AmeriCares Foundation, Inc.

IRS Form 990

Fiscal Year 2015

Cumulative e-File History 2014	
Federal	
Locator:	7714IN
Taxpayer Name:	AmeriCares Foundation, Inc.
Return Type:	990, 990
Submitted Date:	11/10/2015 12:09:45
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Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning 07/01, 2014, and ending 06/30, 20 15

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

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

OMB No. 1545-1878

2014

Name of exempt organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Name and title of officer

RICHARD K. TROWBRIDGE, SVP OPERATIONS AND CFO

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

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

1a	Form 990 check here ▶ [X]	b	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b 741996574.
2a	Form 990-EZ check here ▶ [ ]	b	**Total revenue,** if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here ▶ [ ]	b	**Total tax** (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here ▶ [ ]	b	**Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b
5a	Form 8868 check here ▶ [ ]	b	**Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c)	5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize GRANT THORNTON LLP (ERO firm name) to enter my PIN 23222 (Enter five numbers, but do not enter all zeros) as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Richard K Trowbridge Jr. Date ▶ 11/5/2015

Part III Certification and Authentication

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

1303723660 5 (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ **Do not enter Social Security numbers on this form as it may be made public.**

▶ **Information about Form 990 and its instructions is at *www.irs.gov/form990*.**

OMB No. 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07/01, **2014, and ending** 06/30, **20** 15

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
AMERICARES FOUNDATION, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) — Room/suite
88 HAMILTON AVENUE

City or town, state or province, country, and ZIP or foreign postal code
STAMFORD, CT 06902-3111

D Employer identification number
06-1008595

E Telephone number
(203) 658-9500

G Gross receipts $ 747,897,023.

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? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.AMERICARES.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 1979 **M** State of legal domicile: CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities: AMERICARES IS A NONPROFIT GLOBAL HEALTH & DISASTER RELIEF ORGANIZATION THAT DELIVERS MEDICINES, MEDICAL SUPPLIES & HUMANITARIAN AID TO PEOPLE IN NEED AROUND THE WORLD AND IN THE U.S.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19.
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18.
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	140.
6	Total number of volunteers (estimate if necessary)	**6**	31.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	558,924,455.	740,300,393.
9	Program service revenue (Part VIII, line 2g)	727,259.	749,806.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	659,678.	948,347.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-65,292.	-1,972.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	560,246,100.	741,996,574.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	521,176,478.	577,705,085.
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)	13,920,999.	12,440,189.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	700,481.	1,012,029.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,271,648.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	28,997,212.	49,373,232.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	564,795,170.	640,530,535.
19	Revenue less expenses. Subtract line 18 from line 12	-4,549,070.	101,466,039.

COPY FOR PUBLIC INSPECTION

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	121,747,672.	220,882,959.
21	Total liabilities (Part X, line 26)	10,372,148.	8,928,562.
22	Net assets or fund balances. Subtract line 21 from line 20	111,375,524.	211,954,397.

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	Preparer's signature	Date	Check ☐ if self-employed	PTIN
SCOTT THOMPSETT	SCOTT THOMPSETT			P00741490

Firm's name ▶ GRANT THORNTON LLP — Firm's EIN ▶ 36-6055558

Firm's address ▶ 757 THIRD AVE., 2ND 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** (2014)

JSA
4E1065 1.000

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

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 $ 37,291,537. including grants of $ 30,410,465.) (Revenue $ 0)

ATTACHMENT 2

4b (Code: _____) (Expenses $ 590,222,172. including grants of $ 547,294,620.) (Revenue $ 749,806.)

ATTACHMENT 3

4c (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

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

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

4e Total program service expenses ▶ 627,513,709.

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*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	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*	3		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*	4		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*	5		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*	6		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*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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*	9		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*	10	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*	11a	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*	11b		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*	11c		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*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		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*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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*	14b	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*	15	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*	16	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)	17	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*	18	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*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	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? *If "Yes," complete Schedule I, Parts I and III*	22	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? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		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? *If "Yes," complete Schedule L, Part IV.*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		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	38	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 . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	**1a**	88		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	140			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	X	
b	If "Yes," enter the name of the foreign country: ▶ ATTACHMENT 4 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**		

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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 5

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, 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 X

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	1.00									
DIRECTOR	0	X						0	0	0
(2) CAROL B. BAUER	1.00									
DIRECTOR	0	X						0	0	0
(3) ELIZABETH F. FRANK	1.00									
DIRECTOR	0	X						0	0	0
(4) C. ROBERT HENRIKSON	1.00									
DIRECTOR	0	X						0	0	0
(5) PAUL J. KUEHNER	1.00									
DIRECTOR	0	X						0	0	0
(6) JERRY P. LEAMAN	1.00									
DIRECTOR	0	X						0	0	0
(7) ROBERT G. LEARY	1.00									
DIRECTOR	0	X						0	0	0
(8) ALMA JANE MACAULEY	1.00									
VICE CHAIRMAN	0	X		X				0	0	0
(9) C. DEAN MAGLARIS	1.00									
CHAIRMAN	0	X		X				0	0	0
(10) ROBERT BAYLIS	1.00									
DIRECTOR	0	X						0	0	0
(11) BEVERLY L. SCHUCH	1.00									
DIRECTOR (THRU 06/2015)	0	X						0	0	0
(12) FRED WEISMAN	1.00									
DIRECTOR (THRU 03/2015)	0	X						0	0	0
(13) JOSEPH J. RUCCI, JR.	1.00									
DIRECTOR AND SECRETARY	0	X		X				0	0	0
(14) MICHAEL J. NYENHUIS	40.00									
PRESIDENT & CEO	0	X		X				324,840.	0	37,534.

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) SAMHITA JAYANTI	1.00									
DIRECTOR	0	X						0	0	0
(16) KEITH MCALLISTER	1.00									
DIRECTOR	0	X						0	0	0
(17) ALAN RWAMBUYA	1.00									
DIRECTOR	0	X						0	0	0
(18) STEPHEN SADOVE	1.00									
DIRECTOR	0	X						0	0	0
(19) STEPHEN GALLUCCI	1.00									
DIRECTOR	0	X						0	0	0
(20) BRYAN C. HANSON	1.00									
DIRECTOR	0	X						0	0	0
(21) JEFFREY T. BECKER	1.00									
DIRECTOR	0	X						0	0	0
(22) KEVIN ALLAN	40.00									
SENIOR V.P., DEVELOPMENT	0			X				194,831.	0	29,012.
(23) KEVIN GILRAIN	40.00									
SENIOR V.P., HUMAN RESOURCES	0			X				181,639.	0	31,322.
(24) RACHEL GRANGER	40.00									
V.P. - POST EMERGENCY RESPONSE	0			X				149,550.	0	16,726.
(25) ELLA GUDWIN	40.00									
SR. V.P.- STRATEGY & PRGM DEV.	0			X				158,603.	0	34,545.
1b Sub-total ▶								324,840.	0	37,534.
c Total from continuation sheets to Part VII, Section A ▶								2,734,538.	0	417,234.
d Total (add lines 1b and 1c) ▶								3,059,378.	0	454,768.

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 ▶ 22

		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*	3		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*	4	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*	5		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 6		

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) GARRETT INGOGLIA	40.00									
V.P. - EMERGENCY RESPONSE	0			X				136,333.	0	17,345.
(27) GEOFF KNEISEL	40.00									
V.P. - CORP RELATIONS	0			X				111,639.	0	32,187.
(28) GARY LEEDS	40.00									
VICE PRESIDENT/CFO	0			X				155,576.	0	30,000.
(29) DIANA MAGUIRE	40.00									
V.P. - INSTITUTIONAL RELATIONS	0			X				111,595.	0	34,002.
(30) WILLIAM POST	30.00									
VICE PRESIDENT - TREASURER	0			X				84,763.	0	7,608.
(31) KATHERINE SEARS	40.00									
SENIOR V.P. GLOBAL PROGRAM OP.	0			X				187,820.	0	18,943.
(32) CAROL SHATTUCK	40.00									
SENIOR V.P. - COMMUNICATIONS	0			X				182,410.	0	30,844.
(33) LEE WEINER	40.00									
V.P. - DIRECT RESPONSE	0			X				134,554.	0	24,302.
(34) ANDREA VAKOS (THRU 01/14)	40.00									
V.P., INDIVIDUAL PHILANTHROPY	0			X				97,825.	0	29,559.
(35) MELISSA WOOLFORD	40.00									
V.P., LEADERSHIP GIFTS	0			X				121,588.	0	7,707.
(36) MARTHA KENNARD	40.00									
V.P., OPERATIONS	0			X				125,638.	0	8,040.
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 ▶ 22

		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*	**3**		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*	**4**	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*	**5**		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)*

(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			
(37) ANNE PETERSON, MD MPH	40.00									
SENIOR V.P., PROGRAMS	0			X				0	0	0
(38) RICHARD K. TROWBRIDGE, JR.	40.00									
CFO & SENIOR V.P., OPERATIONS	0			X				0	0	0
(39) MEGIN WOLFMAN	40.00									
DIRECTOR, EXECUTIVE OFFICE	0			X				15,900.	0	954.
(40) FRANK BIA	40.00									
MEDICAL DIRECTOR (THRU 06/14)	0					X		140,983.	0	17,978.
(41) LESLIE GIANELLI (THRU 06/14)	40.00									
DIRECTOR COMMUNICATIONS	0					X		103,868.	0	8,420.
(42) STEVE BARDOS	40.00									
IT SPECIALIST	0					X		121,454.	0	0
(43) PETER TOKARCZYK	40.00									
DIRECTOR, LOGISTICS	0					X		108,246.	0	7,899.
(44) LESLIE MCGUIRE	40.00									
VP, US PROGRAMS (THRU 02/15)	0					X		109,723.	0	29,841.
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 ▶ 22

		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*	3		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*	4	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*	5		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 156,518.				
	b	Membership dues	1b				
	c	Fundraising events	1c 1,900,754.				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 1,289,943.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 736,953,178.				
	g	Noncash contributions included in lines 1a-1f: $ 702,790,705.					
	h	**Total.** Add lines 1a-1f ▶		740,300,393.			
Program Service Revenue			**Business Code**				
	2a	PATIENT SERVICE REVENUE	621400	749,806.	749,806.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f ▶		749,806.			
	3	Investment income (including dividends, interest, and other similar amounts) ▶		894,555.			894,555.
	4	Income from investment of tax-exempt bond proceeds ▶		0			
	5	Royalties ▶		0			
			(i) Real / (ii) Personal				
	6a	Gross rents	178,761.				
	b	Less: rental expenses	171,309.				
	c	Rental income or (loss)	7,452.				
	d	Net rental income or (loss) ▶		7,452.			7,452.
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	4,617,497.				
	b	Less: cost or other basis and sales expenses	4,563,705.				
	c	Gain or (loss)	53,792.				
	d	Net gain or (loss) ▶		53,792.			53,792.
Other Revenue	8a	Gross income from fundraising events (not including $ 1,900,754. of contributions reported on line 1c). See Part IV, line 18	a 123,250.				
	b	Less: direct expenses	b 514,118.				
	c	Net income or (loss) from fundraising events ▶		-390,868.			-390,868.
	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 913,379.				
	b	Less: cost of goods sold	b 651,317.				
	c	Net income or (loss) from sales of inventory ▶		262,062.			262,062.
		Miscellaneous Revenue	**Business Code**				
	11a	EL SALVADOR CAFETERIA INCOME	900099	67,919.			67,919.
	b	MISCELLANEOUS INCOME	900099	46,670.			46,670.
	c	EL SALVADOR MISCELLANEOUS INCOME	900099	4,793.			4,793.
	d	All other revenue					
	e	**Total.** Add lines 11a-11d ▶		119,382.			
	12	**Total revenue.** See instructions ▶		741,996,574.	749,806.		946,375.

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	118,908,831.	118,908,831.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	128,661,621.	128,661,621.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	330,134,633.	330,134,633.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,850,318.	1,082,020.	793,401.	974,897.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	7,097,489.	4,499,851.	945,810.	1,651,829.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	345,834.	195,978.	50,092.	99,764.
9 Other employee benefits	1,441,219.	900,927.	233,270.	307,230.
10 Payroll taxes	705,329.	391,942.	124,383.	189,004.
11 Fees for services (non-employees):				
a Management	977,231.	705,216.	132,673.	139,342.
b Legal	30,976.	26,688.	4,288.	
c Accounting	186,553.	19,053.	167,500.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	1,012,029.			1,012,029.
f Investment management fees	39,634.		39,634.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,278,818.	423,489.	145,864.	709,465.
12 Advertising and promotion	1,472,741.	55,852.	1,418.	1,415,471.
13 Office expenses	120,560.	93,860.	10,588.	16,112.
14 Information technology	752,383.	85,451.	125,611.	541,321.
15 Royalties	0			
16 Occupancy	1,766,159.	1,372,349.	159,966.	233,844.
17 Travel	1,250,202.	1,015,678.	54,530.	179,994.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	43,705.	43,357.	235.	113.
20 Interest	2,771.		2,771.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	528,493.	284,957.	111,408.	132,128.
23 Insurance	308,723.	104,402.	144,908.	59,413.
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	34,006,719.	34,006,719.		
b POSTAGE AND FREIGHT	5,252,078.	4,067,572.	10,069.	1,174,437.
c MISCELLANEOUS	1,355,486.	433,264.	486,759.	435,463.
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	640,530,535.	627,513,709.	3,745,178.	9,271,648.
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 ▶ ☐ 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	1,126.	1	6,609.
	2	Savings and temporary cash investments	7,275,506.	2	10,325,697.
	3	Pledges and grants receivable, net	2,038,186.	3	1,834,129.
	4	Accounts receivable, net	74,190.	4	1,025,113.
	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	85,604,874.	8	181,573,457.
	9	Prepaid expenses and deferred charges	801,693.	9	680,529.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 6,347,345.			
	b	Less: accumulated depreciation — 10b: 3,350,258.	3,054,402.	10c	2,997,087.
	11	Investments - publicly traded securities	18,947,667.	11	18,682,525.
	12	Investments - other securities. See Part IV, line 11	10,280.	12	7,046.
	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	3,939,748.	15	3,750,767.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	121,747,672.	16	220,882,959.
Liabilities	17	Accounts payable and accrued expenses	5,363,917.	17	4,614,568.
	18	Grants payable	2,339,539.	18	1,670,703.
	19	Deferred revenue	439,963.	19	377,983.
	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	2,228,729.	25	2,265,308.
	26	**Total liabilities.** Add lines 17 through 25	10,372,148.	26	8,928,562.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	67,525,632.	27	123,564,619.
	28	Temporarily restricted net assets	39,224,758.	28	83,950,950.
	29	Permanently restricted net assets	4,625,134.	29	4,438,828.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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	111,375,524.	33	211,954,397.
	34	Total liabilities and net assets/fund balances	121,747,672.	34	220,882,959.

Form **990** (2014)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	741,996,574.
2	Total expenses (must equal Part IX, column (A), line 25)	2	640,530,535.
3	Revenue less expenses. Subtract line 2 from line 1	3	101,466,039.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	111,375,524.
5	Net unrealized gains (losses) on investments	5	-520,056.
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	-367,110.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	211,954,397.

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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	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?	3a		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.	3b		

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization	**Employer identification number**
AMERICARES FOUNDATION, INC.	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 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

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 1-9 above or IRC section (see instructions))	**(iv)** Is the organization listed in your governing document? Yes	**(iv)** No	**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
(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

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	662,889,899.	524,509,518.	620,146,474.	558,924,455.	738,792,543.	3,105,262,889.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	662,889,899.	524,509,518.	620,146,474.	558,924,455.	738,792,543.	3,105,262,889.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,134,805,189.
6 **Public support.** Subtract line 5 from line 4.						1,970,457,700.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	662,889,899.	524,509,518.	620,146,474.	558,924,455.	738,792,543.	3,105,262,889.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,089,351.	1,061,594.	985,301.	848,586.	1,073,316.	5,058,148.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	819,265.	1,015,201.	965,349.	1,070,273.	1,156,012.	5,026,100.
11 **Total support.** Add lines 7 through 10						3,115,347,137.

12 Gross receipts from related activities, etc. (see instructions) . . . . . **12** 2,797,707.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 63.25 %

15 Public support percentage from 2013 Schedule A, Part II, line 14 . . . . . **15** 68.94 %

16a **33 1/3 % support test - 2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☒

b **33 1/3 % support test - 2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2014.** 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 - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer (b) below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

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? *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.*	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? *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.*	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)? *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).*	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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	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 ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*
- c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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.*	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? *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.*	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? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2014 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-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	**Excess distributions carryover to 2015**. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
SPECIAL EVENTS	485,013.	539,897.	91,080.	104,390.	123,250.	1,343,630.
SALES OF INVENTORY	331,713.	466,262.	789,468.	885,085.	913,379.	3,385,907.
MISCELLANEOUS	2,539.	9,042.	84,801.	80,798.	119,383.	296,563.
TOTALS	819,265.	1,015,201.	965,349.	1,070,273.	1,156,012.	5,026,100.

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2014

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 102,759,144.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
2		$ 175,956,082.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
3		$ 62,634,696.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
4		$ 18,367,435.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
5		$ 25,377,453.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
6		$ 23,717,568.	Person [X] Payroll [ ] Noncash [X] (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		$ 18,216,711.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
8		$ 72,409,709.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	MEDICINE, MEDICAL SUPPLIES & RELATED	$ 102,759,144.	VAR
2	MEDICINE, MEDICAL SUPPLIES & RELATED	$ 175,956,082.	VAR
3	MEDICINE, MEDICAL SUPPLIES & RELATED	$ 62,634,696.	VAR
5	MEDICINE, MEDICAL SUPPLIES & RELATED	$ 25,377,453.	VAR
6	MEDICINE, MEDICAL SUPPLIES & RELATED	$ 23,717,568.	VAR
4	MEDICINE, MEDICAL SUPPLIES & RELATED	$ 18,367,435.	VAR

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	MEDICINE, MEDICAL SUPPLIES & RELATED	$ 18,216,711.	VAR
(a) No. from Part I	**(b) Description of noncash property given**	**(c) FMV (or estimate) (see instructions)**	**(d) Date received**
8	MEDICINE, MEDICAL SUPPLIES & RELATED	$ 72,409,709.	VAR
(a) No. from Part I	**(b) Description of noncash property given**	**(c) FMV (or estimate) (see instructions)**	**(d) Date received**
		$	
(a) No. from Part I	**(b) Description of noncash property given**	**(c) FMV (or estimate) (see instructions)**	**(d) Date received**
		$	
(a) No. from Part I	**(b) Description of noncash property given**	**(c) FMV (or estimate) (see instructions)**	**(d) Date received**
		$	
(a) No. from Part I	**(b) Description of noncash property given**	**(c) FMV (or estimate) (see instructions)**	**(d) Date received**
		$	

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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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)? ☐ Yes ☐ No

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" to Form 990, Part IV, line 8.

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.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $

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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	1,701,949.	1,463,525.	1,293,534.	1,340,176.	1,177,237.
b Contributions					
c Net investment earnings, gains, and losses	49,815.	238,424.	169,991.	-46,642.	162,939.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,751,764.	1,701,949.	1,463,525.	1,293,534.	1,340,176.

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 ▶ 70.0000 %
- c Temporarily restricted endowment ▶ 30.0000 %

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

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

		Yes	No
(i) unrelated organizations	3a(i)	X	
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to 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		178,156.		178,156.
b Buildings		893,380.	393,372.	500,008.
c Leasehold improvements		2,214,682.	1,083,122.	1,131,560.
d Equipment		3,061,127.	1,873,764.	1,187,363.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,997,087.

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

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

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

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

Part IX Other Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT INTEREST AGREEMENTS	2,183,156.
(3) CAPITALIZED LEASE	82,152.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	2,265,308.

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 [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	744,045,513.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-520,056.		
b	Donated services and use of facilities	2b	1,599,361.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-367,110.		
e	Add lines **2a** through **2d**			2e	712,195.
3	Subtract line **2e** from line **1**			3	743,333,318.
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	-1,336,744.		
c	Add lines **4a** and **4b**			4c	-1,336,744.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	741,996,574.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	643,466,640.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	1,599,361.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	1,336,744.		
e	Add lines **2a** through **2d**			2e	2,936,105.
3	Subtract line **2e** from line **1**			3	640,530,535.
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	640,530,535.

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.

INCOME TAXES

FORM 990, SCHEDULE D, PART X

AMERICARES RECOGNIZES A TAX POSITION BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. DURING FISCAL 2015 AND 2014, AMERICARES EVALUATED ITS TAX POSITIONS AND CONCLUDED THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT MEET THE CRITERIA UNDER THIS STANDARD. THE TAX YEARS ENDING 2012, 2013, 2014, AND 2015 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

REVENUE ON BOOKS NOT ON RETURN

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

CHANGES IN SPLIT-INTEREST AGREEMENTS	($367,110)

EXPENSES ON BOOKS NOT ON RETURN

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

RENTAL PROPERTY EXPENSE	($171,309)
DIRECT FUNDRAISING EXPENSE	($514,118)
COST OF GOODS SOLD	($651,317)

Part XIII Supplemental Information *(continued)*

TOTAL	($1,336,744)

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

RENTAL PROPERTY EXPENSE	($171,309)
DIRECT FUNDRAISING EXPENSE	($514,118)
COST OF GOODS SOLD	($651,317)
TOTAL	($1,336,744)

RECONCILIATION

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

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2014

Open to Public Inspection

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? . . . . . [X] **Yes** [ ] **No**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN	2.	92.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	1,291,998.
(2) EAST ASIA AND THE PACIFIC	2.	5.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	2,821,188.
(3) EUROPE			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	34,909.
(4) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	35,013.
(5) NORTH AMERICA			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	2,133,898.
(6) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	62,245.
(7) SOUTH AMERICA			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	58,984.
(8) SOUTH ASIA	1.	3.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	201,488.
(9) SUB-SAHARAN AFRICA	2.	8.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	3,399,527.
(10) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		155,588,617.
(11) EAST ASIA AND THE PACIFIC			GRANTMAKING		39,499,801.
(12) EUROPE			GRANTMAKING		6,848,780.
(13) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		10,648,653.
(14) NORTH AMERICA			GRANTMAKING		603,271.
(15) RUSSIA/INDEPENDENT STATES			GRANTMAKING		57,152,955.
(16) SOUTH AMERICA			GRANTMAKING		10,607,336.
(17) SOUTH ASIA			GRANTMAKING		19,149,402.
3a Sub-total	7.	108.			310,138,065.
b Total from continuation sheets to Part I					30,035,818.
c **Totals** (add lines 3a and 3b)	7.	108.			340,173,883.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2014

Open to Public Inspection

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? . . . . . [X] **Yes** [ ] **No**

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

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

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
(1)	SUB-SAHARAN AFRICA			GRANTMAKING		30,035,818.
(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)					

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	TOM'S SHOES	5,702.	WIRE			
(2)			CENT. AMERICA/CARIBBEAN	PARTNER SUPP	5,900.	WIRE			
(3)			CENT. AMERICA/CARIBBEAN	PARTNER SUPP	6,320.	WIRE			
(4)			CENT. AMERICA/CARIBBEAN	PARTNER SUPP	16,000.	WIRE			
(5)			CENT. AMERICA/CARIBBEAN	CAMPAIGN AGA	23,939.	WIRE			
(6)			CENT. AMERICA/CARIBBEAN	PARTNER SUPP	35,000.	WIRE			
(7)			CENT. AMERICA/CARIBBEAN	CHILTIUPAN E	50,000.	WIRE			
(8)			CENT. AMERICA/CARIBBEAN	LOCAL PREPAR	62,060.	WIRE			
(9)			CENT. AMERICA/CARIBBEAN	LOCAL PREPAR	176,837.	WIRE			
(10)			CENT. AMERICA/CARIBBEAN	RESTORING &	431,592.	WIRE			
(11)			EAST ASIA/PACIFIC	TOMS SHES RE	5,702.	WIRE			
(12)			EAST ASIA/PACIFIC	TYPHOON HAGU	6,512.	WIRE			
(13)			EAST ASIA/PACIFIC	PEDIATRIC NU	7,500.	WIRE			
(14)			EAST ASIA/PACIFIC	RAMMASUN GRA	11,000.	WIRE			
(15)			EAST ASIA/PACIFIC	TYPHOON HAGU	11,000.	WIRE			
(16)			EAST ASIA/PACIFIC	HEALTH FACIL	12,152.	WIRE			

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

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	REHABILITATI	16,966.	WIRE			
(2)			EAST ASIA/PACIFIC	MENTAL HEALT	18,397.	WIRE			
(3)			EAST ASIA/PACIFIC	CYCLONE PAM	47,942.	WIRE			
(4)			EAST ASIA/PACIFIC	CYCLONE PAM	48,205.	WIRE			
(5)			EAST ASIA/PACIFIC	MENTAL HEALT	65,074.	WIRE			
(6)			EAST ASIA/PACIFIC	HEALTH CARE	69,000.	WIRE			
(7)			EAST ASIA/PACIFIC	MENTAL HEALT	71,822.	WIRE			
(8)			EAST ASIA/PACIFIC	BREAST CANCE	75,000.	WIRE			
(9)			EAST ASIA/PACIFIC	BREAST CANCE	76,500.	WIRE			
(10)			EAST ASIA/PACIFIC	MENTAL HEALT	78,044.	WIRE			
(11)			EAST ASIA/PACIFIC	PEDIATRIC NU	127,500.	WIRE			
(12)			EAST ASIA/PACIFIC	PREPAREDNESS	135,914.	WIRE			
(13)			EAST ASIA/PACIFIC	MENTAL HEALT	149,989.	WIRE			
(14)			EAST ASIA/PACIFIC	EMERGENCY RE	150,000.	WIRE			
(15)			EAST ASIA/PACIFIC	MENTAL HEALT	248,409.	WIRE			
(16)			EAST ASIA/PACIFIC	ENHANCING LO	807,466.	WIRE			

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(1)			MIDDLE EAST/NORTH AFRICA	EMERGENCY HE	10,000.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	STRENGTHENIN	75,000.	WIRE			
(3)			RUSSIA/NEWLY IND. STATES	TOM'S CANVAS	6,966.	WIRE			
(4)			RUSSIA/NEWLY IND. STATES	TOM'S SHOES	7,725.	WIRE			
(5)			RUSSIA/NEWLY IND. STATES	TOM'S CANVAS	9,077.	WIRE			
(6)			SOUTH AMERICA	IMPROVING CA	39,600.	WIRE			
(7)			SOUTH ASIA	2015 EARTHQU	10,000.	WIRE			
(8)			SOUTH ASIA	UPGRADING MU	10,966.	WIRE			
(9)			SOUTH ASIA	SP MOBILE CL	16,194.	WIRE			
(10)			SOUTH ASIA	SP MOBILE CL	18,219.	WIRE			
(11)			SOUTH ASIA	2015 EARTHQU	19,325.	WIRE			
(12)			SOUTH ASIA	MOBILE MEDIC	19,536.	WIRE			
(13)			SOUTH ASIA	PARTNER SUPP	21,419.	WIRE			
(14)			SOUTH ASIA	2015 EARTHQU	27,915.	WIRE			
(15)			SOUTH ASIA	PARTNER SUPP	28,902.	WIRE			
(16)			SOUTH ASIA	PARTNER SUPP	29,635.	WIRE			

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(1)			SOUTH ASIA	2015 EARTHQU	30,000.	WIRE			
(2)			SOUTH ASIA	PARTNER SUPP	31,202.	WIRE			
(3)			SOUTH ASIA	PARTNER SUPP	33,229.	WIRE			
(4)			SOUTH ASIA	PARTNER SUPP	36,627.	WIRE			
(5)			SOUTH ASIA	PARTNER SUPP	45,427.	WIRE			
(6)			SOUTH ASIA	PARTNER SUPP	46,110.	WIRE			
(7)			SOUTH ASIA	PARTNER SUPP	46,419.	WIRE			
(8)			SOUTH ASIA	JAMMU & KASH	47,450.	WIRE			
(9)			SOUTH ASIA	PARTNER SUPP	92,811.	WIRE			
(10)			SUB-SAHARAN AFRICA	ELWA HOSPITA	15,505.	WIRE			
(11)			SUB-SAHARAN AFRICA	BUGANDO MEDI	20,000.	WIRE			
(12)			SUB-SAHARAN AFRICA	2015 FLOODIN	25,000.	WIRE			
(13)			SUB-SAHARAN AFRICA	HEALTH WORK	42,868.	WIRE			
(14)			SUB-SAHARAN AFRICA	WEST AFRICA	50,073.	WIRE			
(15)			SUB-SAHARAN AFRICA	BUGANDO MEDI	80,139.	WIRE			
(16)			CENT. AMERICA/CARIBBEAN	EMERGENCY			191,719.	MED. SUPPL.	FAIR MKT VAL

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(1)			CENT. AMERICA/CARIBBEAN	EMERGENCY			93,155.	MED. SUPPL.	FAIR MKT VAL
(2)			CENT. AMERICA/CARIBBEAN	EMERGENCY			82,741.	MED. SUPPL.	FAIR MKT VAL
(3)			CENT. AMERICA/CARIBBEAN	EMERGENCY			34,940.	MED. SUPPL.	FAIR MKT VAL
(4)			CENT. AMERICA/CARIBBEAN	EMERGENCY			14,808.	MED. SUPPL.	FAIR MKT VAL
(5)			CENT. AMERICA/CARIBBEAN	EMERGENCY			14,731.	MED. SUPPL.	FAIR MKT VAL
(6)			CENT. AMERICA/CARIBBEAN	EMERGENCY			12,803.	MED. SUPPL.	FAIR MKT VAL
(7)			CENT. AMERICA/CARIBBEAN	EMERGENCY			12,367.	MED. SUPPL.	FAIR MKT VAL
(8)			CENT. AMERICA/CARIBBEAN	EMERGENCY			11,401.	MED. SUPPL.	FAIR MKT VAL
(9)			CENT. AMERICA/CARIBBEAN	EMERGENCY			11,098.	MED. SUPPL.	FAIR MKT VAL
(10)			CENT. AMERICA/CARIBBEAN	EMERGENCY			9,033.	MED. SUPPL.	FAIR MKT VAL
(11)			CENT. AMERICA/CARIBBEAN	EMERGENCY			8,650.	MED. SUPPL.	FAIR MKT VAL
(12)			CENT. AMERICA/CARIBBEAN	EMERGENCY			8,143.	MED. SUPPL.	FAIR MKT VAL
(13)			CENT. AMERICA/CARIBBEAN	EMERGENCY			7,871.	MED. SUPPL.	FAIR MKT VAL
(14)			CENT. AMERICA/CARIBBEAN	EMERGENCY			7,783.	MED. SUPPL.	FAIR MKT VAL
(15)			CENT. AMERICA/CARIBBEAN	EMERGENCY			7,443.	MED. SUPPL.	FAIR MKT VAL
(16)			CENT. AMERICA/CARIBBEAN	EMERGENCY			7,098.	MED. SUPPL.	FAIR MKT VAL

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(1)			CENT. AMERICA/CARIBBEAN	EMERGENCY			5,986.	MED. SUPPL.	FAIR MKT VAL
(2)			CENT. AMERICA/CARIBBEAN	EMERGENCY			5,232.	MED. SUPPL.	FAIR MKT VAL
(3)			EAST ASIA/PACIFIC	EMERGENCY			388,541.	MED. SUPPL.	FAIR MKT VAL
(4)			EAST ASIA/PACIFIC	EMERGENCY			96,136.	MED. SUPPL.	FAIR MKT VAL
(5)			EAST ASIA/PACIFIC	EMERGENCY			68,933.	MED. SUPPL.	FAIR MKT VAL
(6)			EAST ASIA/PACIFIC	EMERGENCY			22,740.	MED. SUPPL.	FAIR MKT VAL
(7)			EUROPE/ICELAND/GREENLAND	EMERGENCY			18,379.	MED. SUPPL.	FAIR MKT VAL
(8)			SOUTH ASIA	EMERGENCY			19,893,662.	MED. SUPPL.	FAIR MKT VAL
(9)			SOUTH ASIA	EMERGENCY			592,923.	MED. SUPPL.	FAIR MKT VAL
(10)			SOUTH ASIA	EMERGENCY			386,450.	MED. SUPPL.	FAIR MKT VAL
(11)			SOUTH ASIA	EMERGENCY			45,368.	MED. SUPPL.	FAIR MKT VAL
(12)			SOUTH ASIA	EMERGENCY			29,617.	MED. SUPPL.	FAIR MKT VAL
(13)			SOUTH ASIA	EMERGENCY			8,412.	MED. SUPPL.	FAIR MKT VAL
(14)			SOUTH ASIA	EMERGENCY			5,449.	MED. SUPPL.	FAIR MKT VAL
(15)			SUB-SAHARAN AFRICA	EMERGENCY			1,285,068.	MED. SUPPL.	FAIR MKT VAL
(16)			SUB-SAHARAN AFRICA	EMERGENCY			769,553.	MED. SUPPL.	FAIR MKT VAL

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(1)			SUB-SAHARAN AFRICA	EMERGENCY			571,750.	MED. SUPPL.	FAIR MKT VAL
(2)			SUB-SAHARAN AFRICA	EMERGENCY			157,763.	MED. SUPPL.	FAIR MKT VAL
(3)			SUB-SAHARAN AFRICA	EMERGENCY			143,817.	MED. SUPPL.	FAIR MKT VAL
(4)			SUB-SAHARAN AFRICA	EMERGENCY			95,372.	MED. SUPPL.	FAIR MKT VAL
(5)			SUB-SAHARAN AFRICA	EMERGENCY			55,594.	MED. SUPPL.	FAIR MKT VAL
(6)			SUB-SAHARAN AFRICA	EMERGENCY			47,641.	MED. SUPPL.	FAIR MKT VAL
(7)			SUB-SAHARAN AFRICA	EMERGENCY			38,837.	MED. SUPPL.	FAIR MKT VAL
(8)			SUB-SAHARAN AFRICA	EMERGENCY			38,826.	MED. SUPPL.	FAIR MKT VAL
(9)			SUB-SAHARAN AFRICA	EMERGENCY			25,620.	MED. SUPPL.	FAIR MKT VAL
(10)			CENT. AMERICA/CARIBBEAN	ON-GOING			49,477,442.	MED. SUPPL.	FAIR MKT VAL
(11)			CENT. AMERICA/CARIBBEAN	ON-GOING			24,531,744.	MED. SUPPL.	FAIR MKT VAL
(12)			CENT. AMERICA/CARIBBEAN	ON-GOING			16,359,340.	MED. SUPPL.	FAIR MKT VAL
(13)			CENT. AMERICA/CARIBBEAN	ON-GOING			12,203,538.	MED. SUPPL.	FAIR MKT VAL
(14)			CENT. AMERICA/CARIBBEAN	ON-GOING			11,282,636.	MED. SUPPL.	FAIR MKT VAL
(15)			CENT. AMERICA/CARIBBEAN	ON-GOING			4,774,208.	MED. SUPPL.	FAIR MKT VAL
(16)			CENT. AMERICA/CARIBBEAN	ON-GOING			2,001,986.	MED. SUPPL.	FAIR MKT VAL

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(1)			CENT. AMERICA/CARIBBEAN	ON-GOING			1,166,137.	MED. SUPPL.	FAIR MKT VAL
(2)			CENT. AMERICA/CARIBBEAN	ON-GOING			10,587.	MED. SUPPL.	FAIR MKT VAL
(3)			CENT. AMERICA/CARIBBEAN	ON-GOING			10,587.	MED. SUPPL.	FAIR MKT VAL
(4)			EAST ASIA/PACIFIC	ON-GOING			8,663,588.	MED. SUPPL.	FAIR MKT VAL
(5)			EAST ASIA/PACIFIC	ON-GOING			1,419,910.	MED. SUPPL.	FAIR MKT VAL
(6)			EAST ASIA/PACIFIC	ON-GOING			183,161.	MED. SUPPL.	FAIR MKT VAL
(7)			EUROPE/ICELAND/GREENLAND	ON-GOING			5,388,198.	MED. SUPPL.	FAIR MKT VAL
(8)			EUROPE/ICELAND/GREENLAND	ON-GOING			155,912.	MED. SUPPL.	FAIR MKT VAL
(9)			MIDDLE EAST/NORTH AFRICA	ON-GOING			3,911,273.	MED. SUPPL.	FAIR MKT VAL
(10)			MIDDLE EAST/NORTH AFRICA	ON-GOING			3,344,578.	MED. SUPPL.	FAIR MKT VAL
(11)			MIDDLE EAST/NORTH AFRICA	ON-GOING			2,738,307.	MED. SUPPL.	FAIR MKT VAL
(12)			RUSSIA/NEWLY IND. STATES	ON-GOING			48,448,071.	MED. SUPPL.	FAIR MKT VAL
(13)			RUSSIA/NEWLY IND. STATES	ON-GOING			8,386,047.	MED. SUPPL.	FAIR MKT VAL
(14)			SOUTH AMERICA	ON-GOING			5,862,089.	MED. SUPPL.	FAIR MKT VAL
(15)			SOUTH AMERICA	ON-GOING			172,972.	MED. SUPPL.	FAIR MKT VAL
(16)			SOUTH ASIA	ON-GOING			10,845,147.	MED. SUPPL.	FAIR MKT VAL

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(1)			SOUTH ASIA	ON-GOING			5,103,585.	MED. SUPPL.	FAIR MKT VAL
(2)			SOUTH ASIA	ON-GOING			1,713,729.	MED. SUPPL.	FAIR MKT VAL
(3)			SUB-SAHARAN AFRICA	ON-GOING			9,067,945.	MED. SUPPL.	FAIR MKT VAL
(4)			SUB-SAHARAN AFRICA	ON-GOING			3,735,774.	MED. SUPPL.	FAIR MKT VAL
(5)			SUB-SAHARAN AFRICA	ON-GOING			2,679,131.	MED. SUPPL.	FAIR MKT VAL
(6)			SUB-SAHARAN AFRICA	ON-GOING			803,419.	MED. SUPPL.	FAIR MKT VAL
(7)			SUB-SAHARAN AFRICA	ON-GOING			792,504.	MED. SUPPL.	FAIR MKT VAL
(8)			SUB-SAHARAN AFRICA	ON-GOING			744,668.	MED. SUPPL.	FAIR MKT VAL
(9)			SUB-SAHARAN AFRICA	ON-GOING			569,715.	MED. SUPPL.	FAIR MKT VAL
(10)			SUB-SAHARAN AFRICA	ON-GOING			213,575.	MED. SUPPL.	FAIR MKT VAL
(11)			SUB-SAHARAN AFRICA	ON-GOING			79,371.	MED. SUPPL.	FAIR MKT VAL
(12)			SUB-SAHARAN AFRICA	ON-GOING			6,607.	MED. SUPPL.	FAIR MKT VAL
(13)			SUB-SAHARAN AFRICA	ON-GOING			5,731.	MED. SUPPL.	FAIR MKT VAL
(14)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			114,636.	MED. SUPPL.	FAIR MKT VAL
(15)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			65,061.	MED. SUPPL.	FAIR MKT VAL
(16)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			63,406.	MED. SUPPL.	FAIR MKT VAL

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(1)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			62,825.	MED. SUPPL.	FAIR MKT VAL
(2)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			55,012.	MED. SUPPL.	FAIR MKT VAL
(3)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			43,789.	MED. SUPPL.	FAIR MKT VAL
(4)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			37,133.	MED. SUPPL.	FAIR MKT VAL
(5)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			34,369.	MED. SUPPL.	FAIR MKT VAL
(6)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			33,432.	MED. SUPPL.	FAIR MKT VAL
(7)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			30,214.	MED. SUPPL.	FAIR MKT VAL
(8)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			24,422.	MED. SUPPL.	FAIR MKT VAL
(9)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			22,565.	MED. SUPPL.	FAIR MKT VAL
(10)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			18,473.	MED. SUPPL.	FAIR MKT VAL
(11)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			16,986.	MED. SUPPL.	FAIR MKT VAL
(12)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			16,282.	MED. SUPPL.	FAIR MKT VAL
(13)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			16,282.	MED. SUPPL.	FAIR MKT VAL
(14)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			15,711.	MED. SUPPL.	FAIR MKT VAL
(15)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			11,276.	MED. SUPPL.	FAIR MKT VAL
(16)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			9,469.	MED. SUPPL.	FAIR MKT VAL

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

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			8,233.	MED. SUPPL.	FAIR MKT VAL
(2)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			6,980.	MED. SUPPL.	FAIR MKT VAL
(3)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			6,835.	MED. SUPPL.	FAIR MKT VAL
(4)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			6,831.	MED. SUPPL.	FAIR MKT VAL
(5)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			6,210.	MED. SUPPL.	FAIR MKT VAL
(6)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			6,208.	MED. SUPPL.	FAIR MKT VAL
(7)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			5,754.	MED. SUPPL.	FAIR MKT VAL
(8)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			5,569.	MED. SUPPL.	FAIR MKT VAL
(9)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			5,402.	MED. SUPPL.	FAIR MKT VAL
(10)			EAST ASIA/PACIFIC	POST-EMERGEN			39,067.	MED. SUPPL.	FAIR MKT VAL
(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 . . . . . ▶ 170.

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) MEDICAL OUTREACH	CENT. AMERICA/CARIBBEAN	320.	31,338,964.			MEDICINE	FMV
(2) MEDICAL OUTREACH	EAST ASIA/PACIFIC	67.	4,498,785.			MEDICINE	FMV
(3) MEDICAL OUTREACH	EUROPE/ICELAND/GREENLAND	5.	1,312,034.			MEDICINE	FMV
(4) MEDICAL OUTREACH	MIDDLE EAST/NORTH AFRICA	8.	206,389.			MEDICINE	FMV
(5) MEDICAL OUTREACH	NORTH AMERICA	40.	1,004,933.			MEDICINE	FMV
(6) MEDICAL OUTREACH	RUSSIA/NEWLY IND. STATES	4.	306,532.			MEDICINE	FMV
(7) MEDICAL OUTREACH	SOUTH AMERICA	56.	4,460,712.			MEDICINE	FMV
(8) MEDICAL OUTREACH	SOUTH ASIA	17.	917,537.			MEDICINE	FMV
(9) MEDICAL OUTREACH	SUB-SAHARAN AFRICA	91.	7,767,139.			MEDICINE	FMV
(10) EMERGENCY RESPONSE	EAST ASIA/PACIFIC	1.	236,387.			MEDICINE	FMV
(11) EMERGENCY RESPONSE	MIDDLE EAST/NORTH AFRICA	2.	313,676.			MEDICINE	FMV
(12) EMERGENCY RESPONSE	SOUTH ASIA	4.	469,859.			MEDICINE	FMV
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

FORM 990, SCHEDULE F, PART I, LINE 2

TO ENSURE THAT DONATED GOODS AND FUNDS ARE USED TO FULFILL OUR MISSION, AMERICARES TRACKS EVERY DONATION AS IT ENTERS AND LEAVES OUR WAREHOUSES AND REQUIRES REPORTING OF EACH RECEIVING PARTNER ORGANIZATION, WHICH INCLUDE DETAILED CONFIRMATION OF RECEIPT AND QUARTERLY UPDATES ON DISTRIBUTION. INDIVIDUAL LICENSED HEALTH CARE PROVIDERS RECEIVING DONATIONS THROUGH OUR MEDICAL OUTREACH PROGRAM MUST PROVIDE A REPORT DETAILING HOW THE DONATION WAS USED, NUMBER OF PATIENTS TREATED AND OTHER INFORMATION. HEALTH PARTNERS THAT RECEIVE FUNDING FROM AMERICARES ARE REQUIRED TO COMPLETE A GRANT APPLICATION AND A GRANT REPORT, INCLUDING DATA ON HOW FUNDS WERE USED AND, IF APPLICABLE, THE HEALTH OUTCOME OF THE FUNDED PROJECT OR ACTIVITY. AMERICARES STAFF ALSO PERFORM SITE VISITS TO MONITOR PARTNERS' USE OF PRODUCT DONATIONS AND FUNDING. TARGETED HEALTH INITIATIVES SUCH AS THOSE DESCRIBED IN THE "ONGOING" SECTION ABOVE, MAY INCLUDE BASELINE AND FINAL PROJECT ASSESSMENTS.

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization
AMERICARES FOUNDATION, INC.

Employer identification number
06-1008595

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

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

- **a** [X] Mail solicitations
- **b** [X] Internet and email solicitations
- **c** [X] Phone solicitations
- **d** [X] In-person solicitations
- **e** [X] Solicitation of non-government grants
- **f** [X] Solicitation of government grants
- **g** [X] 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? [X] **Yes** [ ] **No**

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
1 DONOR SERVICES GROUP	TELEPHONE		X	1,518,598.	287,839.	1,230,759.
2 MAL WARWICK/DONORDIGITAL INC	MAIL/ INTERNET		X	8,935,046.	714,084.	8,220,962.
3 INFOCISION	TELEPHONE		X	36,150.	10,106.	26,044.
4						
5						
6						
7						
8						
9						
10						
Total ▶				10,489,794.	1,012,029.	9,477,765.

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

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

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

		(a) Event #1 AIRLIFT BENEFIT (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	2,024,004.			2,024,004.
	2 Less: Contributions	1,900,754.			1,900,754.
	3 Gross income (line 1 minus line 2)	123,250.			123,250.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	61,154.			61,154.
	7 Food and beverages	113,913.			113,913.
	8 Entertainment	164,691.			164,691.
	9 Other direct expenses	174,360.			174,360.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				514,118.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-390,868.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ 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: _____

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

b If "Yes," explain: _____

11 Does the organization 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 FY 2015, IN ADDITION TO THE CONSULTING FEES LISTED IN SCHEDULE G, PART

I, AMERICARES PAID OTHER NON-CONSULTING FUNDRAISING EXPENSES TO

DONORDIGITAL OF $89,325, DONOR SERVICES GROUP OF $6,489, AND MAL WARWICK

ASSOCIATES OF $286,968 AND INFOCISION OF $989. IN ADDITION, AMERICARES

ALSO PAID PARADYSZ MATERA $64,763 FOR NON-CONSULTING FUNDRAISING

EXPENSES.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHILDREN`S DIAGNOSTIC & TREATMENT CENTER 1401 S. FED. HWAY FORT LAUDERDALE, FL 33316	65-1026739	501(C)(3)		183,674.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) WEBSTER CITY FREE CLINIC 820 JAMES STREET WEBSTER CITY, IA 50595	42-1428706	501(C)(3)		69,561.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) TEMPLE COMMUNITY CLINIC 1905 CURTIS B ELLIOT DR. TEMPLE, TX 76501	74-2634500	501(C)(3)		56,661.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) MATAGORDA EPISCOPAL HEALTH OUTREACH PROGRAM MEHOP BAY CITY, TX 77414	20-0537948	501(C)(3)		51,764.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) BIGHORN VALLEY HEALTH CENTER 10 WEST 4TH ST. HARDIN, MT 59034	27-3113428	501(C)(3)		43,081.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) FERNCARE FREE CLINIC, INC. 459 E. NINE MILE ROAD FERNDALE, MI 48220	32-0246843	501(C)(3)		33,990.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) DOCTORS OF THE WORLD-USA, INC 137 VARICK ST 8TH FL. NEW YORK, NY 10013	35-2426718	501(C)(3)		32,277.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) GREATER GREENWOOD UNITED MINISTRY FREE MEDI 1404 EDGEFIELD ST GREENWOOD, SC 29384	57-1012393	501(C)(3)		32,084.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) MISSION WACO HEALTH CLINIC 1315 N. 15TH ST WACO, TX 76707	74-2605621	501(C)(3)		32,002.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) PARTNERING FOR HEALTH 501 HOWARD AVE SUITE 204B ALTOONA, PA 16601	25-1842308	501(C)(3)		25,524.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) GOOD SAMARITAN CARE CLINIC 501 W. US HWY. 60 MOUNTAIN VIEW, MO 65548	56-2418664	501(C)(3)		24,080.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) GRAYS HARBOR COUNTY PUBLIC HEALTH 2109 SUMNER AVE ABERDEEN, WA 98520	91-6001320	115		12,784.	FMV	MEDICAL SUPPLIES	EMERGENCY

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SCHOOL HEALTH CLINICS OF SANTA CLARA COUNTY 5671 SANTA TERESA BLVD SAN JOSE, CA 95123	77-0031679	501(C)(3)		20,191.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) CARE ALLIANCE HEALTH CENTER 1530 ST. CLAIR AVE CLEVELAND, OH 44114	34-1748776	501(C)(3)		16,196.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) THE HEALTH CARE CONNECTION 1401 STEFFEN AVENUE CINCINNATI, OH 45215	31-0822524	501(C)(3)		14,499.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) COMANCHE COUNTY HEALTH DEPARTMENT 1010 SOUTH SHERIDAN LAWTON, OK 73501	73-6006356	115		7,510.	FMV	MEDICAL SUPPLIES	EMERGENCY
(5) HARTVILLE MIGRANT MINISTRIES 3980 SWAMP ST HARTVILLE, OH 44632	34-0899100	501(C)(3)		12,018.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) CLEVELAND COUNTY HEALTH DEPARTMENT 315 E GROVER ST SHELBY, NC 28150	56-6000288	115		615,606.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) SOCIAL WELFARE BOARD 904 S. 10TH, SUITE A ST. JOSEPH, MO 64503	44-6000455	115		479,266.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) PANHANDLE PUBLIC HEALTH DEPARTMENT 1930 EAST 20TH PLACE SCOTTSBLUFF, NE 69361	03-047-5216	115		143,502.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) PIMA COUNTY HEALTH DEPARTMENT 3950 S. COUNTRY CLUB TUCSON, AZ 85714	86-6000543	115		85,222.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) UTAH COUNTY HEALTH DEPARTMENT 151 S UNIVERSITY AVE PROVO, UT 84601	87-6000312	115		83,671.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) UNION COUNTY HEALTH DEPARTMENT 940 LONDON AVE. MARYSVILLE, OH 43040	31-6400087	115		82,177.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) CARRROLL COUNTY HEALTH DEPARTMENT 101 WEST MAIN ST DELPHI, IN 46923	35-6000130	115		78,132.	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 . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BUTLER COUNTY HEALTH DEPARTMENT 1619 NORTH MAIN ST. POPLAR BLUFF, MO 63901	43-1070380	115		63,917.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) WASATCH COUNTY HEALTH DEPARTMENT 55 SOUTH 500 EAST HEBER CITY, UT 84032	87-6000299	115		42,611.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) DADE COUNTY HEALTH DEPARTMENT 413 W WATER ST. GREENFIELD, MO 65661	43-1266535	115		38,278.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) KITSAP PUBLIC HEALTH DISTRICT 345 6TH ST STE 300 BREMERTON, WA 98337	42-1689063	115		33,953.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) LINN COUNTY PUBLIC HEALTH 501 13TH ST. NW CEDAR RAPIDS, IA 52405	42-6004338	115		33,624.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) ERIE COUNTY HEALTH DEPARTMENT 608 WILLIAM ST. BUFFALO, NY 14206	16-6002558	115		23,048.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) BEAR RIVER HEALTH DEPARTMENT 655 EAST 1300 NORTH LOGAN, UT 84341	87-0109001	115		21,306.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) BUNCOMBE COUNTY DEPARTMENT OF HEALTH 40 COXE AVENUE ASHEVILLE, NC 28801	56-6000279	115		20,530.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) CLAY COUNTY HEALTH DEPARTMENT 820 SPELLMAN CIRCLE CLAY CENTER, KS 67432	48-6023072	115		14,062.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) DAVIS COUNTY HEALTH DEPARTMENT 22 SOUTH STATE ST. CLEARFIELD, UT 84015	87-6000297	115		10,653.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) WHATCOM COUNTY HEALTH DEPARTMENT 1500 N. STATE ST. BELLINGHAM, WA 98225	91-6001383	115		10,237.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) RILEY COUNTY HEALTH DEPARTMENT 2030 TECUMSEH RD MANHATTAN, KS 66502	48-6023850	115		10,227.	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 . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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▶ **Attach to Form 990.**

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OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] 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) WEBSTER COUNTY HEALTH DEPARTMENT 723 1ST AVENUE SOUTH FORT DODGE, IA 50501	42-6004677	115		8,522.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) PUBLIC HEALTH - SEATTLE & KING COUNTY 401 5TH AVE SEATTLE, WA 98104	91-6001327	115		8,522.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) SIOUXLAND DISTRICT HEALTH DEPARTMENT 1014 NEBRASKA STREET SIOUX CITY, IA 51105	42-6005221	115		8,522.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) NAVAJO COUNTY PUBLIC HEALTH 600 N. 9TH PL. SHOW LOW, AZ 85901	86-6000541	115		8,522.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) LOGAN COUNTY HEALTH DISTRICT 310 S. MAIN ST BELLEFONTAINE, OH 43311	34-6400797	115		8,367.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) COLE COUNTY HEALTH DEPARTMENT 1616 INDUS. DR. JEFFERSON CITY, MO 65109	44-6000488	115		8,212.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) LIVINGSTON COUNTY PUBLIC HEALTH DEPARTMENT 310 E. TORRANCE AVE. PONTIAC, IL 61764	37-6001248	501(C)(3)		10,154.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) MESA FIRE AND MEDICAL DEPARTMENT 4530 E. MCKELLIPS MESA, AZ 85215	86-6000252	115		8,212.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) CEDAR COUNTY PUBLIC HEALTH 400 CEDAR STREET TIPTON, IA 52772	42-6005281	115		8,043.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) MONROE COUNTY HEALTH DEPARTMENT 901 ILLINOIS AVE WATERLOO, IL 62298	37-6001650	115		6,787.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) STEUBEN COUNTY PUBLIC HEALTH 7002 COUNTY RTE 113 BATH, NY 14810	16-6002567	115		6,314.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) COCHISE HEALTH & SOCIAL SERVICES - COCHISE 4115 E. FOOTHILLS DR SIERRA VISTA, AZ 85635	86-6000398	115		6,159.	FMV	MEDICAL SUPPLIES	ON-GOING

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

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(1) ALBANY COUNTY DEPARTMENT OF HEALTH 175 GREEN STREET ALBANY, NY 12206	14-6002563	115		6,159.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) CALHOUN COUNTY PUBLIC HEALTH 501 COURT STREET ROCKWELL CITY, IA 50579	42-6005168	115		5,539.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) GREATER KILLEEN FREE CLINIC 718 N 2ND STREET, STE A KILLEEN, TX 76541	74-2724725	501(C)(3)		2,789,480.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) NORTHSHORE SCOTTSDALE PHARMACY 3564 SCOTTSDALE ST PORTAGE, IN 46368	35-2028588	501(C)(3)		2,277,334.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) SEMO HEALTH NETWORK 415 MAIN STREET NEW MADRID, MO 63869	43-1253101	501(C)(3)		1,816,730.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) AMERICARES FREE CLINICS, INC. 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1422741	501(C)(3)		1,622,638.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) FOUNDATION FOR HIV AND KIDNEY DIALYSIS INC. 14 ZIRKEL. AVENUE. PISCATAWAY, NJ 08854	43-2024266	501(C)(3)		1,565,483.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) DIVINE GRACE MEDICAL MISSIONARIES 8515 FONDREN RD # 210 HOUSTON, TX 77074	27-4000666	501(C)(3)		1,462,061.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) PALMETTO HEALTH COUNCIL, INC. 643 MAIN STREET PALMETTO, GA 30268	58-1307597	501(C)(3)		1,409,531.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) THE TEXAS INTL. INSTITUTE OF HEALTH PROFESS 2615 STRAWBERRY ROAD PASADENA, TX 77502	46-1267820	501(C)(3)		1,311,409.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) BREAD OF HEALING CLINIC 1821 N 16TH ST MILWAUKEE, WI 53205	81-0669867	501(C)(3)		1,297,944.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) EUNICE COMMUNITY HEALTH CENTER 450 MOOSA BLVD. STE. E EUNICE, LA 70535	27-0213992	501(C)(3)		1,261,165.	FMV	MEDICAL SUPPLIES	ON-GOING

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

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(1) ST.MARY`S DINING ROOM 545 W.SONORA ST. STOCKTON, CA 95203	94-2687280	501(C)(3)		1,182,305.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) COMMUNITY CARE CENTER FOR FORSYTH CO. INC. 2135 NEW W. RD WINSTON SALEM, NC 27101	58-1403699	501(C)(3)		1,143,579.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) MUSLIM COMMUNITY CENTER FOR HUMAN SERVICES 7600 GLENVIEW DR. RICHLAND HILLS, TX 76180	75-2580088	501(C)(3)		1,131,264.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) MISSION ARLINGTON MEDICAL CLINIC 210 W. SOUTH ARLINGTON, TX 76010	75-2724385	501(C)(3)		1,123,934.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) NEIGHBOR FOR NEIGHBOR 505 E 36TH ST N TULSA, OK 74106	73-0776404	501(C)(3)		1,078,285.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) COMMUNITY HEALTH CENTERS, INC. 12716 N.E. 36TH STREET SPENCER, OK 73084	73-0930123	501(C)(3)		1,033,210.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) AGAPE CLINIC 4105 JUNIUS STREET DALLAS, TX 75246	14-1847977	501(C)(3)		1,022,701.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) WATER STREET HEALTH SERVICES 210 S. PRINCE STREET LANCASTER, PA 17603	23-2798318	501(C)(3)		9,823.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) NEVADA OBSTETRICAL CHARITY CLINIC 1950 PINTO LANE LAS VEGAS, NV 89106	26-4834603	501(C)(3)		1,014,297.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) CHURCH HILL FREE CLINIC PO BOX 166 CHURCH HILL, TN 37642	62-1391365	501(C)(3)		967,447.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) SAMARITAN REGIONAL HEALTH CLINIC 937 BROADWAY CAPE GIRARDEAU, MO 63701	27-5427837	501(C)(3)		932,281.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) MISSION OF MERCY 22 SOUTH MARKET ST. FREDERICK, MD 21701	86-0704883	501(C)(3)		903,871.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) SOUTHEAST INC. 16 WEST LONG STREET COLUMBUS, OH 43215	31-0940189	501(C)(3)		897,305.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) THE FLOATING HOSPITAL 4140 27TH ST LONG ISLAND CITY, NY 11101	13-1624169	501(C)(3)		896,003.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) GREATER HICKORY COOPERATIVE CHRISTIAN MINIS 31 1ST AVE SE HICKORY, NC 28602	56-0934855	501(C)(3)		892,560.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) CAPITAL CITY RESCUE MISSION FREE CLINIC 88 TRINITY PLACE ALBANY, NY 12202	56-2663290	501(C)(3)		889,427.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) THE GOOD SAMARITAN CENTER 140 INDUST. LOOP FREDERICKSBURG, TX 78624	91-2129853	501(C)(3)		862,392.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) RICHMOND AREA HIGH BLOOD PRESSURE CENTER 1200 WEST CARY STREET RICHMOND, VA 23220	52-1303481	501(C)(3)		848,441.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) PARKVIEW MEDICAL CLINIC 1205 DR. KING JR. WAY HAINES CITY, FL 33844	01-0790991	501(C)(3)		811,473.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) GOOD SHEPHERD MINISTRIES OF OKLAHOMA, INC. 222 NW 12TH STREET OKLAHOMA CITY, OK 73103	20-0526892	501(C)(3)		808,732.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) COMMUNITY MEDICINE FOUNDATION 1131 SALUDA STREET ROCK HILL, SC 29730-5776	57-0891008	501(C)(3)		802,197.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) C.H.A.N.G.E. 37 KNOLLWOOD DRIVE SHREWSBURY, MA 01545	22-2905321	501(C)(3)		800,996.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) JOHNSTOWN FREE MEDICAL CLINIC 340 MAIN STREET JOHNSTOWN, PA 15901	23-2922409	501(C)(3)		800,136.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) ALL CARE HEALTH CENTER 902 S. 6TH ST. COUNCIL BLUFFS, IA 51501	42-1466508	501(C)(3)		788,633.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) VOLUNTEERS IN MEDICINE CLINIC 2260 MARCOLA ROAD SPRINGFIELD, OR 97477	93-1276816	501(C)(3)		745,343.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) NORTH HUDSON COMMUNITY ACTION CORPORATION 714-31ST STREET UNION CITY, NJ 07087	22-1818699	501(C)(3)		740,597.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) HEALTH UNIT ON DAVISON AVENUE CLNIC 13240 WOODROW WILSON ST DETROIT, MI 48238	37-1490937	501(C)(3)		732,129.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) WESLEY HEALTH CENTER 1300 S. 10TH ST PHOENIX, AZ 85034	86-0133770	501(C)(3)		9,795.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) PRESBYTERIAN MEDICAL CARE MISSION 1857 PINE ST STE 100 ABILENE, TX 79601	75-1910600	501(C)(3)		731,212.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) CHRISTIAN HEALTH CENTER 1115 FAIRVIEW CAMDEN, AR 71701	71-0804142	501(C)(3)		729,143.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) GOOD SHEPHERD CLINIC 6392 MURPHY DRIVE MORROW, GA 30260	58-2578581	501(C)(3)		726,385.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) COMMUNITY HEALTH CLINIC OF JOPLIN 701 S. JOPLIN AVE JOPLIN, MO 64801	43-1643962	501(C)(3)		720,074.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) THE ROAD HOME COMMUNITY WINTER SHELTER 315 N 900 EAST KAYSVILLE, UT 84037	87-0212465	501(C)(3)		9,246.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) FIRST REFUGE MINISTRIES MEDICAL CLINIC 1701 BROADWAY STREET DENTON, TX 76201	45-5606427	501(C)(3)		705,204.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) SOUTH CENTRAL MISSOURI COMMUNITY HEALTH CEN 1050 WEST 10TH STREET ROLLA, MO 65401	26-2522083	501(C)(3)		682,764.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) SHELBY COMMUNITY HEALTH CENTER 1640 E STATE RD. 44 SHELBYVILLE, IN 46176	30-0174146	501(C)(3)		669,494.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) GOOD SAMARITAN HEALTH AND WELLNESS CENTER 209 W. STATE LINE RD S. FULTON, TN 38257	45-3745315	501(C)(3)		668,613.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) ORANGEBURG-CALHOUN FREE MEDICAL CLINIC 860 HOLLY STREET ORANGEBURG, SC 29115	26-3762573	501(C)(3)		661,354.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) CHRIST CLINIC 5504 FIRST STREET KATY, TX 77493	90-0789318	501(C)(3)		654,790.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) KEVINS COMMUNITY CENTER 153 S MAIN STREET NEWTOWN, CT 06470	61-1436909	501(C)(3)		640,988.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) AVENAL COMMUNITY HEALTH CENTER 1000 SKYLINE BLVD AVENAL, CA 93204	77-0425496	501(C)(3)		624,905.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) CONWAY INTERFAITH CLINIC 830 NORTH CREEK CONWAY, AR 72032	41-2058756	501(C)(3)		624,299.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) ST VINCENT DE PAUL CHARITABLE PHARMACY 1125 BANK ST. CINCINNATI, OH 45214	30-0272954	501(C)(3)		609,388.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) TRAY FREE CLINIC 652 WEST 11TH STREET TRACY, CA 95376	26-4130481	501(C)(3)		588,966.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) ST. MARTINS HEALTHCARE INC 1359 S. RANDOLPH ST. GARRETT, IN 46738	20-8609620	501(C)(3)		571,514.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) WV HEALTH RIGHT INC 1520 WASHINGTON ST. CHARLESTON, WV 25311	31-1066881	501(C)(3)		552,749.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) HALEY CENTER 122 WEST CENTRAL AVE WINTER HAVEN, FL 33880	59-0766974	501(C)(3)		546,056.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) ETOWAH FREE COMMUNITY CLINIC 423 S. 3RD. STREET GADSDEN, AL 35901	82-0562064	501(C)(3)		544,809.	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 . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY HEALTH SERVICES 4675 E. 69TH AVENUE COMMERCE CITY, CO 80022	84-0799374	501(C)(3)		9,007.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) CABRINI CLINIC 1234 PORTER STREET DETROIT, MI 48226	38-3129349	501(C)(3)		544,765.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) HOPE CLINIC 203 NORTH STREET BAYBORO, NC 28515	56-2114681	501(C)(3)		542,038.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) RURAL HEALTH CLINIC OF THE CUMBERLANDS 9400 SPARTA HIGHWAY CROSSVILLE, TN 38572	20-5562191	501(C)(3)		541,997.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) NORTH TEXAS FOOD BANK 4500 S. COCKRELL HILL ROAD DALLAS, TX 75236	751785357	501(C)(3)		8,906.	FMV	MEDICAL SUPPLIES	EMERGENCY
(6) MEL LEAMAN FREE CLINIC 1583 NORTH MAIN ST MARION, VA 24354	54-1993876	501(C)(3)		538,008.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) A PROMISE TO HELP 1332 WINOLA LANE BIRMINGHAM, AL 35235	26-4401185	501(C)(3)		507,460.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) ROCK SPRINGS CLINIC 219 ROCK SPRINGS ROAD MILNER, GA 30257	26-4485460	501(C)(3)		506,536.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) BETHESDA HEALTH CLINIC 409 WEST FERGUSON TYLER, TX 75702	26-0036674	501(C)(3)		503,069.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) COMMUNITY HEALTH SERVICE AGENCY 4311 WESLEY GREENVILLE, TX 75403	75-1528614	501(C)(3)		8,367.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) BROAD STREET CLINIC 534 N. 35TH ST. MOREHEAD CITY, NC 28557	56-1853604	501(C)(3)		502,829.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) GOOD SAMARITAN MEDICAL CLINIC 139 CHURCH ST. CHESTER, SC 29706	82-0549226	501(C)(3)		498,350.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) HEALTHREACH COMMUNITY CLINIC 400 E. STSVILLE. AVE MOORESVILLE, NC 28115	20-1020941	501(C)(3)		495,315.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) I CARE SAN ANTONIO 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	74-2690192	501(C)(3)		492,582.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) GOODWIN COMMUNITY HEALTH CENTER, INC. DBA C 2605 PARKWOOD DR BRUNSWICK, GA 31520	01-0576945	501(C)(3)		490,835.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) COMMUNITY HELPING HANDS HEALTH CLINIC 34-C COURTHOUSE SQUARE CLEVELAND, GA 30528	64-0950194	501(C)(3)		487,246.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) KIDS COME FIRST COMMUNITY HEALTH CENTER 1556 S. SULTANA AVE. ONTARIO, CA 91761	33-0969025	501(C)(3)		471,087.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) CENTER FOR FAMILY HEALTH AND EDUCATION 8727 V. NUYS BLVD. PANORAMA CITY, CA 91402	27-0224623	501(C)(3)		468,959.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) COMPASSIONATE CARE OF SHELBY COUNTY, INC. 124 N. OHIO AVE SIDNEY, OH 45365	20-8479583	501(C)(3)		460,860.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) FOUR HOLES INDIAN ORGANIZATION DBA EIFC 1125 RIDGE RD RIDGEVILLE, SC 29472	57-0570165	501(C)(3)		460,414.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) ATHENS NURSES CLINIC 496 REESE STREET ATHENS, GA 30601	58-2490925	501(C)(3)		457,347.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) NORTH BROWARD HOSPITAL DISTRICT 303 SE 17TH ST. FORT LAUDERDALE, FL 33316	59-6012065	501(C)(3)		456,338.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) CATHERINE MCAULEY CLINIC 5514 HOHMAN AVE HAMMOND, IN 46320	35-1835133	501(C)(3)		455,337.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) WESTMINSTER FREE CLINIC 5560 NAPOLEON DRIVE OAK PARK, CA 91377	77-0563241	501(C)(3)		443,144.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) THE CLINIC 143 CHURCH ST. PHOENIXVILLE, PA 19460	23-3072363	501(C)(3)		440,067.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) CAPITAL AREA HEALTHNETWORK 719 N. 25TH STREET RICHMOND, VA 23223	54-1884190	501(C)(3)		436,970.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) STEHOUWER FREE CLINIC 201 N. MITCHELL CADILLAC, MI 49601	61-1401888	501(C)(3)		436,765.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) GULF COAST HEALTH CENTER, INC. 2548 MEMORIAL BLVD. PORT ARTHUR, TX 77640	76-0289927	501(C)(3)		436,454.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) ANDERSON FREE CLINIC 414 N FANT ST ANDERSON, SC 29621	57-0787584	501(C)(3)		436,347.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) PRIMARY CARE & HOPE CLINIC 1453 HOPE WAY MURFREESBORO, TN 37129	62-1482091	501(C)(3)		435,997.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) RIVERSIDE HEALTH CENTER 322 W. RIVERSIDE ST. COVINGTON, VA 24426	54-1904342	501(C)(3)		434,459.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) SNAKE RIVER COMMUNITY CLINIC 215 10TH STREET LEWISTON, ID 83501	31-1726460	501(C)(3)		423,419.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) HEALTHQUEST OF UNION COUNTY 415 E. FRANKLIN STREET MONROE, NC 28112	56-2117596	501(C)(3)		417,742.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) MEDLINK GEORGIA, INC. 11 CHARLIE MORRIS ROAD COLBERT, GA 30628	58-1394645	501(C)(3)		416,590.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) OPEN ARMS HEALTH CLINIC 3921 W GREEN OAKS BLVD. ARLINGTON, TX 76017	45-0621201	501(C)(3)		416,164.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) MINISTRIES OF JESUS 1100 E. I-35 FRONTAGE ROAD EDMOND, OK 73034	73-1622804	501(C)(3)		413,150.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) OPEN DOOR HEALTH CENTER 1350 SW 4 ST. HOMESTEAD, FL 33030	83-0375996	501(C)(3)		412,631.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) CARIDAD CENTER 8645 W BOYNTON BOYNTON BEACH, FL 33472	65-0149423	501(C)(3)		397,103.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) RIVER HILLS COMMUNITY HEALTH CENTER 201 SOUTH MARKET STREET OTTUMWA, IA 52501	42-1489471	501(C)(3)		391,423.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) CITY SQUARE 2835 GRAND AVE DALLAS, TX 75215	79-2332948	501(C)(3)		388,626.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) LEFLORE COUNTY HEALTH CENTER 706 HWY 82 W. GREENWOOD, MS 38930	20-0069223	501(C)(3)		388,230.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) TARZANA TREATMENT CENTERS, INC. 18646 OXNARD STREET TARZANA, CA 91356	94-2219349	501(C)(3)		382,180.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) DR GARY BURNSTEIN COMMUNITY HEALTH CLINIC 45580 WOODWARD AVE PONTIAC, MI 48341	32-0015321	501(C)(3)		371,493.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) HEALTH AND HOPE CLINIC, INC. 1718 E OLIVE RD PENSACOLA, FL 32514	26-4336638	501(C)(3)		366,146.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) MERCY MEDICAL CLINIC 615 WASHINGTON STREET SHELBYVILLE, KY 40065	61-1211189	501(C)(3)		364,382.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) RUTLAND FREE CLINIC 145 STATE STREET RUTLAND, VT 05701	83-0427544	501(C)(3)		364,201.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) LIGHT OF THE WORLD CLINIC, INC. 5333 N. DIXIE HWY OAKLAND PARK, FL 33334	65-0266070	501(C)(3)		359,021.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) ALABAMA FREE CLINIC 212 COURTHOUSE SQUARE BAY MINETTE, AL 36507	63-1247879	501(C)(3)		358,559.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) GOOD HEALTH CLINIC, INC 91555 OVERSEAS HWY. TAVERNIER, FL 33070	04-3745805	501(C)(3)		348,885.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) FAITH FAMILY CLINIC 8711 VILLAGE DR SAN ANTONIO, TX 78217	26-3791828	501(C)(3)		339,551.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) MARICOPA INTEGRATED HEALTH SYSTEM 2601 EAST R. ST. PHOENIX, AZ 85008	86-0830701	501(C)(3)		8,212.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) FREE CLINIC OF OUR TOWNS/ ADA JENKINS CENTE P.O. BOX 1842 DAVIDSON, NC 28036	56-1927067	501(C)(3)		8,129.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) BETHESDA COMMUNITY CLINIC, INC 107 MOUNT. BROOK DR. CANTON, GA 30115	27-4923001	501(C)(3)		333,925.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) HAVEN FREE CLINIC 374 GRAND AVE. NEW HAVEN, CT 06513	06-0646973	501(C)(3)		332,687.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) ROTACARE INC 875 JERUSALEM AVE UNIONDALE, NY 11530	11-3135331	501(C)(3)		325,419.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) VOLUNTEERS IN MEDICINE 190 N. PENN. AVE. WILKES BARRE, PA 18702	20-3531527	501(C)(3)		324,444.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) COMMUNITY HEALTH CARE 3 BROADWAY CAPE MAY COURTHOUSE, NJ 08210	22-2763588	501(C)(3)		320,717.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) LIVINGSTONE COMMUNITY DEVELOPMENT CORPORATI 12362 BEACH BLVD. STANTON, CA 90680	27-0947808	501(C)(3)		319,946.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) ANGELS COMMUNITY CLINIC 1005 POPLAR STREET MURRAY, KY 42071	62-1777249	501(C)(3)		316,105.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) COMMUNITY FREE CLINIC, INC. 249 MILL STREET HAGERSTOWN, MD 21740	52-1772594	501(C)(3)		310,035.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) CROSSINGS COMMUNITY CLINIC 2208 W HEFNER RD OKLAHOMA CITY, OK 73112	86-1115863	501(C)(3)		297,467.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) MAMOU HEALTH RESOURCES, INC. 300 SOUTH STREET MAMOU, LA 70554	72-0949444	501(C)(3)		293,368.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) HEARTBRIGHT FOUNDATION INC 2923 SOUTH TRYON CHARLOTTE, NC 28203	45-0496759	501(C)(3)		292,520.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) NORTHWEST HUMAN SERVICES, INC. 681 CENTER STREET NE SALEM, OR 97301	93-0605570	501(C)(3)		292,371.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) HOPELIGHT MEDICAL CLINIC 1351 COLLYER ST LONGMONT, CO 80501	46-4657471	501(C)(3)		291,880.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) THE FREE MEDICAL CLINIC OF GREATER CLEVELAN 12201 EUCLID AVE CLEVELAND, OH 44106	23-7078501	501(C)(3)		290,287.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) BARTZ-ALTADONNA COMMUNITY HEALTH CENTER 43322 GINGHAM AVE. LANCASTER, CA 93535	27-3261289	501(C)(3)		280,794.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) SAN JOSE CLINIC 2615 FANNIN ST. HOUSTON, TX 77002	76-0373703	501(C)(3)		275,732.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) VOLUNTEERS IN MEDICINE 640 MADISON AVE SCRANTON, PA 18510	20-3531527	501(C)(3)		273,550.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) MISSION OF MERCY-ARIZONA 821 W WARNER ROAD CHANDLER, AZ 85225	86-0704883	501(C)(3)		270,736.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) HEALING BRIDGE CLINIC 215 WILLOWBEND RD. PEACHTREE CITY, GA 30269	26-3555799	501(C)(3)		269,466.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) BROCK HUGHES FREE CLINIC, INC. 450 W MONROE ST WYTHEVILLE, VA 24382	20-2353144	501(C)(3)		266,604.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) COMMUNITY CARE CLINIC OF HIGHLANDS-CASHIERS 52 AUNT DORA DRIVE HIGHLANDS, NC 28741	65-1251915	501(C)(3)		265,159.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) WASATCH HOMELESS HEALTH CARE, INC. 409 WEST 400 SOUTH SALT LAKE CITY, UT 84101	87-0569356	501(C)(3)		264,168.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) BRIDGES TO HEALTH 1251 W. KEM ROAD MARION, IN 46952	20-5405181	501(C)(3)		264,080.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) HELPING HANDS CLINIC, INC. 810 HARPER AVE LENOIR, NC 28645	56-2076541	501(C)(3)		263,068.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) EDWARD R. LEAHY JR. CENTER CLINIC FOR THE U 800 LINDEN STREET SCRANTON, PA 18510	24-0795495	501(C)(3)		262,546.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) KANSAS CITY CARE CLINIC 3515 BROADWAY KANSAS CITY, MO 64111	43-0967292	501(C)(3)		257,520.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) FLAGLER COUNTY FREE CLINIC 703 EAST MOODY BLVD. BUNNELL, FL 32137	20-5036975	501(C)(3)		254,874.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) AMERICARES FREE CLINIC OF NORWALK 98 SOUTH MAIN STREET NORWALK, CT 06854	06-1008595	501(C)(3)		252,819.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) DUFFY HEALTH CENTER, INC. 94 MAIN STREET HYANNIS, MA 02601	04-3373741	501(C)(3)		251,517.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) SURRY MEDICAL MINISTRIES PO BOX 349 MOUNT AIRY, NC 27030	56-1829347	501(C)(3)		247,747.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) FREE CLINIC OF CULPEPER 610 LAUREL STREET CULPEPER, VA 22701	52-1366700	501(C)(3)		246,388.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) FIRST BAPTIST CHURCH MEDICAL/DENTAL CLINIC 1607 CHERRY STREET VICKSBURG, MS 39180	64-0356253	501(C)(3)		241,887.	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)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY HEALTH 2611 W. CHICAGO AVE. CHICAGO, IL 60622	36-3931793	501(C)(3)		240,690.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) ROSA CLARK MEDICAL CLINIC 210 SOUTH OAK ST. SENECA, SC 29678	58-6076010	501(C)(3)		240,231.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) CHRISTIAN APPALACHIAN PROJECT 6550 US 321 SOUTH HAGERHILL, KY 41222	61-0661137	501(C)(3)		235,763.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) SAFE HARBOR FREE CLINIC 7209 265TH ST. NW STANWOOD, WA 98292	26-3825107	501(C)(3)		234,262.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) ST. VINCENT`S STUDENT FREE CLINIC 2817 POST OFFICE ST GALVESTON, TX 77550	74-1384864	501(C)(3)		230,409.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) ST. JOSEPH HEALTH CENTER 510 W. ADAMS ST PLYMOUTH, IN 46563	35-1142669	501(C)(3)		228,834.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) HEALTHCARE FOR THE HOMELESS - HOUSTON 2505 FANNIN ST. HOUSTON, TX 77002	76-0647934	501(C)(3)		8,054.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) FAITH COMMUNITY PHARMACY 7033 BURLINGTON P. FLORENCE, KY 41042	61-1378914	501(C)(3)		225,264.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) GET UP PROJECT 12221 RENFERT WAY AUSTIN, TX 78758	45-4931906	501(C)(3)		222,147.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) HEALING HANDS MINISTRIES INC 8515 GREENVILLE AVE. DALLAS, TX 75243	65-1259379	501(C)(3)		220,185.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) FREE CLINIC OF PULASKI COUNTY, INC. 25 FOURTH ST NW PULASKI, VA 24301	52-1318621	501(C)(3)		219,784.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) GOOCHLAND FREE CLINIC AND FAMILY SERVICES 1800 SANDY HOOK RD. GOOCHLAND, VA 23063	54-1967650	501(C)(3)		219,212.	FMV	MEDICAL SUPPLIES	ON-GOING

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Internal Revenue Service

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(1) URBAN COMMUNITY ACTION PROJECTS DBA HEALTH 2880 HULEN PLACE RIVERSIDE, CA 92507	04-3656147	501(C)(3)		217,624.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) LORAIN COUNTY FREE CLINIC 3323 PEARL AVE. LORAIN, OH 44055	34-1506180	501(C)(3)		217,428.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) GREENVILLE FREE MEDICAL CLINIC 600 ARLINGTON AVENUE GREENVILLE, SC 29601	57-0855205	501(C)(3)		217,138.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) IBN SINA FOUNDATION 11226 S. WILCREST DR HOUSTON, TX 77099	76-0698464	501(C)(3)		215,382.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) SHEPHERDS CLINIC 2800 KIRK AVE. BALTIMORE, MD 21218	52-1739001	501(C)(3)		213,080.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) ARTHUR NAGEL COMMUNITY CLINIC 1116 12TH STREET, UNIT #3 BANDERA, TX 78003	77-0697361	501(C)(3)		212,242.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) REACH OUT OF MONTGOMERY COUNTY 25 E. FORAKER DAYTON, OH 45409	31-1434282	501(C)(3)		210,299.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) ST. LUKES FREE MEDICAL CLINIC 162 N. DEAN ST. SPARTANBURG, SC 29302	57-0943232	501(C)(3)		209,840.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) GRACE MEDICAL CLINIC 211 S. 8TH ST. MAYFIELD, KY 42066	61-1351519	501(C)(3)		208,125.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) MATTHEW 25 HEALTH AND DENTAL CLINIC 413 E. JEFFERSON BLVD FORT WAYNE, IN 46802	35-1484951	501(C)(3)		207,240.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) SMITH MEDICAL CLINIC, INC 116 BASKERVILL DR. PAWLEYS ISLAND, SC 29585	57-0786699	501(C)(3)		207,082.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) BROCKTON NEIGHBORHOOD HEALTH CENTER 63 MAIN STREET BROCKTON, MA 02301	04-3165044	501(C)(3)		7,746.	FMV	MEDICAL SUPPLIES	ON-GOING

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

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(1) HEALTHNET OF ROCK COUNTY, INC. 23 W. MILWAUKEE STREET JANESVILLE, WI 53548	39-1778804	501(C)(3)		206,513.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) MEDICAL OUTREACH MINISTRIES 1401 E SOUTH BOULEVARD MONTGOMERY, AL 36116	63-1204645	501(C)(3)		205,512.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) CANYON COUNTY COMMUNITY CLINIC 920 MAIN ST. CALDWELL, ID 83605	26-4195171	501(C)(3)		204,305.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) GREATER TEXOMA HEALTH CLINIC 900 N. ARMSTRONG AVE. DENISON, TX 75020	81-0584983	501(C)(3)		201,499.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) COMMUNITY HEALTH CENTER OF THE BLACK HILLS 504 E. MONROE ST RAPID CITY, SD 57701	46-0418932	501(C)(3)		200,365.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) COMMUNITY HEALTHWORX 1543 MCGINNIS STREET ALEXANDRIA, LA 71301	72-1444312	501(C)(3)		200,063.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) FAMILY HEALTH PARTNERSHIP CLINIC 401 CONGRESS PARKWAY CRYSTAL LAKE, IL 60014	36-4277029	501(C)(3)		199,504.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) SCOTLAND COMMUNITY HEALTH CLINIC 1405-B WEST BLVD LAURINBURG, NC 28353	20-2841940	501(C)(3)		199,341.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) HEALING HANDS HEALTH CENTER 245 MIDWAY MEDICAL PARK. BRISTOL, TN 37620	62-1677000	501(C)(3)		197,879.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) THE FRIENDSHIP CLINIC 704 LATAH BOISE, ID 83705	20-0184266	501(C)(3)		197,761.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE RD N NAPLES, FL 34102	59-3546884	501(C)(3)		195,981.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) NORTHWEST HUMAN SERVICES 681 CENTER STREET NE SALEM, OR 97301	93-0605570	501(C)(3)		195,163.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) URBAN MINISTRIES OF WAKE COUNTY, INC. 1390 CAPITAL BLVD. RALEIGH, NC 27603	58-1422700	501(C)(3)		194,642.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) LA CLINICA CRISTIANA 1915 AVALON AVENUE MUSCLE SHOALS, AL 35661	20-1624284	501(C)(3)		188,748.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) ST. CLARE MEDICAL OUTREACH 1407 YORK ROAD LUTHERVILLE, MD 21093	52-1681044	501(C)(3)		188,668.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) WILL COUNTY COMMUNITY HEALTH CENTER (WCCHC) 1106 NEAL AVE. JOLIET, IL 60433-2548	36-3971168	501(C)(3)		187,624.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) HOPE CLINIC OF GARLAND 800 S. 6TH ST. GARLAND, TX 75040	75-2960314	501(C)(3)		186,232.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) DOWNTOWN CLINIC 611 SOUTH SECOND STREET LARAMIE, WY 82070	83-0326354	501(C)(3)		7,583.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) POCATELLO FREE CLINIC 429 WASHINGTON POCATELLO, ID 83201	82-0351133	501(C)(3)		185,077.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) HOPE HEALTH CLINIC 1025 SANIBEL WAY LAGRANGE, KY 40031	45-2340606	501(C)(3)		184,714.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) VALLEY FAMILY HEALTH CARE 1441 NE 10TH AVE PAYETTE, ID 83661	82-0371383	501(C)(3)		184,081.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) LABIOMED, WOMEN`S HEALTH CARE CLINIC OEP 130 E. COMPTON BLVD. COMPTON, CA 90220	95-2138184	501(C)(3)		7,565.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) SAN FRANCISCO FREE CLINIC 4900 CALIFORNIA ST. SAN FRANCISCO, CA 94118	94-3186248	501(C)(3)		181,880.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) ST. CLARE HEALTH CLINIC 1121 S. INDIANA AVE CROWN POINT, IN 46307	35-1330472	501(C)(3)		181,836.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) MODESTO GOSPEL MISSION 1400 YOSEMITE BLVD MODESTO, CA 95354	94-6102833	501(C)(3)		178,925.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) HOPE MEDICAL/DENTAL CLINIC 111 MEADOWVIEW DRIVE CLEBURNE, TX 76033	75-2953856	501(C)(3)		178,445.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) HELPING KIDS: HEALTH ACCESS WITHOUT WALLS 968 E SAHARA LAS VEGAS, NV 89104	20-5552699	501(C)(3)		178,346.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) HOUSTON COUNTY VOLUNTEER MEDICAL CLINIC 125 RUSSELL P. WARNER ROBINS, GA 31088-6164	20-1859450	501(C)(3)		177,440.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) AGAPE CLINIC AT GRACE UNITED METHODIST CHUR 4105 JUNIUS STREET DALLAS, TX 75246	14-1847977	501(C)(3)		176,799.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) VOLUNTEER HEALTH CORPS OF BATON ROUGE 4655 SHERWOOD C BLVD. BATON ROUGE, LA 70816	20-4852337	501(C)(3)		176,331.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) NORTH COUNTRY HEALTHCARE 2920 N 4TH STREET FLAGSTAFF, AZ 86004	86-0663432	501(C)(3)		174,896.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) SACRED HEART COMMUNITY CLINIC 620 ROUND ROCK WEST DR ROUND ROCK, TX 78681	27-2901548	501(C)(3)		174,730.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) MERCY MISSION SERVICES DBA ST. JOHN BOSCO C 3661 S. MIAMI AVENUE MIAMI, FL 33133	65-0435764	501(C)(3)		174,272.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) CLEARWATER FREE CLINIC 707 HARRISON AVE. CLEARWATER, FL 33755	59-1852871	501(C)(3)		167,343.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) GOOD SAMARITAN PHARMACY & HEALTH SERVICES, 2502 TAMIAMI TRAIL NORTH NOKOMIS, FL 34275	26-2295558	501(C)(3)		167,094.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) COMMUNITY MEDICAL CLINIC OF AIKEN COUNTY 244 GREENVILLE ST NW AIKEN, SC 29801	57-1063263	501(C)(3)		166,879.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) VOLUNTEERS IN MEDICINE 15 NORTHRIDGE DR. HILTON HEAD IS., SC 29926	57-0959206	501(C)(3)		165,731.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) THE DR. ALBERT B. CLEAGE, SR. MEMORIAL HEAL 700 SEWARD STREET DETROIT, MI 48202	11-3754940	501(C)(3)		165,669.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) GOOD SAMARITAN HEALTH CLINIC OF PASCO, INC 5334 ASPEN ST. NEW PORT RICHEY, FL 34652	59-3072334	501(C)(3)		165,613.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) ST. THOMAS CLINIC 600 PAUL HAND BOULEVARD FRANKLIN, IN 46131	35-1449379	501(C)(3)		164,428.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) THE MEDINA HEALTH MINISTRY 970 E. WASHINGTON STREET MEDINA, OH 44256	30-0092944	501(C)(3)		163,209.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) HEART MINISTRY CENTER 2222 BINNEY STREET OMAHA, NE 68110	81-0614816	501(C)(3)		7,377.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) CHRISTIAN COMMUNITY ACTION 200 SOUTH MILL STREET LEWISVILLE, TX 75057	23-7319371	501(C)(3)		162,214.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) CACHE VALLEY COMMUNITY HEALTH CENTER 1515 N 400 E SUITE 104 N.LOGAN, UT 84341	81-0587644	501(C)(3)		161,372.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) METROCREST COMMUNITY CLINIC 1 MED. PKWY FARMERS BRANCH, TX 75234	75-2616002	501(C)(3)		158,892.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) CHARITABLE PHARMACY OF CENTRAL OHIO 200 EAST LIVINGSTON AVE COLUMBUS, OH 43215	27-0147099	501(C)(3)		156,340.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) DAVIDSON MEDICAL MINISTRIES 420 N SALISBURY ST LEXINGTON, NC 27292	56-1746266	501(C)(3)		154,970.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) INTERFAITH COMMUNITY CLINIC 101 PINE M DR. OAK RIDGE NORTH, TX 77385	75-2634623	501(C)(3)		154,437.	FMV	MEDICAL SUPPLIES	ON-GOING

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OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SERVOLUTION HEALTH SERVICES, INC. 245 POWELL VALLEY S. SPEEDWELL, TN 37870	45-4486454	501(C)(3)		152,460.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) MERCI CLINIC 1315 TATUM DRIVE NEW BERN, NC 28560	56-2034052	501(C)(3)		152,390.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) THE COMMUNITY FREE CLINIC 528 A LAKE CONCORD RD CONCORD, NC 28025	58-2131301	501(C)(3)		151,138.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) SET FAMILY MEDICAL CLINICS 2864 CIRCLE D. COLORADO SPRINGS, CO 80906	84-1183335	501(C)(3)		148,478.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) ROTACARE FREE CLINIC; LAKE CITY 12736 33RD AVE NE #100 SEATTLE, WA 98125	91-1811292	501(C)(3)		7,149.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) JEWISH RENAISSANCE MEDICAL CENTER 275 HOBART ST PERTH AMBOY, NJ 08861	22-3780067	501(C)(3)		147,009.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) VALLEY COMMUNITY CLINIC 6801 COLDWATER NORTH HOLLYWOOD, CA 91605	23-7050082	501(C)(3)		145,880.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) DIVINE GRACE MEDICAL MISSIONARIES 8515 FONDREN RD # 210 HOUSTON, TX 77074	27-4000666	501(C)(3)		143,663.	FMV	MEDICAL SUPPLIES	EMERGENCY
(9) HIS HANDS FREE MEDICAL CLINIC 400 12TH ST. SE CEDAR RAPIDS, IA 52403	39-1878606	501(C)(3)		141,648.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) HEALTH CARE NETWORK INC 904 STATE STREET RACINE, WI 53404	42-1299913	501(C)(3)		141,074.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) COMMUNITY HEALTH AND SOCIAL SERVICES CENTER 5635 W FORT ST DETROIT, MI 48209-3154	38-3094394	501(C)(3)		139,966.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) TRAVERSE HEALTH CLINIC 3147 LOGAN V. RD TRAVERSE CITY, MI 49684	30-0224028	501(C)(3)		139,071.	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 . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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(1) COMMUNITY CLINIC OF SHELBYVILLE BEDFORD CO 200 DOVER ST. SHELBYVILLE, TN 37160	34-1974609	501(C)(3)		138,437.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) KONZA PRAIRIE COMMUNITY HEALTH CENTER 361 GRANT AVENUE JUNCTION CITY, KS 66441	48-1150706	501(C)(3)		138,339.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) OZANAM INN- TULANE SOM STUDENT-RUN FREE CLI 843 CAMP STREET NEW ORLEANS, LA 70114	72-0854403	501(C)(3)		136,799.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) FAIR HAVEN COMMUNITY HEALTH CLINIC INC. 374 GRAND AVENUE NEW HAVEN, CT 06513	06-0883545	501(C)(3)		133,769.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) RIVER VALLEY FAMILY HEALTH CENTER 308 MAIN STREET OLATHE, CO 81425	27-3757444	501(C)(3)		133,747.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) LA MAESTRA COMMUNITY CLINIC 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105	33-0473171	501(C)(3)		133,097.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) MARYS CENTER 2333 ONTARIO RD, NW WASHINGTON DC, MD 20009	52-1594116	501(C)(3)		130,148.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)(3)		128,826.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) NATIVE AMERICAN COMMUNITY HEALTH CENTER-WES 2423 W. DUNLAP AVE PHOENIX, AZ 85021	94-2540194	501(C)(3)		128,567.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) GOOD SAMARITAN HEALTH CLINIC 401 ARNOLD STREET, NE CULLMAN, AL 35055	20-0149215	501(C)(3)		128,374.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) RUTHS PLACE 1411 CRAWFORD AVENUE GRANBURY, TX 76048	20-4594680	501(C)(3)		127,843.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) SHEPHERDS CARE MEDICAL CLINIC 304 B PONY ROAD ZEBULON, NC 27597	26-2757593	501(C)(3)		127,474.	FMV	MEDICAL SUPPLIES	ON-GOING

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

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(1) HEARTS AND HANDS CLINIC 127 N. COLLEGE ST. STATESBORO, GA 30458	26-4597700	501(C)(3)		126,785.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) SALT LAKE COUNTY HEALTH DEPARTMENT 2001 STATE ST. SALT LK CITY, UT 84114-4575	87-6000316	501(C)(3)		126,281.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) COASTAL FAMILY HEALTH CENTER 1046 DIVISION STREET BILOXI, MS 39530	64-0592416	501(C)(3)		124,328.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) VIRGINIA B. ANDES VOLUNTEER COMMUNTIY CLINI 21297 OLEAN BLVD PORT CHARLOTTE, FL 33952	65-0958642	501(C)(3)		123,978.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) CHARLES TOWN HEALTH RIGHT, INC 1212 N. MILDRED ST. RANSON, WV 25438	55-0778553	501(C)(3)		123,593.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) BAPTIST MISSION CENTER 2125 EXCHANGE AVE OKLAHOMA CITY, OK 73108	73-0644143	501(C)(3)		122,775.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) MALIHEH FREE CLINIC 415 EAST 3900 S. SALT LAKE CITY, UT 84115	20-2313461	501(C)(3)		120,782.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) THE GOOD SAMARITAN CLINIC OF JACKSON COUNTY 293 HOSPITAL ROAD, SUITE B SYLVA, NC 28779	56-2266536	501(C)(3)		118,115.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) RURAL HEALTH SERVICES INC. 1000 CLYBURN PLACE AIKEN, SC 29801	23-7085643	501(C)(3)		7,054.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) WOMENS HEALTH CONNECTIONS 205 E. BARAZOS ST. PALESTINE, TX 75801	20-0776090	501(C)(3)		117,669.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) UNION GOSPEL MISSION 3211 IRVING BLVD. DALLAS, TX 75232	75-6003612	501(C)(3)		116,837.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) ROANOKE CHOWAN COMMUNITY HEALTH CENTER (RCC 120 HEALTH CENTER DRIVE AHOSKIE, NC 27910	42-1638714	501(C)(3)		116,749.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) CORPUS CHRISTI METRO MINISTRIES 1919 LEOPARD ST. CORPUS CHRISTI, TX 78408	74-2247261	501(C)(3)		116,558.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) SAMARITANS TOUCH CARE CENTER 3015 HERING AVE. SEBRING, FL 33870	02-0773338	501(C)(3)		115,317.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) MCKINNEY MEDICAL CENTER 218 QUARTERMAN STREET WAYCROSS, GA 31501	58-2101260	501(C)(3)		113,834.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) MARTIN LUTHER KING HEALTH CENTER 865 OLIVE STREET SHREVEPORT, LA 71104	72-1079721	501(C)(3)		113,407.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) HOPE MEDICAL CLINIC HOPE MEDICAL CLINIC YPSILANTI, MI 48197	38-2469007	501(C)(3)		7,023.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) ACCESS COMMUNITY HEALTH CENTER 83 MAIDEN LN NEW YORK, NY 10038	13-4032078	501(C)(3)		112,982.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) CROSS AND CROWN CLINIC 1008 N. MCKINLEY ST OKLAHOMA CITY, OK 73108	73-1608071	501(C)(3)		112,940.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) FAMILY RESOURCE CENTER ON YOUR FEET INC. SAN DIEGO, CA 92105	35-2329448	501(C)(3)		111,829.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) ST. MARY`S LEGACY CLINIC 805 S. NORTHSHORE DR. KNOXVILLE, TN 37919	46-2331706	501(C)(3)		111,303.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) UNIVERSITY OF WISCONSIN OSHKOSH LIVING HEAL 845 ALGOMA BLVD OSHKOSH, WI 54901	39-6076856	501(C)(3)		110,375.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) FUNDACION MANOS JUNTAS 1330 N. CLASSEN B. OKLAHOMA CITY, OK 73106	73-1523135	501(C)(3)		110,007.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) FREE CLINIC SUSSEX COUNTY 67 HIGH STREET NEWTON, NJ 07860	45-4224214	501(C)(3)		109,372.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) CONWAY INTERFAITH CLINIC 830 NORTH CREEK CONWAY, AR 72032	41-2058756	501(C)(3)		6,904.	FMV	MEDICAL SUPPLIES	EMERGENCY
(2) RILEY MEDICAL CLINIC/FIRST BAPTIST CHURCH J 147 CHURCH STREET JONESBORO, GA 30236	58-0685903	501(C)(3)		105,786.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) AVICENNA COMMUNITY HEALTH CENTER 819 BLOOMINGTON ROAD CHAMPAIGN, IL 61820	27-0267757	501(C)(3)		105,778.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) TRI CITY HEALTH PARTNERSHIP 318 WALNUT STREET SAINT CHARLES, IL 60174	36-4475369	501(C)(3)		105,034.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) COMMUNITY HEALTH CARE CLINIC 902 N. FRANKLIN NORMAL, IL 61761	37-1316328	501(C)(3)		6,677.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) UNIVERSITY OF MIAMI 1601 NW 12 AVE. #4067 MIAMI, FL 33136	59-0624458	501(C)(3)		103,534.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) GEORGIA FARMWORKER HEALTH PROGRAM 920 SOUTH WEST ST BAINBRIDGE, GA 39819	58-6000359	501(C)(3)		101,946.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) CACHE VALLEY COMMUNITY HEALTH CENTER - LOGA 944 S STATE HWY 91 LOGAN, UT 84321	81-0587644	501(C)(3)		6,512.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) BEAR LAKE/CACHE VALLEY COMMUNITY HEALTH CEN 1515 N 400 E SUITE 104 N.LOGAN, UT 84341	81-0587644	501(C)(3)		101,667.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) COMMUNITY HEALTH CLINIC OF HARDIN & LARUE C 114 E. MEMORIAL DR ELIZABETHTOWN, KY 42701	30-0042070	501(C)(3)		101,551.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) SOUTHWEST MISSOURI AREA COALITION 11 TERRACE LN BUFFALO, MO 65622	27-3253482	501(C)(3)		100,897.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) JEFFERSON COUNTY FOURTH STREET HEALTH CENTE ONE ROSS PARK, STE 202	20-3924355	501(C)(3)		99,724.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) UNIVERSITY OF LOUISVILLE WINGS CLINIC 550 S. JACKSON STREET LOUISVILLE, KY 40202	61-1029626	501(C)(3)		96,277.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) CARING PLACE CLINIC 901 W BROAD ST MANSFIELD, TX 76063	27-0537258	501(C)(3)		96,242.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) RIVER VALLEY CHRISTIAN CLINIC 1714 STATE HWY. 22 DARDANELLE, AR 72834	20-5193973	501(C)(3)		6,464.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) SETON CENTRAL OUTPATIENT PHARMACY 601 E 15TH STREET AUSTIN, TX 78701	74-1109643	501(C)(3)		6,304.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) WESTSIDE FAMILY HEALTHCARE 300 WATER ST WILMINGTON, DE 19801	22-2488654	501(C)(3)		6,245.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) GOOD SAMARITAN HEALTH & WELLNESS 175 SAMARITAN DRIVE JASPER, GA 30143	58-2576315	501(C)(3)		95,842.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) ST ANDREW COMMUNITY MEDICAL CENTER 3101-B W HWAY 98 PANAMA CITY, FL 32401	32-0103234	501(C)(3)		6,175.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) HEALTH PARTNERS, INC 3070 CRAIN HIGHWAY WALDORF, MD 20601	52-1767044	501(C)(3)		95,828.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) ACS COMMUNITY LIFT MEDICAL SERVICES 5045 WEST 1ST AVE DENVER, CO 80219	52-0643036	501(C)(3)		94,194.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) BUDDIST TZU CHI MEDICAL CENTER 1000 S. GARFIELD ALHAMBRA, CA 91801	95-4457939	501(C)(3)		93,642.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) ST. JOESPH`S NEIGHBORHOOD CENTER 417 S AVE. ROCHESTER, NY 14620	46-1176792	501(C)(3)		93,549.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) VOLUNTEERS IN MEDICINE, INC. 1039 S. DUCHESNE ST CHARLES, MO 63301	43-1791543	501(C)(3)		92,946.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) FIRSTMED HEALTH AND WELLNESS CENTER 3343 S. EASTERN AVENUE LAS VEGAS, NV 89169	27-0759056	501(C)(3)		92,721.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) WHITE HOUSE CLINICS 401 HIGHLAND PARK DR RICHMOND, KY 40475	61-0843731	501(C)(3)		92,208.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) NEIGHBORHOOD SERVICE ORGANIZATION NSO TUMAINI CENTER DETROIT, MI 48201	38-1561624	501(C)(3)		91,121.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) ARLINGTON FREE CLINIC 2921 SOUTH 11TH STREET ARLINGTON, VA 22204	54-1671883	501(C)(3)		90,649.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) ONEWORLD COMMUNITY HEALTH CENTERS INC 4920 S. 30TH ST OMAHA, NE 68107	47-0548990	501(C)(3)		89,815.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) FAMILY HEALTH SERVICES 794 EASTLAND TWIN FALLS, ID 83301	82-0371093	501(C)(3)		89,691.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) CENTRE VOLUNTEERS IN MEDICINE 2520 GREEN TECH DR. STATE COLLEGE, PA 16803	25-1897969	501(C)(3)		88,721.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) WARREN COUNTY FREE CLINIC INC 546 W.RIDGEWAY ST WARRENTON, NC 27589	20-4307481	501(C)(3)		88,002.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) THE FREE MEDICAL CLINIC 1875 HARDEN STREET COLUMBIA, SC 29204	57-0779279	501(C)(3)		6,106.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) THE GREATER HUDSON VALLEY FAMILY HEALTH CEN 2570 ROUTE 9W CORNWALL, NY 12518	06-1036715	501(C)(3)		87,531.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) SANTA ROSA COMMUNITY HEALTH CENTERS 3569 ROUND BARN CR SANTA ROSA, CA 95403	68-0365296	501(C)(3)		86,869.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) LUKE SOCIETY P.O. BOX 16194 GALVESTON, TX 77552	74-2211973	501(C)(3)		86,032.	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 . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHIPPEWA VALLEY FREE CLINIC 836 RICHARD DR. EAU CLAIRE, WI 54701	39-1840231	501(C)(3)		85,949.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) FLORIDA HOSPITAL WATERMAN COMMUNITY HEALTH 2300 KURT STREET EUSTIS, FL 32726	59-3140669	501(C)(3)		85,925.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) DAMIAN FAMILY CARE CENTERS, INC. 138-02 QUEENS BLVD., BRIARWOOD, NY 11435	22-3433831	501(C)(3)		85,494.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) SAMARITAN HOUSE 114 5TH AVE REDWOOD CITY, CA 94063	23-7416272	501(C)(3)		85,347.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) WESTSIDE SAMARITANS CLINIC 10000 W. NEWBERRY RD GAINESVILLE, FL 32606	90-0786544	501(C)(3)		84,422.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) ST. MARYS HEALTH CENTER 1302 DRAYTON ST SAVANNAH, GA 31401	58-2282758	501(C)(3)		84,232.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) MISSION MEDICAL CLINIC 2125 E. LASALLE COLORADO SPRINGS, CO 80909	68-0506812	501(C)(3)		84,230.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) CMAP EXPRESS 1101 4TH ST ALEXANDRIA, LA 71301	02-0751416	501(C)(3)		82,708.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) LA CLINICA DE LA ESPERANZA 3200 GRAND AVENUE DES MOINES, IA 50312	42-0680452	501(C)(3)		82,577.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) GAIN, INC. (GREATER ASSISTANCE TO THOSE IN 712 W. 3RD STREET LITTLE ROCK, AR 72201	71-0763418	501(C)(3)		81,937.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) SEAGER MEMORIAL CLINIC PO BOX 150143 OGDEN, UT 84415-0143	46-0711300	501(C)(3)		81,659.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) COMMUNITY CARE CLINIC 608 E GARFIELD AVE GETTYSBURG, SD 57442	46-0396683	501(C)(3)		80,955.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) ILIULIUK FAMILY AND HEALTH SERVICES 34 LAVELLE COURT UNALASKA, AK 99685	92-0041961	501(C)(3)		79,234.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) HEALTH ACCESS, INC. 489 WASHINGTON AVENUE CLARKSBURG, WV 26301	55-0715066	501(C)(3)		79,064.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) ST. LUKES CLINIC 132 SEYMOUR AVE. JACKSON, MI 49202	32-0038675	501(C)(3)		78,330.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) BLUEGRASS COMMUNITY HEALTH CENTER 1306 VERSAILLES ROAD LEXINGTON, KY 40504	61-1131682	501(C)(3)		73,554.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) THE COMMUNITY FREE CLINIC OF NEWPORT NEWS 727 25TH STREET NEWPORT NEWS, VA 23607	27-3510814	501(C)(3)		72,528.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) A COMMUNITY CLINIC, INC 344 MARKET STREET SUNBURY, PA 17801	20-4051982	501(C)(3)		72,060.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) LAKE ST LOUIS VOLUNTEERS IN MEDICINE 10714 VETERANS M. LAKE ST LOUIS, MO 63367	27-3109107	501(C)(3)		71,045.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) CAMP HONOR 5725 S SENATOR HWAY PRESCOTT, AR 86303	86-0209257	501(C)(3)		70,320.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) DELTA HEALTH ALLIANCE/LELAND MEDICAL CLINIC P.O. BOX 277 STONEVILLE, MS 38776	64-0892954	501(C)(3)		69,362.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) PITT COUNTY CARE INC. BRODY BLDG 2N-45 GREENVILLE, NC 27834	56-2097183	501(C)(3)		68,740.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) THE LA FREE CLINIC DBA SABAN COMMUNITY CLIN 8405 BEVERLY BLVD. LOS ANGELES, CA 90048	95-2539105	501(C)(3)		68,674.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) AMISTAD COMMUNITY HEALTH CENTER 1533 S. BROWNLEE CORPUS CHRISTI, TX 78404	20-3008507	501(C)(3)		67,716.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) ANN SILVERMAN COMMUNITY HEALTH CLINIC 595 WEST STATE STREET DOYLESTOWN, PA 18901	23-2892823	501(C)(3)		67,204.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) CENTRO SAN VICENTE 8061 ALAMEDA AVE. EL PASO, TX 79915	74-2505561	501(C)(3)		67,151.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) BREVARD HEALTH ALLIANCE 2120 SARNO RD MELBOURNE, FL 32935	90-0068515	501(C)(3)		66,218.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) FISH RIVER RURAL HEALTH 10 CARTER STREET EAGLE LAKE, ME 04739	01-0452749	501(C)(3)		64,636.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) SOS CLINIC 1200 SE 12TH STREET WALLA WALLA, WA 99362	73-1626280	501(C)(3)		63,602.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) ONE STOP CLINIC 701 17TH AVE W BRADENTON, FL 34205	59-3340921	501(C)(3)		6,022.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) TRINITY CLINIC 507 4TH STREET CALVIN, OK 74531	73-1325401	501(C)(3)		63,149.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) CHARLOTTE COMMUNITY HEALTH CLINIC 8401 MEDICAL PLAZA DR CHARLOTTE, NC 28262	56-2274174	501(C)(3)		63,050.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) CATHERINES HEALTH CENTER 1211 LAFAYETTE AVE GRAND RAPIDS, MI 49505	20-3572418	501(C)(3)		62,814.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) HEALTH PARTNERS OF WESTERN OHIO 441 E. 8TH ST. LIMA, OH 45804	56-2330309	501(C)(3)		62,651.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) NORTHWEST ARKANSAS FREE HEALTH CENTER 1100 N WOOLSEY AVE FAYETTEVILLE, AR 72703	58-1691790	501(C)(3)		61,432.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) THE NEIGHBORHOOD CHRISTIAN CLINIC 1929 W. FILLMORE PHOENIX, AZ 85009	86-0839580	501(C)(3)		59,676.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) CROSSOVER MINISTRY 108 COWARDIN AVE RICHMOND, VA 23224	54-1371067	501(C)(3)		57,819.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) VNA/POTTAWATTAMIE COUNTY PUBLIC HEALTH DEPA 822 S. MAIN ST. COUNCIL BLUFFS, IA 51534	42-6004433	501(C)(3)		57,622.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) M-POWER MINISTRIES HEALTH CENTER 4022 4TH AVE SOUTH BIRMINGHAM, AL 35222	31-1639601	501(C)(3)		57,592.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) REMOTE AREA MEDICAL 1834 BEECH ST KNOXVILLE, TN 37920	62-1650446	501(C)(3)		5,921.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) FAITH FAMILY MEDICAL CLINIC 326 21ST AVE N NASHVILLE, TN 37203	62-1816811	501(C)(3)		57,401.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) WAIMANLO HEALTH CENTER 41-1347 K. HWY. WAIMANALO, HI 96795-1247	99-0273205	501(C)(3)		57,388.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) CROSSROAD HEALTH CENTER 5 E. LIBERTY CINCINNATI, OH 45202	31-1321054	501(C)(3)		5,821.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) CLINIC BY THE BAY 4877 MISSION STREET SAN FRANCISCO, CA 94112	26-2593712	501(C)(3)		57,218.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) CARIN CLINIC 5150 ALLISON ST ARVADA, CO 80002	84-1331444	501(C)(3)		57,099.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) HENRY J. AUSTIN HEALTH CENTER, INC. 321 NORTH WARREN STREET TRENTON, NJ 08618	22-2682708	501(C)(3)		5,743.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) HANDS OF HOPE CLINIC, INC. 1010 HOSPITAL DR STOCKBRIDGE, GA 30281	42-1591970	501(C)(3)		56,686.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) HANDS CLINIC OF ST. LUCIE COUNTY 3855 S US HWY 1 FORT PIERCE, FL 34982	26-3945016	501(C)(3)		56,273.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) SANTA MARIA`S CHILDREN AND FAMILY CENTER 9209 COLIMA RD. WHITTIER, CA 90605	27-1879748	501(C)(3)		55,938.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) WESLEY CHURCH HEALTH CENTER, INC. 410 S PITTSBURGH ST CONNELLSVILLE, PA 15425	25-1844565	501(C)(3)		55,864.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) THE PEOPLES CITY MISSION FREE MEDICAL CLINI 110 Q STREET LINCOLN, NE 68512	26-3819766	501(C)(3)		53,627.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) VOLUNTEERS IN MEDICINE CLINIC OF MONROE COU 811 W. SECOND STREET BLOOMINGTON, IN 47403	20-5383915	501(C)(3)		53,272.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) COMMUNITY VOLUNTEERS IN MEDICINE 300B LAWRENCE DRIVE WEST CHESTER, PA 08618	23-2944553	501(C)(3)		53,154.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) HENRY J. AUSTIN HEALTH CENTER, INC. 321 NORTH WARREN STREET TRENTON, NJ 08618	22-2682708	501(C)(3)		5,743.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) MATTHEW WALKER COMPREHENSIVE HEALTH CENTER 1035 14TH AVENUE NORTH NASHVILLE, TN 37208	62-1035426	501(C)(3)		53,013.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) HEALTH AND HOPE MEDICAL OUTREACH 1911 COOKS HILL ROAD CENTRALIA, WA 98531	27-4432389	501(C)(3)		5,516.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) THE SALVATION ARMY EMERGENCY DISASTER SERVI 6500 HARRY HINES BOULEVARD DALLAS, TX 75235	75-0800678	501(C)(3)		52,978.	FMV	MEDICAL SUPPLIES	EMERGENCY
(10) OPEN CITIES HEALTH CENTER 409 N. DUNLAP STREET ST. PAUL, MN 55104	36-3381598	501(C)(3)		52,934.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) WHEELING HEALTH RIGHT INC 61-29TH ST WHEELING, WV 26003	31-1149085	501(C)(3)		52,327.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) KATALLASSO FAMILY HEALTH CENTER 38 SOUTH BELVIDERE AVENUE YORK, PA 17401	45-3170905	501(C)(3)		51,570.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) ST. VINCENT DE PAUL CLINIC 420 WEST WATKINS PHOENIX, AZ 85003	86-0096789	501(C)(3)		50,906.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) ST. MARY`S HEALTH WAGON 5626 PATRIOT DRIVE WISE, VA 24293	04-3739083	501(C)(3)		49,709.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) SHASTA COMMUNITY HEALTH CENTER 1035 PLACER ST. REDDING, CA 96001	68-0165855	501(C)(3)		49,632.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) WESTERN STARK FREE CLINIC 820 AMHERST ROAD NE MASSILLON, OH 44646	34-1887206	501(C)(3)		49,304.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) SACRAMENTO NATIVE AMERICAN HEALTH CENTER, I 2020 J STREET SACRAMENTO, CA 95811	20-4287737	501(C)(3)		48,161.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) MIAMI RESCUE MISSION CLINIC INC 2015 NW 1ST AVE MIAMI, FL 33127	45-1481860	501(C)(3)		46,782.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) ST. MICHAEL`S COMMUNITY SERVICES INC 1005 W. 18TH STREET ANNISTON, AL 36201	63-0974974	501(C)(3)		45,640.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) LEBANON VALLEY VOLUNTEERS IN MEDICINE 711 S 8TH ST LEBANON, PA 17042	26-3915958	501(C)(3)		44,252.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) LAKE COUNTY FREE CLINIC 54 S STATE ST PAINESVILLE, OH 44077	34-1081191	501(C)(3)		44,120.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) THE OLYMPIA FREE CLINIC 108 STATE AVE NW OLYMPIA, WA 98501	27-1606329	501(C)(3)		43,761.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) THE WAY FREE MEDICAL CLINIC, INC. 479 HOUSTON ST. GREEN C SPRINGS, FL 32043	76-0828154	501(C)(3)		43,121.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) NEWHOPE CLINIC 41 S. COURT STREET OWINGSVILLE, KY 40360	61-1363437	501(C)(3)		42,949.	FMV	MEDICAL SUPPLIES	ON-GOING

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GREATER NEW ORLEANS IMMUNIZATION NETWORK 201 EVANS RD. HARAHAN, LA 70123	72-0467503	501(C)(3)		42,612.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) MIDLAND COMMUNITY CHILDREN`S CLINIC 1101 E. FRONT STREET MIDLAND, TX 79702	75-1875246	501(C)(3)		42,530.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS 715 PYLE DR. KINGSFORD, MI 49802	38-3210490	501(C)(3)		42,349.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) FREE CLINIC OF SOUTHWEST WASHINGTON 4100 PLOMONDON ST. VANCOUVER, WA 98661	91-1707542	501(C)(3)		5,019.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) GRACE MEDICAL HOME 51 PENNSYLVANIA ST ORLANDO, FL 32806	26-1817966	501(C)(3)		458,064.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) CAPE VOLUNTEERS IN MEDICINE, INC 423 N RTE 9 CAPE MAY COURT HOUSE, NJ 08210	52-2257585	501(C)(3)		41,759.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) MACON VOLUNTEER CLINIC 376 ROGERS AVE MACON, GA 31204	74-3055376	501(C)(3)		41,724.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) METRO COMMUNITY PROVIDER NETWORK, INC 3701 S BROADWAY ENGLEWOOD, CO 80113	74-2477108	501(C)(3)		40,611.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) FEEDING AMERICA 35 EAST WACKER DRIVE CHICAGO, IL 60601	36-3673599	501(C)(3)		40,347.	FMV	MEDICAL SUPPLIES	EMERGENCY
(10) CASA DE SALUD CASA DE SALUD ST. LOUIS, MO 63103	27-0732049	501(C)(3)		40,089.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) FREE MEDICAL CLINIC OF DARLINGTON COUNTY 203 GROVE STREET DARLINGTON, SC 29532	58-2445265	501(C)(3)		39,968.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) GOOD NEWS MINISTRIES/ GOOD SAMARITAN HEALTH 11 EASTERN AVE. INDIANAPOLIS, IN 46201	35-0999233	501(C)(3)		39,511.	FMV	MEDICAL SUPPLIES	ON-GOING

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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(1) WORLD REACH INC DBA BETHESDA HEALTH CENTER 133 STETSON DR. CHARLOTTE, NC 28262	56-2015959	501(C)(3)		39,158.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) WEST PLAINS CHRISTIAN CLINIC 1117 ALASKA STREET WEST PLAINS, MO 65775	27-1307333	501(C)(3)		39,125.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) MARIN CITY HEALTH AND WELLNESS CENTER 630 DRAKE AVE MARIN CITY, CA 94965	06-1787661	501(C)(3)		38,581.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) AUNT MARTHA`S COMMUNITY HEALTH CARE 19990 G. HWY OLYMPIA FIELDS, IL 60491	23-7188150	501(C)(3)		38,350.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) LAFAYETTE COMMUNITY HEALTHCARE CLINIC - PHA 1317 JEFFERSON ST LAFAYETTE, LA 70501-7921	72-1221982	501(C)(3)		38,185.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) ST CHARLES/MCAULEY CLINIC 5024 N GROVE OKLAHOMA CITY, OK 73122	73-0701035	501(C)(3)		38,013.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) THE CHILDREN`S CLINIC SERVING CHILDREN AND 455 E. COLUMBIA ST LONG BEACH, CA 90806	95-1643332	501(C)(3)		37,341.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) CATHOLIC DIOCESE OF BROWNSVILLE 1910 U. BLVD BROWNSVILLE, TX 78520	68-0599307	501(C)(3)		36,701.	FMV	MEDICAL SUPPLIES	EMERGENCY
(9) COUNTRY DOCTOR COMMUNITY HEALTH CENTERS 2101 E YESLER WAY SEATTLE, WA 98122	23-7100868	501(C)(3)		36,640.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) LAKE AREA FREE CLINIC 856B ARMOUR RD OCONOMOWOC, WI 53066	39-2006388	501(C)(3)		36,544.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) PRAIRIE COMMUNITY HEALTH 208 MAIN MCINTOSH, SD 57641	46-0348705	501(C)(3)		36,378.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) UNION GOSPEL MISSION CLINIC 1300 N 1ST STREET YAKIMA, WA 98901	23-7050061	501(C)(3)		415,056.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) PARTNERS FOR HEALING INC 109 WEST BLACKWELL TULLAHOMA, TN 37388	62-1834800	501(C)(3)		36,004.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) LLOYD F. MOSS FREE CLINIC 1301 SAM P BLVD FREDERICKSBURG, VA 22401	54-1677934	501(C)(3)		35,876.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) ISLAMIC ASSOCIATION OF NORTH TEXAS 840 ABRAMS ROAD RICHARDSON, TX 75081	23-7181345	501(C)(3)		35,365.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) LAFAYETTE COMMUNITY HEALTH CARE CLINIC 1317 JEFF. ST LAFAYETTE, LA 70501-7921	72-1221982	501(C)(3)		35,294.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) METROWEST FREE MEDICAL PROGRAM 105 HUDSON RD SUDBURY, MA 01176	04-3822273	501(C)(3)		35,036.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) GREATER TRENTON CMHC INC 770 WOODLANE ROAD MT. HOLLY, NJ 08060	23-7048397	501(C)(3)		35,021.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) NEW ORLEANS DREAM CENTER 1137 ST CHARLES AVE NEW ORLEANS, LA 70130	30-0591534	501(C)(3)		34,920.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) NORTH DALLAS SHARED MINISTRIES 2875 MERRELL ROAD DALLAS, TX 75229	75-1908563	501(C)(3)		34,587.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) FAMILY CARE HEALTH CENTERS 401 HOLLY HILLS AVE SAINT LOUIS, MO 63111	23-7076112	501(C)(3)		34,536.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) THE HOPE CLINIC OF MCALLEN TEXAS 2332 JORDAN RD MCALLEN, TX 78503	74-2742024	501(C)(3)		34,392.	FMV	MEDICAL SUPPLIES	EMERGENCY
(11) PEDIPLACE 502 S. OLD ORCHARD LN LEWISVILLE, TX 75067	75-2512752	501(C)(3)		34,262.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) SAMARITAN HEALTH CENTER 13 ROSE STREET DANBURY, CT 06810	75-3258057	501(C)(3)		34,208.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) HERITAGE HEALTH AND HOUSING 1727 AMSTERDAM AVE NEW YORK, NY 10031	13-2661509	501(C)(3)		34,191.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) GOOD SAMARITAN HOUSE FREE COMMUNITY HEALTH 213 N. MAIN ST DEARING, GA 30808	32-0126528	501(C)(3)		392,574.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) FREE MEDICAL CLINIC OF OAK RIDGE 116 E. DIVISION RD. OAK RIDGE, TN 37830	90-0715369	501(C)(3)		33,579.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS 3011 N. MICH. ST. PITTSBURG, KS 66762	75-3003364	501(C)(3)		33,119.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) ST JOSEPH COUNTY HEALTH CENTER 677 E MAIN CENTREVILLE, MI 49032	38-2473493	501(C)(3)		379,378.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) HARRISONBURG ROCKINGHAM FREE CLINIC 25 WEST WATER STREET HARRISONBURG, VA 22801	54-1568909	501(C)(3)		30,340.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) GUADALUPE CLINIC 940 S SAINT FRANCIS WICHITA, KS 67211	20-1285208	501(C)(3)		240,691.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) COMMUNITY HEALTH SERVICES OF UNION COUNTY I 415-B EAST WINDSOR STREET MONROE, NC 28112	46-0495947	501(C)(3)		28,833.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) HEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1596731	501(C)(3)		28,651.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) CENTER FOR PHARMACY CARE 1000 FIFTH AVENUE PITTSBURGH, PA 15282	25-1035663	501(C)(3)		28,631.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) CAMP INDEPENDENT FIREFLY 3121S MD PKWY LAS VEGAS, NV 89109	260286469	501(C)(3)		28,600.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) CAMP CAREFREE 275 CAREFREE LANE STOKESDALE, NC 27357	56-1479260	501(C)(3)		28,600.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) VILLA THERESE CATHOLIC CLINIC 219 CATHEDRAL PLACE SANTA FE, NM 87532	85-0229019	501(C)(3)		28,380.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) PEOPLES HEALTH WELLNESS CLINIC 553 NORTH MAIN STREET BARRE, VT 05641	03-0343290	501(C)(3)		28,223.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) AZZARELLI OUTREACH CLINIC 341 N ST JOSEPH AVE KANKAKEE, IL 60901	36-2312493	501(C)(3)		28,185.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) MORTON COMPREHENSIVE SERVICES 1334 N LANSING AVE TULSA, OK 74106	73-1177858	501(C)(3)		28,055.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) ST LUKES FAMILY HEALTH CENTER 4251 RIVER CT CEDAR RAPIDS, IA 52402	54-0504780	501(C)(3)		27,857.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) AUGUSTA REGIONAL FREE CLINIC 342 MULE ACAD. RD FISHERSVILLE, VA 22939	54-1651896	501(C)(3)		27,525.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) PORTSMOUTH COMMUNITY HEALTH CENTER 664 LINCOLN STREET PORTSMOUTH, VA 23704	54-1626757	501(C)(3)		26,671.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) DR.JOEL & CAROL BOWER SCHOOL BASED HEALTH C 400 PALO VERDE DR HENDERSON, NV 89015	88-0464591	501(C)(3)		186,466.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) CAMP PASCUCCI 3550 CAM. DEL RIO N. SAN DIEGO, CA 92108	23-7252243	501(C)(3)		26,280.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) GATEWAY FOUNDATION - CHICAGO WEST 55 E. JACKSON CHICAGO, IL 60604	36-2670036	501(C)(3)		26,239.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) VOLUNTEER HEALTHCARE CLINIC 4215 MEDICAL PARKWAY AUSTIN, TX 78756	74-6082464	501(C)(3)		25,936.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) SACRED HEART HOSPITAL PENSACOLA 5151 N. NINTH AVE PENSACOLA, FL 32504	90-0036572	501(C)(3)		25,885.	FMV	MEDICAL SUPPLIES	ON-GOING

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(1) ST. VINCENT DEPAUL COMMUNITY PHARMACY 502 GRAMMONT ST MONROE, LA 71201	90-0014479	501(C)(3)		25,567.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) WOFCC HOPE CLINIC PO BOX 1727 ELK CITY, OK 73648-1727	26-1284785	501(C)(3)		25,208.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) CROSSROADS MEDICAL MISSION, INC. 300 WEST VALLEY DRIVE BRISTOL, VA 24201	54-2038877	501(C)(3)		25,028.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) CITY ON A HILL MINISTRIES HEALTH CLINIC 100 S. PINE ST SUITE 140 ZEELAND, MI 49464	20-3901260	501(C)(3)		24,605.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) THE RESCUE MISSION FREE CLINIC 402 4TH STREET SE ROANOKE, VA 24013	54-0573900	501(C)(3)		24,524.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) ETOWAH BAPTIST CHARITY PHARMACY 18901 E. ETOWAH RD NOBLE, OK 73068	73-1637087	501(C)(3)		24,453.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) COOS COUNTY FAMILY HEALTH SERVICES CCFHS BERLIN, NH 03570	02-0350051	501(C)(3)		171,166.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) FREE MEDICAL CLINIC 47 W LONG AVENUE DUBOIS, PA 15801	25-1804763	501(C)(3)		24,300.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) SAN ANTONIO FOOD BANK 5200 W OLD U. HWAY SAN ANTONIO, TX 78227	74-2122979	501(C)(3)		22,566.	FMV	MEDICAL SUPPLIES	EMERGENCY
(10) ACCESS HEALTH, INC. PO BOX 47 BAR MILLS, ME 04004	01-0757566	501(C)(3)		22,332.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) REFUGE CLINIC 525 CORRAL STREET LEXINGTON, KY 40508	37-1547506	501(C)(3)		21,865.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) CATHOLIC CHARITIES - USA 2050 BALLENGER AVE. ALEXANDRIA, VA 22314	53-0196620	501(C)(3)		21,387.	FMV	MEDICAL SUPPLIES	EMERGENCY

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(1) RED CROSS SPRINGFIELD 1545 NORTHWEST BYPASS SPRINGFIELD, MO 65803	530196605	501(C)(3)		21,191.	FMV	MEDICAL SUPPLIES	EMERGENCY
(2) SOUTH PLAINS FOOD BANK, INC 4612 LOCUST AVENUE LUBBOCK, TX 79404	75-1904829	501(C)(3)		21,081.	FMV	MEDICAL SUPPLIES	EMERGENCY
(3) NORTHERN CARE CENTER 117 WEST STATE STREET CHEBOYGAN, MI 49721	61-1504940	501(C)(3)		21,046.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) CRISIS CONTROL MINISTRY 200 EAST 10TH ST. WINSTON-SALEM, NC 27101	23-7348168	501(C)(3)		20,265.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) PECOS VALLEY MEDICAL CENTER 199 HWY 50 PECOS, NM 87552	85-0300494	501(C)(3)		20,126.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) HARMONY HEALTH CLINIC 201 E. ROOSEVELT LITTLE ROCK, AR 72206	20-5691313	501(C)(3)		18,996.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) EAST DAYTON HEALTH CENTER 2132 E. THIRD ST DAYTON, OH 45403	26-1253235	501(C)(3)		18,747.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) FAMILY HEALTH CENTERS, INC. 2215 PORTLAND AVENUE LOUISVILLE, KY 40212	61-0716483	501(C)(3)		18,483.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) CAPE FEAR CLINIC, INC. 1605 DOCTORS CIRCLE WILMINGTON, NC 28401	56-1984630	501(C)(3)		18,477.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) KIDS FIRST HEALTH CARE 4675 E. 69TH AVENUE COMMERCE CITY, CO 80022	84-0799374	501(C)(3)		18,054.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) HELPING HAND CLINIC 507 NORTH STEELE ST SANFORD, NC 27330	56-1752295	501(C)(3)		17,653.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) MARIN COMMUNITY CLINICS 6090 REDWOOD BLVD NOVATO, CA 94945	94-2237120	501(C)(3)		149,101.	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 . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE OPEN DOOR CLINIC 130 W CENTRAL CHIPPEWA FALLS, WI 54729	20-3673759	501(C)(3)		17,528.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) AMERICARES FOUNDATION 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501(C)(3)		17,100.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) CATHOLIC CHARITIES FREE HEALTH CARE CENTER 212 NINTH ST PITTSBURGH, PA 15222	65-1307739	501(C)(3)		16,812.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) WARREN COMMUNITY HEALTH CLINIC, INC. 546 W.RIDGEWAY ST WARRENTON, NC 27589	20-4307481	501(C)(3)		16,655.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) MISSION TRAVIS MERCY 775 WEST BOWIE STREET FORT WORTH, TX 76110	45-3841621	501(C)(3)		16,588.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) KATAHDIN VALLEY HEALTH CENTER 30 HOULTON ST PATTEN, ME 04747	23-7411014	501(C)(3)		124,174.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) HEALTHLINK MEDICAL CENTER 1775 STREET ROAD SOUTHAMPTON, PA 18966	23-2998708	501(C)(3)		16,567.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) ELLENTON HEALTH CLINIC, PUBLIC HEALTH DISTR 185 NORTH BAKER STREET ELLENTON, GA 31747	23-7379607	501(C)(3)		114,328.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) WINTON HILLS MEDICAL AND HEALTH CENTER 5275 WINNESTE AVENUE CINCINNATI, OH 45232	23-7241323	501(C)(3)		16,424.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) COMMUNITY MEDICAL CLINIC OF KERSHAW COUNTY 110 C EAST DEKALB STREET CAMDEN, SC 29020	57-1074191	501(C)(3)		92,672.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) POLK COUNTY HEALTH CENTER 1317 W. BROADWAY BOLIVAR, MO 65613	43-1268665	501(C)(3)		87,752.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) LITTLE PEOPLE'S GREATER LIFE 1655 FM 528 WEBSTER, TX 77598	900179953	501(C)(3)		16,174.	FMV	MEDICAL SUPPLIES	EMERGENCY

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HOLLAND FREE HEALTH CLINIC 99 WEST 26TH ST HOLLAND, MI 49423	30-0072620	501(C)(3)		15,575.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) THE CARE CLINIC 239 ROBESON STREET FAYETTEVILLE, NC 28301	56-1837010	501(C)(3)		15,446.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) OPEN DOOR CLINIC OF ALAMANCE COUNTY 319 N. G-HOPEDALE RD BURLINGTON, NC 27217	56-1794210	501(C)(3)		15,069.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) GOOD SAMARITAN CLINIC 418 GRAND PARK DRIVE PARKERSBURG, WV 26105	55-0708491	501(C)(3)		14,780.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) PEOPLES CLINIC 3111 ELECTRIC AVE PORT HURON, MI 48060	38-3274342	501(C)(3)		76,122.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) SNAMHS 1650 COMM. COLLEGE DR. LAS VEGAS, NV 89146	88-6000022	501(C)(3)		73,897.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) GOOD SAMARITAN CLINIC 4704 AUGUSTA RD. GARDEN CITY, GA 31408	58-2288758	501(C)(3)		73,448.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) GRAPEVINE RELIEF AND COMMUNITY EXCHANGE (GR 837 E. WALNUT STREET GRAPEVINE, TX 76051	75-2195702	501(C)(3)		47,515.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) SOUTHWEST UTAH COMMUNITY HEALTH CENTER 25 NORTH 100 EAST ST GEORGE, UT 84770	35-2163112	501(C)(3)		14,035.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER PO BOX 1839 CAPE GIRARDEAU, MO 63702	43-1426014	501(C)(3)		41,836.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) ZUFALL HEALTH CENTER 18 W. BLACKWELL STREET DOVER, NJ 07801	22-3125397	501(C)(3)		41,036.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) FOREST BAPTIST CHURCH MEDICAL MISSION CLINI 439 EAST FIRST ST. FOREST, MS 39074	64-0368681	501(C)(3)		38,405.	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 . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

2014

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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? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LUTHERAN DISASTER RESPONSE 8765 W HIGGINS ROAD CHICAGO, IL 60631	411568278	501(C)(3)		13,824.	FMV	MEDICAL SUPPLIES	EMERGENCY
(2) RANDOLPH FAMILY HEALTH CARE @ MERCE 1831 N FAYETTEVILLE ST ASHEBORO, NC 27203	56-1799394	501(C)(3)		13,666.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) BETHESDA COMMUNITY CLINIC, INC 107 MOUNTAIN BROOK DR CANTON, GA 30115	27-4923001	501(C)(3)		13,623.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) MANNA MINISTRIES INC 120 STREET A, SUITE A PICAYUNE, MS 39466	20-1788094	501(C)(3)		26,456.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) BUENA VISTA COUNTY PUBLIC HEALTH AND HOME C 1709 E. RICHLAND ST STORM LAKE, IA 50588	42-6005256	501(C)(3)		16,734.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) NASSON HEALTH CARE/YCCAC P.O. BOX 72 SANFORD, ME 04073	01-6020406	501(C)(3)		13,331.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) THE FREE CLINICS OF HENDERSON COUNTY 841 CASE STREET HENDERSONVILLE, NC 28792	56-2212024	501(C)(3)		13,102.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) CHARITABLE CHRISTIAN MEDICAL CLINIC 133 ARBOR STREET HOT SPRINGS, AR 71901	62-1671396	501(C)(3)		12,998.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) AMERICARES FREE CLINIC OF DANBURY 76 WEST STREET DANBURY, CT 06810	06-1008595	501(C)(3)		12,395.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) MOUNTAINLANDS COMMUNITY HEALTH CENTER 589 SOUTH STATE STREET PROVO, UT 84606	87-0515716	501(C)(3)		12,318.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) NHAN HOA COMPREHENSIVE HEALTH CARE CLINIC 7761 GARDEN G. BLVD. GARDEN GROVE, CA 92841	33-0477323	501(C)(3)		12,318.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) THE BRIDGE CLINIC 318 NORTH CHURCH STREET ROCKFORD, IL 61111	27-3097955	501(C)(3)		12,111.	FMV	MEDICAL SUPPLIES	EMERGENCY

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

2014

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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? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AFRICAN SERVICES COMMITTEE 429 WEST 127TH ST. NEW YORK, NY 10027	13-3749744	501(C)(3)		11,166.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) COOPERATIVE CHRISTIAN MINISTRIES AND CLINIC 133 ARBOR STREET HOT SPRINGS, AR 71901	62-1671396	501(C)(3)		11,937.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) CAMP HEMOTION 36611 MUDGE RANCH ROAD COARSEGOLD, CA 93614	94-1638703	501(C)(3)		11,680.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) PROTEUS 3850 MERLE HAY ROAD DES MOINES, IA 50310	42-1186501	501(C)(3)		11,578.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) SUNY-UNIVERSITY HOSPITAL OF BROOKLYN C/O UHB BROOKLYN, NY 11203	14-6013200	501(C)(3)		10,575.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) MILAN PUSKAR HEALTH RIGHT 341 SPRUCE STREET MORGANTOWN, WV 26507	31-1118673	501(C)(3)		11,437.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) HOPE CLINIC P.O. BOX 4025 BARTLESVILLE, OK 74006	46-4417141	501(C)(3)		11,387.	FMV	MEDICAL SUPPLIES	ON-GOING
(8) MOUNTAIN HEALTH & COMMUNITY SERVICES, INC. 31115 HWY 94 CAMPO, CA 91906	33-0164420	501(C)(3)		11,324.	FMV	MEDICAL SUPPLIES	ON-GOING
(9) MARICOPA COUNTY HEALTH CARE FOR THE HOMELES 220 S. 12TH AVE. PHOENIX, AZ 85007	14-5454000	501(C)(3)		7,987.	FMV	MEDICAL SUPPLIES	ON-GOING
(10) EXCELTH INC. FQHC 4422 GENERAL MEYER NEW ORLEANS, LA 70131	72-1193464	501(C)(3)		883,426.	FMV	MEDICAL SUPPLIES	ON-GOING
(11) NEW HOPE CLINIC, INC. 201 W. BOILING S RD SOUTHPORT, NC 28461	31-1614379	501(C)(3)		10,805.	FMV	MEDICAL SUPPLIES	ON-GOING
(12) FREE CLINIC OF CENTRAL VIRGINIA 1016 MAIN STREET LYNCHBURG, VA 24504	54-1420756	501(C)(3)		10,787.	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)

Department of the Treasury
Internal Revenue Service

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ROCHESTER STUDENTS` HEALTH SERVICES 37 WOODLAKE DRIVE SE ROCHESTER, MN 55904	46-3489659	501(C)(3)		10,729.	FMV	MEDICAL SUPPLIES	ON-GOING
(2) HEARTLAND HEALTH CENTERS 3048 N WILTON CHICAGO, IL 60657	36-3843377	501(C)(3)		10,710.	FMV	MEDICAL SUPPLIES	ON-GOING
(3) COMMUNTIY HEALTH FREE CLINIC 947 14TH AVE SE CEDAR RAPIDS, IA 52401	13-4228071	501(C)(3)		10,671.	FMV	MEDICAL SUPPLIES	ON-GOING
(4) RAPHA CLINIC OF WEST GEORGIA INC 200 ALLEN MEMORIAL DR. BREMEN, GA 30110	27-1188932	501(C)(3)		10,593.	FMV	MEDICAL SUPPLIES	ON-GOING
(5) UNISON BEHAVIORAL HEALTH 1007 MARY STREET WAYCROSS, GA 31501	58-2107877	501(C)(3)		240,859.	FMV	MEDICAL SUPPLIES	ON-GOING
(6) BEAR LAKE COMMUNITY HEALTH CENTER 325 W LOGAN HWY GARDEN CITY, UT 84028	81-0587644	501(C)(3)		10,330.	FMV	MEDICAL SUPPLIES	ON-GOING
(7) VAYLA NEW ORLEANS 13235 CHEF M. HWAY NEW ORLEANS, LA 70129	33-1143213	501(C)(3)		10,196.	FMV	MEDICAL SUPPLIES	EMERGENCY
(8) COMMUNITY HEALTH CARE ASSOCIATION OF NYS 535 8TH AVE. NEW YORK, NY 10018	13-2690296	501(C)(3)	150,000.				EMERGENCY PLANNING &
(9) COMMUNITY HEALTH SERVICES OF UNION COUNTY 415-B EAST WINDSOR ST. MONROE, NC 28112	46-0495941	501(C)(3)	10,300.				PREDIABETES CARE INI
(10) FRIENDS OF THE FREE CLINIC 904 S. 10TH, STE. A ST. JOSEPH, MO 64503	44-6000455	115	10,300.				PREDIABETES CARE INI
(11) GRACE MEDICAL HOME 51 PENNSYLVANIA ST. ORLANDO, FL 32806	26-1817966	501(C)(3)	10,300.				PREDIABETES CARE INI
(12) GREENVILLE FREE MEDICAL CLINIC 600 ARLINGT. AVE. GREENVILLE, SC 29601-3204	57-0855205	501(C)(3)	10,300.				PREDIABETES CARE INI

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 . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HEALTH UNIT ON DAVIDSON AVE 13240 WOODROW WILSON ST. DETROIT, MI 48238	37-1490937	501(C)(3)	10,300.				PREDIABETES CARE INI
(2) ST. MARYS HEALTH WAGON RT. 1, P.O. BOX 329 CLINCHCO, VA 24226-9702	04-3739083	501(C)(3)	10,300.				PREDIABETES CARE INI
(3) RICHMOND AREA HIGH BLOOD PRESSURE CENT. 1200 W. CARY ST. RICHMOND, VA 23220	52-1303481	501(C)(3)	10,300.				PREDIABETES CARE INI
(4) VILLAGE OF GIFFORD WATER TOWER REPAIRS P.O. BOX 37 GIFFORD, IL 61847	37-6020971	115	100,700.				WATER TOWER REPAIRS
(5) NEW ORLEANS CHILDREN'S HEALTH PROJECT 1430 TULANE AVE. NEW ORLEANS, LA 70112	13-3468427	501(C)(3)	10,000.				LA YOUTH HEALTH ACCE
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 569.

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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	FREE MEDICINE TO PATIENTS	138,403.		128,051,525.	FMV	PRESCRIPTION
2	MEDICAL OUTREACH IN THE US	31.		610,096.	FMV	MEDICAL SUPPLIES
3						
4						
5						
6						
7						

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

FORM 990, SCHEDULE I, PART I

GRANTS AND ASSISTANCE

LINE 2 - AMERICARES MONITORING ACTIVITIES

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

AMERICARES TRACKS EVERY DONATION AS IT ENTERS AND LEAVES OUR WAREHOUSES

AND REQUIRES REPORTING OF EACH RECEIVING PARTNER ORGANIZATION, WHICH

INCLUDE DETAILED CONFIRMATION OF RECEIPT AND QUARTERLY UPDATES ON

DISTRIBUTION. INDIVIDUAL LICENSED HEALTH CARE PROVIDERS RECEIVING

DONATIONS THROUGH OUR MEDICAL OUTREACH PROGRAM MUST PROVIDE A REPORT

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

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

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

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: AMERICARES FOUNDATION, INC.

Employer identification number: 06-1008595

Part I Questions Regarding Compensation

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

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	MICHAEL J. NYENHUIS PRESIDENT & CEO	(i)	324,840.	0	0	13,462.	24,072.	362,374.	0
		(ii)	0	0	0	0	0	0	0
2	KEVIN ALLAN SENIOR V.P., DEVELOPMENT	(i)	194,831.	0	0	11,742.	17,270.	223,843.	0
		(ii)	0	0	0	0	0	0	0
3	KEVIN GILRAIN SENIOR V.P., HUMAN RESOURCES	(i)	181,639.	0	0	11,124.	20,198.	212,961.	0
		(ii)	0	0	0	0	0	0	0
4	RACHEL GRANGER V.P. - POST EMERGENCY RESPONSE	(i)	149,550.	0	0	9,000.	7,726.	166,276.	0
		(ii)	0	0	0	0	0	0	0
5	ELLA GUDWIN SR. V.P.- STRATEGY & PRGM DEV.	(i)	158,603.	0	0	9,888.	24,657.	193,148.	0
		(ii)	0	0	0	0	0	0	0
6	GARRETT INGOGLIA V.P. - EMERGENCY RESPONSE	(i)	136,333.	0	0	7,197.	10,148.	153,678.	0
		(ii)	0	0	0	0	0	0	0
7	GARY LEEDS VICE PRESIDENT/CFO	(i)	155,576.	0	0	9,579.	20,421.	185,576.	0
		(ii)	0	0	0	0	0	0	0
8	KATHERINE SEARS SENIOR V.P. GLOBAL PROGRAM OP.	(i)	130,797.	0	57,023.	7,983.	10,960.	206,763.	0
		(ii)	0	0	0	0	0	0	0
9	CAROL SHATTUCK SENIOR V.P. - COMMUNICATIONS	(i)	81,790.	0	100,620.	11,146.	19,698.	213,254.	0
		(ii)	0	0	0	0	0	0	0
10	LEE WEINER V.P. - DIRECT RESPONSE	(i)	134,554.	0	0	0	24,302.	158,856.	0
		(ii)	0	0	0	0	0	0	0
11	FRANK BIA MEDICAL DIRECTOR (THRU 06/14)	(i)	93,176.	0	47,807.	5,259.	12,719.	158,961.	0
		(ii)	0	0	0	0	0	0	0
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

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

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

THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN CALENDAR YEAR 2014:

FRANK BIA, MEDICAL DIRECTOR - $47,807

KATHARINE SEARS, SENIOR VICE PRESIDENT OF GLOBAL PROGRAM OPERATIONS - $57,023

CAROL SHATTUCK, SENIOR VICE PRESIDENT OF COMMUNICATIONS - $100,620

THESE AMOUNTS HAVE BEEN DISCLOSED IN FORM 990, SCHEDULE J, PART II, COLUMN (B)(III).

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

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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	105.	1,680,385.	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	22,680.	136,931.	COST/WHOLESALE PRICE
20	Drugs and medical supplies	X	41,885,410.	695,925,956.	COST/WHOLESALE PRICE
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(HYGIENE ITEMS)	X	1,282,985.	2,841,930.	COST/WHOLESALE PRICE
26	Other ▶(APPAREL)	X	418,965.	2,205,503.	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	40.

			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 is not 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 non-standard 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

FORM 990, SCHEDULE M, LINE 32(B)

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

990 REVIEW PROCESS

FORM 990, PART VI, LINE 11

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

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 12

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

A. IF THE GOVERNANCE COMMITTEE DETERMINES THAT THERE IS IN FACT A CONFLICT WITH RESPECT OF A DIRECTOR, THE CONFLICT SHALL BE REPORTED TO THE FULL BOARD, AND THE AFFECTED DIRECTOR SHALL AGREE TO ANSWER ANY QUESTIONS ABOUT THE MATTER THAT OTHER BOARD MEMBERS MAY HAVE. IF THE PARTICULAR TRANSACTION REQUIRES A VOTE OF THE BOARD, OR OF ONE OF ITS COMMITTEES, THE AFFECTED DIRECTOR SHALL NOT BE COUNTED FOR PURPOSES OF A

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QUORUM NOR SHALL HE OR SHE VOTE ON THE MATTER. THE MINUTES SHALL REPORT THE QUORUM DETERMINATION AND THE VOTING.

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

1. APPROVAL OF THE TRANSACTION DESPITE THE CONFLICT IF THEY ARE REASONABLY CERTAIN THAT THE BEST INTERESTS OF AMERICARES WILL BE SERVED THEREBY, OR

2. REFERRAL OF THE ISSUE TO LEGAL COUNSEL FOR ADVICE, OR

3. REFERRAL OF THE ISSUE TO THE APPROPRIATE COMMITTEE OF THE BOARD OF DIRECTORS, OR TO THE FULL BOARD, FOR DECISION. EXCEPT THAT IN ALL CASES WHEREIN THE GOVERNANCE COMMITTEE DETERMINES THAT THERE IS IN FACT A CONFLICT OF INTEREST CONCERNING A PARTICULAR TRANSACTION INVOLVING AN OFFICER OF AMERICARES, THE FULL BOARD SHALL BE NOTIFIED OF THE RESOLUTION OF THE ISSUE AND THE AFFECTED OFFICER SHALL AGREE TO ANSWER ANY QUESTIONS ABOUT THE MATTER THAT BOARD MEMBERS MAY HAVE.

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

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OF THE BOARD SHALL KEEP A RECORD OF THE DECISION WHICH SHALL BE AVAILABLE TO BOARD MEMBERS UPON REQUEST.

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

PROCESS FOR DETERMINING COMPENSATION
FORM 990, PART VI, LINE 15
THE BOARD OF DIRECTORS DETERMINES COMPENSATION OF THE CEO. THE ORGANIZATION'S CHIEF EXECUTIVE DETERMINES THE COMPENSATION OF THE OTHER SENIOR STAFF AND MAY UTILIZE AVAILABLE MARKET DATA, SALARY SURVEY RESULTS AND OTHER AVAILABLE TOOLS TO SUBSTANTIATE DECISIONS.

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

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INFORMATION IS SHARED AT AN ANNUAL MEETING OF THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS (JANUARY), AND IN COMBINATION WITH DATA COLLECTED FROM PEER ORGANIZATION FORM 990'S, THE CEO'S SALARY IS EVALUATED AGAINST THE MARKETPLACE.

PUBLIC DISCLOSURE OF DOCUMENTS
FORM 990, PART VI, LINE 19
THE FOUNDATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS AND ON ITS WEBSITE. THE FORM 990 IS LIKEWISE PUBLISHED ON THE INTERNET AT WWW.GUIDESTAR.ORG. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE SUMMARIZED IN ITS ANNUAL REPORT, WHICH IS AVAILABLE ON ITS WEBSITE AND BY REQUEST; FULL FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT ORDINARILY MADE AVAILABLE TO THE PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.

FORM 990, PART VII

SENIOR V.P., PROGRAMS, ANNE PETERSON, AND CHIEF FINANCIAL OFFICER, RICHARD TROWBRIDGE, JR. COMMENCED EMPLOYMENT WITH AMERICARES IN CALENDAR YEAR 2015; ACCORDINGLY, NO COMPENSATION IS REPORTED ON PART VII FOR EITHER INDIVIDUAL SINCE NEITHER RECEIVED COMPENSATION IN CALENDEAR YEAR 2014.
DIRECTOR, EXECUTIVE OFFICE, MEGIN WOLFMAN, JOINED THE ORGANIZATION IN NOVEMBER OF 2014; ACCORDINGLY, HER REPORTED COMPENSATION IS FOR THE TWO MONTHS SHE WORKED IN CALENDAR 2014.

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OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

SPLIT-INTEREST AGREEMENT $367,110

SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS

FORM 990, PART VL, LINE 4

DURING FISCAL 2015 THE AMERICARES BOARD OF DIRECTORS MADE THE FOLLOWING CHANGES TO THE CORPORATION'S BYLAWS:

1)ESTABLISHED A PROGRAM COMMITTEE TO "TO PROVIDE STRATEGIC PLANNING SUPPORT AND POLICY OVERSIGHT TO ENSURE FOCUS AND DIRECTION OF PROGRAMS AND SERVICES.

2)REDEFINED DIRECTORS' TERMS OF OFFICE AS THREE YEARS

3)ENABLED CERTAIN COMMITTEES TO INCLUDE NON-DIRECTOR, NON-VOTING MEMBERS.

ATTACHMENT 1

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

AMERICARES IS AN EMERGENCY RESPONSE AND GLOBAL HEALTH ORGANIZATION COMMITTED TO SAVING LIVES AND BUILDING HEALTHIER FUTURES FOR PEOPLE IN CRISIS IN THE UNITED STATES AND AROUND THE WORLD.

AS THE NUMBER ONE NONPROFIT PROVIDER OF DONATED MEDICINES AND SUPPLIES, AMERICARES REACHED 94 COUNTRIES IN FY15 WITH MEDICINES, MEDICAL SUPPLIES, SUPPORT AND TECHNICAL ASSISTANCE VALUED AT MORE THAN $600 MILLION THROUGH OUR EMERGENCY AND GLOBAL HEALTH PROGRAMS.

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ATTACHMENT 1 (CONT'D)

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

THROUGH THESE PROGRAMS, WE WORKED TO RESTORE AND EXPAND HEALTH SERVICES FOLLOWING DISASTERS AND CATALYZE LASTING IMPROVEMENTS IN HEALTH CARE PROVISION. THROUGH COLLABORATION WITH OUR MORE THAN 2,000-MEMBER PARTNER NETWORK, WE COMMITTED NEARLY $7.1 MILLION OF NEW SUPPORT TO 91 HEALTH PROJECTS AND ACTIVITIES IN 28 COUNTRIES THAT WILL DIRECTLY BENEFIT AN ESTIMATED 668,000 INDIVIDUALS. IN ADDITION, WE LEVERAGED MORE THAN $573 MILLION WORTH OF DONATED AND PROCURED COMMODITIES TO SUPPORT PROJECTS AND ACTIVITIES AND TO RELIEVE SHORTAGES OF MEDICINES AND SUPPLIES THROUGH OUR HEALTH PARTNERS IN 91 COUNTRIES, INCLUDING ENOUGH MEDICINES TO FILL NEARLY 16 MILLION PRESCRIPTIONS AND MORE THAN 38 MILLION UNITS OF SUPPLIES.

ATTACHMENT 2

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

EMERGENCY RESPONSE PROGRAMS

IN ALL, IN FY15 AMERICARES EMERGENCY PROGRAMS PROVIDED MEDICINE, SUPPLIES AND PROJECT SUPPORT TO PARTNERS IN 30 COUNTRIES AND 12 U.S. STATES ACROSS THE SPECTRUM OF PREPAREDNESS, RESPONSE AND RECOVERY. AMERICARES RESPONDED TO 26 EMERGENCIES IN 19 COUNTRIES, INCLUDING FLOODS, EARTHQUAKES, TORNADOES, TROPICAL STORMS, CONFLICTS, WILDFIRES, VOLCANIC ERUPTIONS AND DISEASE OUTBREAKS. OUR EMERGENCY PROGRAMS WORK ALSO INCLUDED PREPAREDNESS INITIATIVES IN FIVE COUNTRIES AND RECOVERY WORK TO STRENGTHEN HEALTH SYSTEM

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ATTACHMENT 2 (CONT'D)

COMPONENTS FOLLOWING DISASTERS IN SIX COUNTRIES.

PREPAREDNESS:

IN FY15, AMERICARES CONDUCTED PREPAREDNESS INITIATIVES IN FIVE COUNTRIES TO ASSIST AN ESTIMATED 51,000 PEOPLE IN THE EVENT OF A FUTURE DISASTER. THESE PREPAREDNESS INITIATIVES FOCUSED ON PREVENTING CHOLERA, PRE-POSITIONING RELIEF SUPPLIES AND BUILDING THE RESILIENCE OF COMMUNITIES AND HEALTH SYSTEMS TO WITHSTAND FUTURE DISASTERS.

IN EL SALVADOR, AMERICARES COLLABORATED WITH LONG-TIME PARTNER FUSAL ON A LARGE-SCALE COMMUNITY-BASED DISASTER RISK REDUCTION PILOT PROJECT TO INCREASE THE LEVEL OF RESILIENCE AND REDUCE RISKS FROM DISASTERS IN FIVE TARGET MUNICIPALITIES IN THE DEPARTMENT OF LA LIBERTAD. THESE FIVE MUNICIPALITIES CONSIST OF 245 COMMUNITIES, WITH AN ESTIMATED 49,000 DIRECT AND INDIRECT BENEFICIARIES. IN FY15, WE DESIGNED THE CURRICULUM, TOOLS, MAPPING, AND MONITORING AND EVALUATION PLATFORMS; HIRED AND TRAINED A TEAM OF RISK REDUCTION PROMOTERS; AND PILOTED THE CURRICULUM IN SEVEN COMMUNITIES. THE PROJECT WILL BE COMPLETED AND EVALUATED IN FY16.

IN MYANMAR, AMERICARES IS ENGAGING 10 VILLAGES IN THE AYEYARWADY REGION IN COMMUNITY-BASED RISK REDUCTION, INCLUDING IDENTIFYING, REDUCING AND MANAGING CHRONIC PUBLIC HEALTH RISKS AND ACUTE EMERGENCIES. THIS PROJECT IS IN PARTNERSHIP WITH CHURCH WORLD

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ATTACHMENT 2 (CONT'D)

SERVICE-MYANMAR, ALONG WITH SEVERAL LOCAL NGO PARTNERS. THE PROJECT BEGAN IN FY15 AND WILL BENEFIT AN ESTIMATED 10,000 PEOPLE, INCLUDING MORE THAN 2,000 DIRECT PARTICIPANTS AND NEARLY 8,000 INDIRECT COMMUNITY MEMBERS.

IN THE PHILIPPINES, AMERICARES HELD TWO WORKSHOPS IN FY15 TO INTRODUCE 50 LOCAL HEALTH WORKERS TO THE CONCEPTS OF PREPAREDNESS, SAFETY AND RISK REDUCTION. THESE HEALTH WORKERS WERE FROM HEALTH FACILITIES THAT AMERICARES RECONSTRUCTED AND IMPROVED AFTER TYPHOON HAIYAN. IN FY16, AMERICARES WILL PERFORM A FINAL EVALUATION OF THIS PILOT PROJECT.

IN THE UNITED STATES IN FY15, AMERICARES CONTINUED WORK WITH TWO COMMUNITY HEALTH CENTERS AFFECTED BY SUPERSTORM SANDY TO IDENTIFY AND CLOSE PREPAREDNESS GAPS AND ESTABLISH SUSTAINABLE, FUNCTIONAL AND INTEGRATED EMERGENCY MANAGEMENT PLANS. IN FY15, AMERICARES ALSO ADDRESSED GAPS IN THE AREA OF DATA COLLECTION AND COMMUNICATION AT THE STATE-LEVEL BY PARTNERING WITH THE COMMUNITY HEALTH CARE ASSOCIATION OF NEW YORK STATE TO IMPROVE HEALTH SERVICES IN EMERGENCIES.

RESPONSE:

IN FY15, AMERICARES RESPONSE IN THE IMMEDIATE AFTERMATH OF 26 EMERGENCIES IN 19 COUNTRIES INCLUDED PRODUCT DONATIONS OF ENOUGH MEDICINE TO FILL MORE THAN 815,000 PRESCRIPTIONS TO HELP HEALTH

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ATTACHMENT 2 (CONT'D)

WORKERS ON THE FRONT LINES CARE FOR SURVIVORS. KEY ITEMS INCLUDED VACCINES, ANTIBIOTICS, WOUND CARE ITEMS, CHRONIC DISEASE MEDICINES AND CLEAN WATER SUPPLIES. AMERICARES ALSO ASSISTED AN ESTIMATED 218,000 INDIVIDUALS BY COLLABORATING WITH PARTNERS TO DEVELOP AND SUPPORT EMERGENCY RESPONSE PROJECTS. KEY THEMES OF THESE PROJECTS INCLUDED RESTORING AND EXPANDING HEALTH SERVICES; FULFILLING IMMEDIATE HEALTH AND SURVIVAL NEEDS; AND EARLY INTERVENTIONS TO ADDRESS PSYCHOLOGICAL DISTRESS.

AMERICARES LARGEST EMERGENCY PROGRAMS RESPONSES TOOK PLACE IN WEST AFRICA AND NEPAL.

AMERICARES RESPONSE TO THE WORLD'S LARGEST EBOLA OUTBREAK IN FY15 PROVIDED DOZENS OF SHIPMENTS OF ESSENTIAL MEDICINES AND PERSONAL PROTECTIVE EQUIPMENT TO THE MOST-AFFECTED COUNTRIES, PRINCIPALLY GUINEA, LIBERIA AND SIERRA LEONE. COORDINATING WITH INTERNATIONAL, NATIONAL AND LOCAL ORGANIZATIONS, AMERICARES PROVIDED OVER 2 MILLION UNITS OF PERSONAL PROTECTIVE EQUIPMENT AND MORE THAN 100,000 COURSE TREATMENTS OF MEDICINE TO OVER 100 PARTNERS IN THREE COUNTRIES. AMERICARES PARTNERED WITH THE INTERNATIONAL ORGANIZATION FOR MIGRATION AND USAID TO PROVIDE MEDICINE AND SUPPLIES FOR THREE EBOLA TREATMENT UNITS IN LIBERIA, AND TO PROVIDE CLINICAL STAFF AND MANAGEMENT FOR ONE EBOLA TREATMENT UNIT. BEGINNING IN FY15, AMERICARES TEAMS BUILT ON EBOLA RESPONSE EFFORTS TO TRAIN MEDICAL STAFF IN SIERRA LEONE ON INFECTION

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ATTACHMENT 2 (CONT'D)

PREVENTION AND CONTROL PROTOCOLS, IMPROVE MATERNAL AND CHILD CARE AT THE LIBERIAN GOVERNMENT HOSPITAL IN BUCHANAN AND TO START UP AND MANAGE TWO CLINICS IN UNDERSERVED AREAS OF GRAND BASSA COUNTY. THIS CRITICAL WORK TO STRENGTHEN HEALTH SYSTEMS WILL CONTINUE IN FY16.

AFTER THE DEVASTATING APRIL 25 EARTHQUAKE IN NEPAL, AMERICARES IMMEDIATELY LAUNCHED A LARGE-SCALE RELIEF EFFORT. IN FY15, AMERICARES PROVIDED MEDICINE AND SUPPLIES TO 17 NATIONAL AND INTERNATIONAL PARTNERS IN NEPAL. IN ADDITION, AMERICARES INDIA RESPONDERS REACHED NEPAL WITHIN 72 HOURS AND ULTIMATELY SAW MORE THAN 1,470 PATIENTS; AMERICARES ALSO TEAMED WITH NYC MEDICS TO TREAT AN ADDITIONAL 1,200 DISASTER SURVIVORS. AMERICARES HAS MADE A THREE-YEAR COMMITMENT TO NEPAL EARTHQUAKE RECOVERY, WITH A FOCUS ON HEALTH SYSTEMS RESTORATION, ADDRESSING MENTAL HEALTH AND PSYCHOSOCIAL NEEDS, AND BUILDING HEALTH SYSTEM AND COMMUNITY RESILIENCE.

IN FY 15, AMERICARES RESPONDED TO 11 EMERGENCIES ACROSS 12 U.S. STATES, INCLUDING THE U.S. BORDER CRISIS. AMERICARES PROVIDED CRITICAL MEDICINE, MEDICAL SUPPLIES AND RELIEF ITEMS THAT ENABLED HEALTH PROFESSIONALS AND COMMUNITY PARTNERS TO ADDRESS THE HEALTH NEEDS OF THOUSANDS OF DISPLACED CHILDREN AND FAMILIES IN ARIZONA, LOUISIANA, NEW YORK AND TEXAS, AS WELL AS MEXICO. IN AUGUST 2014, AMERICARES DONATED A 20-FOOT BY 30-FOOT TENT STRUCTURE TO PROVIDE

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ATTACHMENT 2 (CONT'D)

SHELTER AND OVERNIGHT ACCOMMODATIONS AT THE TRANSITIONAL SITE AT SACRED HEART CHURCH IN MCALLEN, TEXAS. IN FY15 THE SITE SERVED NEARLY 18,000 PEOPLE AND PROVIDED MORE THAN 3,000 OVERNIGHT STAYS.

IN ADDITION TO OUR EMERGENCY RESPONSE ACTIVITIES, AMERICARES DEMONSTRATED OUR LEADERSHIP POSITION IN THE U.S. BY SERVING ON THE BOARD OF DIRECTORS OF THE NATIONAL VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER (VOAD) CHAPTER AND CHAIRING THE NATIONAL VOAD DISASTER HEALTH COMMITTEE.

RECOVERY

AMERICARES FY15 RECOVERY WORK EFFORTS FOCUSED ON STRENGTHENING HEALTH SYSTEM COMPONENTS IN HAITI, JAPAN, THE PHILIPPINES, SRI LANKA AND THE UNITED STATES. OUR TOTAL ASSISTANCE INCLUDED ENOUGH MEDICINES TO FILL MORE THAN 216,000 PRESCRIPTIONS AS WELL AS PROJECT SUPPORT TO REACH MORE THAN 189,000 INDIVIDUALS. WE FOCUSED PARTICULARLY ON RESTORING HEALTH SERVICES, COMBATTING CHOLERA, HELPING SURVIVORS OVERCOME TRAUMA WITH MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT, AND IMPROVING MATERNAL, NEONATAL AND CHILD HEALTH.

AMERICARES CONTINUES TO WORK WITH THE GOVERNMENT OF THE PHILIPPINES AND OTHER STAKEHOLDERS TO HELP REBUILD HEALTH SYSTEMS AND PREPARE FOR THE NEXT DISASTER IN THE VISAYAS REGION OF CENTRAL

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ATTACHMENT 2 (CONT'D)

PHILIPPINES, WHICH WAS HIT HARD BY SUPER TYPHOON HAIYAN IN NOVEMBER 2013. DURING FY15 AMERICARES OPENED AN OFFICE AND REGISTERED LOCALLY IN THE PHILIPPINES IN FY15. OUR WORK IN FY15 INCLUDES REHABILITATING OR REBUILDING MORE THAN 80 HEALTH FACILITIES AND RESTORING ACCESS TO CARE FOR NEARLY 2 MILLION PATIENTS. TO ENSURE RESILIENCE IN THE FACE OF FUTURE DISASTER, AMERICARES PROVIDED 14 BACK-UP POWER SYSTEMS FOR HOSPITALS AND TRAINED 50 HEALTH WORKERS ON DISASTER PREPAREDNESS AND EMERGENCY MANAGEMENT PLANNING. WE FURTHER INCREASED THE FUTURE CAPACITY OF THE HEALTH SYSTEM IN STORM-AFFECTED AREAS BY SUPPORTING MENTAL HEALTH AND PSYCHOSOCIAL TRAINING FOR 1,300 HEALTH WORKERS.

AMERICARES HAS BEEN RUNNING A RECOVERY PROGRAM IN NORTHERN JAPAN SINCE THE MARCH 2011 EARTHQUAKE, TSUNAMI AND RADIATION DISASTER. IN FY15, AMERICARES CONTINUED TO COLLABORATE WITH LOCAL HEALTH PARTNERS ON NEW OR EXISTING PROJECTS; ALL PROJECTS WERE COMPLETED IN SEPTEMBER 2015 AND THE AMERICARES JAPAN OFFICE CLOSED IN FY15. MANY OF THE COMMUNITY-BASED ORGANIZATIONS HAVE SUCCESSFULLY LEVERAGED AMERICARES SUPPORT AND CAPACITY-BUILDING TO SECURE FUNDING FROM LOCAL SOURCES, ALLOWING THEM TO CONTINUE PROVIDING ESSENTIAL SERVICES TO DISPLACED AND AFFECTED COMMUNITIES.

IN FY15, AMERICARES ENTERED THE FINAL STAGE OF OUR RECOVERY PROGRAM IN HAITI, FIVE YEARS AFTER THE MAGNITUDE 7.0 EARTHQUAKE STRUCK HAITI IN 2010. WITH MEDICINE AND PROJECT SUPPORT,

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ATTACHMENT 2 (CONT'D)

AMERICARES CONTINUED ITS WORK WITH LOCAL PARTNERS TO EXPAND HEALTH SERVICES, CONTROL CHOLERA AND PREVENT OUTBREAKS, IMPROVE MATERNAL AND CHILD HEALTH, AND PREPARE FOR FUTURE DISASTERS. AMONG OUR PROJECTS IN FY15, AMERICARES EXPANDED ITS COMMITMENT TO PROVIDING SPECIALTY CARE FOR THOUSANDS OF DIABETIC PATIENTS BY HELPING THE FONDATION HAÏTIENNE DE DIABÈTE ET DE MALADIES CARDIO-VASCULAIRES (FHADIMAC) LAUNCH A DIABETIC FOOT CLINIC IN PORT-AU-PRINCE.

IN SRI LANKA, AMERICARES COMPLETED ITS FINAL TSUNAMI AND CIVIL WAR RECOVERY PROJECT AT THE MULLAITIVU DISTRICT GENERAL HOSPITAL IN FY15, WITH COMPLETION OF A NEW SURGICAL WARD AND RESIDENCE FOR CONSULTANTS AND MEDICAL OFFICERS, WHICH HELPED REDUCE OVERCROWDING AND ALLOWED THE HOSPITAL TO RECRUIT AND RETAIN 42 PHYSICIANS WHO OTHERWISE WOULD NOT HAVE TAKEN THE REMOTE POSTING. AFTER TEN YEARS OF SERVICE, THE AMERICARES RECOVERY OFFICE IN SRI LANKA FORMALLY CLOSED IN FY15.

ATTACHMENT 3

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

GLOBAL HEALTH PROGRAMS

EVERY DAY, AMERICARES SUPPORTS FRONTLINE HEALTH WORKERS THROUGH PROJECTS AND ACTIVITIES THAT LEVERAGE CRITICALLY NEEDED MEDICINES AND SUPPLIES TO CATALYZE INNOVATIVE, SUSTAINABLE HEALTH IMPROVEMENTS IN THEIR COMMUNITIES. IN FY15, AMERICARES SUPPORTED PARTNERS IN 89 COUNTRIES WITH MEDICINE, MEDICAL SUPPLIES, AND

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ATTACHMENT 3 (CONT'D)

PROJECT AND ACTIVITY SUPPORT THROUGH OUR GLOBAL HEALTH PROGRAMS.

OUTSIDE THE U.S.: AMERICARES RELIEVED SHORTAGES OF MEDICINES AND MEDICAL SUPPLIES IN HOSPITALS AND CLINICS IN 33 COUNTRIES, INCLUDING ENOUGH MEDICINES TO FILL MORE THAN 12 MILLION PRESCRIPTIONS.

AMERICARES ACHIEVED THIS THROUGH A VARIETY OF PROGRAMS AND PROJECTS. KEY THEMES OF THESE PROJECTS/ACTIVITIES INCLUDED MATERNAL AND CHILD HEALTH, NON-COMMUNICABLE DISEASES AND INFECTIOUS DISEASES.

AMONG OUR FY15 PROJECTS OUTSIDE THE U.S.:

- SCALE-OUT AND IMPLEMENTATION OF A HEALTH WORKER SAFETY PROJECT AT THREE GOVERNMENT HOSPITALS IN THE LAKE ZONE OF TANZANIA TARGETING 1,000 HEALTH WORKERS AND STUDENTS. IN THE FIRST PHASE OF IMPLEMENTATION, 80 PERCENT OF HEALTH WORKERS AND MEDICAL STUDENTS WERE IMMUNIZED AGAINST HEPATITIS B.
- LAUNCH OF THE SAFE SURGERY INITIATIVE WHICH AIMS TO IMPROVE ACCESS TO SAFE SURGERY IN LOW-RESOURCE SETTINGS. IN FY15, AMERICARES FACILITATED THE PLACEMENT OF 23 PULSE OXIMETERS IN FIVE COUNTRIES. PULSE OXIMETERS ARE ON THE WHO SURGICAL SAFETY CHECKLIST.
- SUPPORT FOR CHILDREN WITH CANCER IN COLOMBIA, THROUGH THE SANAR FOUNDATION IN BOGOTA FOR THEIR ACCESS TO MEDICINES, NUTRITION, AND EDUCATION PROGRAMS TO COVER PRESCRIPTION MEDICINES, CHEMOTHERAPY,

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ATTACHMENT 3 (CONT'D)

TRANSPORTATION COSTS, LABORATORY EXAMS, MEDICAL CONSULTATIONS, EDUCATIONAL MATERIALS, AND MEALS FOR PATIENTS AND THEIR FAMILIES.

- CONTINUATION OF AMERICARES PEDIATRIC NUTRITION PROJECT IN VIETNAM, WHICH, THIS YEAR, WAS ABLE TO LOWER BOTH MALNUTRITION AND STUNTING RATES FROM THE BEGINNING OF THE SCHOOL YEAR TO THE END IN ITS THREE INTERVENTION DISTRICTS. IN FY15, THE NUTRITION PROJECT (WHICH IS CONDUCTED IN PARTNERSHIP WITH ABBOTT AND ABBOTT FUND) SERVED MORE THAN 2,500 STUDENTS AND SAW DROPS IN MALNUTRITION RATES IN ALL AREAS. IN ADDITION, ALL SCHOOLS EXPERIENCED AN ANNUAL AVERAGE REDUCTION OF STUNTING FROM 3 TO 5 PERCENTAGE POINTS. THE PROGRAM ALSO ADDRESSED THE ISSUE OF ANEMIA IN A SUB-SET OF SCHOOLS WHERE THEY DOCUMENTED REDUCTION RATES RANGING FROM 8 TO 19 PERCENTAGE POINTS.

- YEAR SEVEN OF AMERICARES BREAST CANCER PROJECT IN CAMBODIA, IN PARTNERSHIP WITH SIHANOUK HOSPITAL CENTER OF HOPE AND ASTRAZENECA. IN FY15, THE PROGRAM WAS ABLE TO REACH MORE THAN 7,000 WOMEN WITH INFORMATION ABOUT BREAST CANCER AND EARLY DETECTION, TRAIN 141 NURSING STUDENTS ON TOPICS RELATED TO BREAST CANCER, SCREEN MORE THAN 800 WOMEN, CONDUCT NEARLY 400 DIAGNOSTIC TESTS AND IMPROVE THE QUALITY OF DATA COLLECTED ON THE ENTIRE PATIENT COHORT, BOTH PAST AND PRESENT.

IN FY15 AMERICARES GLOBAL HEALTH PROGRAM ALSO SUPPORTED 880 MEDICAL VOLUNTEER TEAMS TRAVELING TO 81 COUNTRIES WITH MORE DONATED PRODUCTS, INCLUDING ENOUGH MEDICINES TO FILL NEARLY 1.3 MILLION PRESCRIPTIONS AND MORE THAN 2 MILLION UNITS OF SUPPLIES.

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ATTACHMENT 3 (CONT'D)

OUR GLOBAL HEALTH PROGRAM INCLUDES MODEL PRIMARY CARE CLINICS IN MUMBAI, INDIA, AND SANTIAGO DE MARIA, EL SALVADOR.

THROUGH OUR PARTNER IN INDIA, AMERICARES MANAGES A MOBILE CLINIC PROGRAM THAT BRINGS PRIMARY CARE TO THE DOORSTEPS OF MARGINALIZED COMMUNITIES IN URBAN SLUMS IN MUMBAI IN FY15, THE PROGRAM'S SEVEN MOBILE CLINICS SERVED MORE THAN 130 UNIQUE LOCATIONS ACROSS THIRTEEN MUNICIPAL WARDS IN MUMBAI CITY WHERE 65,000 UNIQUE PATIENTS SOUGHT CARE THROUGH MORE THAN 140,000 CONSULTATIONS. THE CLINICS ADDED A NEW MOBILE PATHOLOGY LAB TO BRING 10 DIFFERENT TYPES OF BLOOD TESTS DIRECTLY TO PATIENTS AT MOBILE CLINIC LOCATIONS. IN FY15 THESE LABS CONDUCTED MORE THAN 8,000 TESTS ON MORE THAN 3,000 PATIENTS. A PATIENT SATISFACTION SURVEY WAS CARRIED OUT DURING FY15, WHICH SHOWED THAT THE COMMUNITY IS SATISFIED WITH OUR MMC PROGRAM. MOST PATIENTS SAID THEY WOULD COME BACK TO THE CLINIC AND ALSO RECOMMEND OUR CLINICS TO THEIR FAMILIES AND FRIENDS.

IN EL SALVADOR, THE AMERICARES FAMILY CLINIC IN SANTIAGO DE MARIA PERFORMED 67,141 PATIENT CONSULTATIONS WITH 25,267 PATIENTS DURING FY15. AMERICARES EXPANDED AND DIVERSIFIED SERVICES, ADDING ORTHOPEDICS, PROSTHETICS AND ORTHOTICS, AND ORAL SURGERY. THE CLINIC DREW FROM A WIDER GEOGRAPHIC REGION, WITH A 7 PERCENT INCREASE IN THE MUNICIPALITIES WHO VISIT OUR INSTITUTION. DURING FY15, AMERICARES FAMILY CLINIC DEVELOPED 35 HEALTH EDUCATION

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ATTACHMENT 3 (CONT'D)

PROGRAMS BENEFITING A TOTAL OF 48,326 PATIENTS AND FAMILIES. IN ADDITION, THE CLINIC WORKS WITH 96 COMMUNITIES TO PROACTIVELY IDENTIFY THEIR PRIORITIES FOR HEALTH CARE, AND WORKS TO IMPROVE THE COLLECTIVE HEALTH STATUS OF THESE FAMILIES.

IN THE U.S.: AS THE LARGEST PROVIDER OF DONATED MEDICAL AID IN THE U.S., AMERICARES PROVIDED THE MAJORITY OF ITS SUPPORT THROUGH ITS NETWORK OF 807 FREE AND CHARITABLE CLINICS IN FY15. AMERICARES ALSO MADE NEW COMMITMENTS TO IMPLEMENT PROJECTS AND ACTIVITIES TO PREVENT, DIAGNOSE AND TREAT NON-COMMUNICABLE DISEASES.

IN ALL, AMERICARES PROVIDED ENOUGH MEDICINE TO FILL NEARLY 2 MILLION PRESCRIPTIONS. THE LARGEST CATEGORY OF MEDICINE, AT 35 PERCENT, WERE THOSE TO TREAT INFECTIOUS, DIARRHEAL, TROPICAL AND RESPIRATORY DISEASES; MEDICATION TO TREAT NON-COMMUNICABLE DISEASES MADE UP 29 PERCENT OF DONATED MEDICINE.

THROUGH ITS PATIENT ASSISTANCE PROGRAM, AMERICARES ALSO PROVIDED MORE THAN 108,000 LOW-INCOME UNINSURED AND UNDERINSURED PATIENTS ACCESS TO 51 BRANDED MEDICINES - IN TOTAL, ENOUGH MEDICINES TO FILL MORE THAN 363,000 PRESCRIPTIONS TO PATIENTS IN THE U.S., PUERTO RICO, GUAM AND U.S. VIRGIN ISLANDS.

U.S. FY15 PROJECTS INCLUDE:

- PLANNING FOR A CHRONIC DISEASE CARE PROGRAM FOR U.S. HEALTH CARE SAFETY NET CLINICS, INCLUDING IDENTIFYING CLINICS AND TRAINING FOR

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ATTACHMENT 3 (CONT'D)

THE TRANSFORMING PREDIABETES CARE INITIATIVE - A NATIONAL DEMONSTRATION. IN FY15, AMERICARES TRAINED THE SEVEN SELECTED CLINICS ON THE CENTER FOR DISEASE CONTROL AND PREVENTION'S NATIONAL DIABETES PREVENTION PROGRAM (NDPP), A YEAR-LONG LIFESTYLE CHANGE INTERVENTION TO PREVENT DIABETES IN LOW-INCOME UNINSURED OR UNDERINSURED PATIENTS AT RISK.

- DEVELOPMENT AND LAUNCH OF AMERICARES MENTAL HEALTH INITIATIVE TO SUPPORT THE NATION'S NETWORK OF COMMUNITY MENTAL HEALTH CENTERS AND THE 8 MILLION PATIENTS THEY SERVE. DONATIONS OF MEDICINE WILL OFFSET COSTS FOR CLINICS AND PATIENTS. IN FY15, AMERICARES SELECTED 10 DEMONSTRATION STATES FOR THE PROJECT AND BEGAN OUTREACH TO NATIONAL AND STATE ASSOCIATIONS IN THOSE STATES.

ATTACHMENT 4

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

EL SALVADOR

HAITI

INDIA

JAPAN

LIBERIA

SRI LANKA

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ATTACHMENT 5

FORM 990, PART VI, LINE 17 - STATES

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

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

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

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

ATTACHMENT 6

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MAIL AMERICA COMMUNICATIONS 1174 ELKTON FARM ROAD, P.O. BOX 870 FOREST, VA 24551	PRINTING AND MAILING	1,181,247.
MAL WARWICK / DONORDIGITAL 2550 NINTH STREET, STE 103 BERKELEY, CA 94710	FUNDRAISING	1,059,741.
RAFANELLI EVENTS 5 WEST 19TH STREET NEW YORK, NY 10011	EVENT PLANNING	351,423.
DONOR SERVICES GROUP LLC 6715 SUNSET BOULEVARD HOLLYWOOD, CA 90028	FUNDRAISING	297,076.
LOCHLIN PARTNERS, LTD 8484 WESTPARK DRIVE MCLEAN, VA 22102	EXECUTIVE SEARCH	204,457.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

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Employer identification number

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? 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)							

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(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	(i) No
								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.

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	**1a**			X
b Gift, grant, or capital contribution to related organization(s)	**1b**		X	
c Gift, grant, or capital contribution from related organization(s)	**1c**			X
d Loans or loan guarantees to or for related organization(s)	**1d**			X
e Loans or loan guarantees by related organization(s)	**1e**			X
f Dividends from related organization(s)	**1f**			X
g Sale of assets to related organization(s)	**1g**			X
h Purchase of assets from related organization(s)	**1h**			X
i Exchange of assets with related organization(s)	**1i**			X
j Lease of facilities, equipment, or other assets to related organization(s)	**1j**			X
k Lease of facilities, equipment, or other assets from related organization(s)	**1k**			X
l Performance of services or membership or fundraising solicitations for related organization(s)	**1l**			X
m Performance of services or membership or fundraising solicitations by related organization(s)	**1m**			X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**			X
o Sharing of paid employees with related organization(s)	**1o**			X
p Reimbursement paid to related organization(s) for expenses	**1p**			X
q Reimbursement paid by related organization(s) for expenses	**1q**		X	
r Other transfer of cash or property to related organization(s)	**1r**			X
s Other transfer of cash or property from related organization(s)	**1s**			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	36,880.	CASH
(2)	AMERICARES FREE CLINICS, INC.	B	1,891,362.	FMV (GOODS)
(3)	AMERICARES FREE CLINICS, INC.	Q	57,311.	CASH
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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