFF CONTINUED TO RESPOND TO NEW DISASTERS SUCH AS THE MEXICO EARTHQUAKE AND MAINTAIN ONGOING WORK. FOR THE THREE HURRICANES IN FY18, AMERICARES DELIVERED NEARLY \$75 MILLION IN TOTAL AID, INCLUDING 360 SHIPMENTS OF MEDICINES AND RELIEF SUPPLIES AND DOZENS OF GRANTS AND DIRECT PROGRAMMING, AND COLLABORATED WITH 164 PARTNER ORGANIZATIONS TO MEET THE HEALTH NEEDS OF SURVIVORS.

FY18 RESPONSES:

- DEMOCRATIC REPUBLIC OF CONGO: EBOLA OUTBREAK
- DJIBOUTI: COMPLEX EMERGENCY
- DOMINICA: HURRICANE MARIA
- EL SALVADOR: ZIKA VIRUS OUTBREAK
- GUATEMALA: FUEGO VOLCANO
- INDIA: CYCLONE OCKHI
- INDIA: ASSAM FLOODS
- INDIA: GUJARAT AND RAJASTHAN FLOODS

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

- IRAQ: EARTHQUAKE
- JORDAN: SYRIAN REFUGEE CRISIS
- KENYA: DROUGHT AND CHOLERA OUTBREAK
- LIBERIA: LASSA FEVER
- MEXICO: EARTHQUAKE
- NEPAL: JHAPA FLOODS
- NEPAL: SAPTARI FLOODS
- PAPUA NEW GUINEA: EARTHQUAKE
- PERU: EXTREME COLD WEATHER
- PHILIPPINES: MAYON VOLCANO
- PHILIPPINES: TROPICAL STORM KAI-TAK
- PHILIPPINES: TYPHOON MARING (DOKSURI)
- PHILIPPINES: LEYTE EARTHQUAKE
- PHILIPPINES: TROPICAL STORM TEMBIN
- SINT MAARTEN: HURRICANE IRMA
- SIERRA LEONE: LANDSLIDE
- SOMALIA: CHOLERA OUTBREAK AND HUNGER CRISIS
- SRI LANKA: FLOODING
- SYRIA: SYRIAN REFUGEE CRISIS
- UGANDA: HEALTH AND HUNGER CRISIS
- U.S. ARIZONA: BORDER CRISIS
- U.S. FLORIDA: HURRICANE IRMA
- U.S. LOUISIANA: GULF COAST FLOODS
- U.S. NORTH CAROLINA: GREENSBORO TORNADO
- U.S. PUERTO RICO: HURRICANE MARIA
- U.S. TEXAS: HURRICANE HARVEY

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

- U.S. VIRGIN ISLANDS: HURRICANES IRMA AND MARIA
- U.S. SOUTHERN CALIFORNIA WILDFIRES
- U.S. NORTHERN CALIFORNIA WILDFIRES
- VENEZUELA: POLITICAL CRISIS
- YEMEN: COMPLEX EMERGENCY

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

ATTACHMENT 4FORM 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 2017-2018, AMERICARES CLINIC IN EL SALVADOR, CLINICA INTEGRAL DE ATENCION FAMILIAR, PROVIDED 39,069 PEOPLE WITH 63,126 CLINICAL CONSULTATIONS. IN ADDITION, OUR PARTNERS, AMERICARES INDIA AND AMERICARES FREE CLINICS IN CONNECTICUT, PROVIDED AN ADDITIONAL 88,217 PATIENTS WITH 179,195 CLINICAL CONSULTATIONS.

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ATTACHMENT 4 (CONT'D)

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.

AMERICARES ALSO PROVIDES RESOURCES AND TRAINING SO HEALTH WORKERS CAN BETTER SERVE THEIR COMMUNITIES AND IMPROVE THE HEALTH OF LOW-INCOME PATIENTS. IN FY18, AMERICARES INCREASED THE CAPACITY OF 6,128 HEALTH WORKERS TO MEET THE HEALTH NEEDS OF THEIR COMMUNITIES AS WELL AS PROTECT THEIR OWN HEALTH AND WELLBEING.

IN OUR COMMUNITY HEALTH WORK, WE ADDRESS THE ROOT CAUSES OF 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 FY18, AMERICARES COMMUNITY HEALTH PROGRAMS SPANNED A RANGE OF HEALTH THEMES INCLUDING NONCOMMUNICABLE DISEASE, WOMEN'S AND

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

CHILDREN'S HEALTH AND PSYCHOSOCIAL HEALTH. EXAMPLES INCLUDE:

- AN EL SALVADOR HYPERTENSION AND DIABETES MANAGEMENT PROJECT WITH DEMONSTRABLE HEALTH IMPROVEMENTS INCLUDING DECREASE IN BODY MASS INDEX (30.35 PERCENT OF 1,341 PATIENTS), NORMALIZED ARTERIAL PRESSURE READINGS (71.82 PERCENT OF 983 PATIENTS WITH HYPERTENSION OR HYPERTENSION AND DIABETES); AS WELL AS DECREASES IN UNCONTROLLED HIGH BLOOD GLUCOSE.

- IN LIBERIA, LAUNCH OF A HOLISTIC FISTULA PROGRAM, WHICH INCLUDES AN EMPHASIS ON RESPECTFUL AND COMPASSIONATE CARE FOR WOMEN SUFFERING INJURY DURING CHILDBIRTH. AFTER LEARNING FROM AMERICARES PROJECT PARTICIPANTS IN TANZANIA, AMERICARES LIBERIA STAFF TRAINED 71 COMMUNITY HEALTH WORKERS IN FISTULA PREVENTION AND IDENTIFICATION AND HOSTED FOUR FISTULA SOCIAL MOBILIZATION EVENTS IN GRAND BASSA COUNTY, ATTENDED BY A TOTAL OF 358 PEOPLE; AS A RESULT, 18 WOMEN WERE REFERRED FOR TREATMENT BY THE LIBERIA NATIONAL FISTULA PROJECT.

- THE LAUNCH OF A PROGRAM TO PROVIDE MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICE TRAINING FOR 9,000 HEALTH WORKERS IN TEXAS AND PUERTO RICO, AS PART OF AMERICARES EMERGENCY PROGRAM FOLLOWING HURRICANES HARVEY AND MARIA.

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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ATTACHMENT 5FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

EL SALVADOR

HAITI

INDIA

LIBERIA

SIERRA LEONE

NEPAL

PHILIPPINES

TANZANIA

ATTACHMENT 6FORM 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 7990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
THE HARRINGTON AGENCY, LLC. 329 DICKINSON AVE. SWARTHMORE, PA 19081	FUNDRAISING COUNSEL	1,200,795.
RWT PRODUCTION LLC 8932 ORANGE HUNT LANE ANNANDALE, VA 22003	PRINTING AND MAILING	604,867.
RAFANELLI EVENTS 5 WEST 19TH STREET NEW YORK, NY 10011	EVENT PLANNING	548,770.

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>
MAIL AMERICA COMMUNICATIONS, INC. 1174 ELKTON FARM ROAD, P.O. BOX 870 FOREST, VA 24551	PRINTING AND MAILING	248,790.
MAL WARWICK & ASSOCIATES, INC. 2550 NINTH STREET, STE. 103 BERKELEY, CA 94710	FUNDRAISING COUNSEL	246,332.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

**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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I 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) 2017

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	2,439,431.	FMV (GOODS)
(2) AMERICARES FREE CLINICS, INC.	Q	68,858.	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.
