

AmeriCares Foundation, Inc.

IRS Form 990

Fiscal Year 2012

Return of Organization Exempt From Income Tax

2011

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning 07/01, 2011, and ending 06/30, 2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICARES FOUNDATION, INC. Doing Business As		D Employer identification number 06-1008595
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 88 HAMILTON AVENUE		E Telephone number (203) 658-9500
	City or town, state or country, and ZIP + 4 STAMFORD, CT 06902-3111		G Gross receipts \$ 532,423,353.
	F Name and address of principal officer: CURTIS R. WELLING, PRES. & CEO 88 HAMILTON AVENUE STAMFORD, CT 06902		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶
J Website: ▶ WWW.AMERICARES.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1979 M State of legal domicile: CT

Part I Summary

1		Briefly describe the organization's mission or most significant activities: AMERICARES IS A NONPROFIT GLOBAL HEALTH AND DISASTER RELIEF ORGANIZATION THAT DELIVERS MEDICINES, MEDICAL SUPPLIES AND HUMANITARIAN AID TO PEOPLE IN NEED AROUND THE WORLD AND IN THE U.S.	
2		Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	16.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	15.
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	128.
	6	Total number of volunteers (estimate if necessary)	40.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
	7b	Net unrelated business taxable income from Form 990-T, line 34	0
	Revenue	8	Contributions and grants (Part VIII, line 1h)
9		Program service revenue (Part VIII, line 2g)	381,585.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	446,407.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	75,960.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	663,793,851.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	623,554,661.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,126,290.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	572,300.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	7,823,348.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	31,078,371.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	665,331,622.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-1,537,771.
	20	Total assets (Part X, line 16)	156,947,989.
	21	Total liabilities (Part X, line 26)	7,270,194.
	22	Net assets or fund balances. Subtract line 21 from line 20	149,677,795.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 11/14/2013
	Type or print name and title William S. Post, V.P., Treasurer	

Preparer Use Only	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature 	Date 01/14/2013	Check <input type="checkbox"/> if self-employed	PTIN P00741490
	Firm's name ▶ GRANT THORNTON LLP			Firm's EIN ▶ 36-6055558	
	Firm's address ▶ 666 THIRD AVENUE NEW YORK, NY 10017-4057			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.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question 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 [X] No

[] Yes [X] 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 [X] No

[] Yes [X] 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 and section 4947(a)(1) trusts 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 \$ 375,562,066. including grants of \$ 328,538,714.) (Revenue \$)

ATTACHMENT 2

4b (Code:) (Expenses \$ 131,875,197. including grants of \$ 129,010,612.) (Revenue \$)

AMERICARES OPERATES A PATIENT ASSISTANCE PROGRAM THROUGH WHICH IT RECEIVES DONATED MEDICINES. THESE DONATIONS ARE USED TO PROVIDE FREE PRESCRIPTION MEDICATIONS TO PATIENTS IN NEED THROUGHOUT THE UNITED STATES THAT HAVE MET VARIOUS ELIGIBILITY CRITERIA AND WHO WOULD NOT OTHERWISE BE ABLE TO AFFORD THEM.

SINCE ITS INCEPTION, THIS PROGRAM HAS FILLED MORE THAN 3 MILLION PRESCRIPTIONS, REPRESENTING APPROXIMATELY \$2 BILLION IN DONATED PRODUCTS.

4c (Code:) (Expenses \$ 1,116,091. including grants of \$) (Revenue \$ 935,752.)

ATTACHMENT 3

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

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

4e Total program service expenses 508,553,354.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V [X]

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 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.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KATHERINE A SEARS, SR VP, CFO 88 HAMILTON AVENUE STAMFORD, CT 06902 203-658-9500

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question 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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH P. ALLEN DIRECTOR	1.00	X					0	0	0	
(2) CAROL B. BAUER DIRECTOR	1.00	X					0	0	0	
(3) C. ROBERT HENRIKSON DIRECTOR	1.00	X					0	0	0	
(4) JOHN L. KELLY DIRECTOR	1.00	X					0	0	0	
(5) PAUL J. KUEHNER DIRECTOR	1.00	X					0	0	0	
(6) JERRY P. LEAMAN DIRECTOR	1.00	X					0	0	0	
(7) ROBERT G. LEARY DIRECTOR	1.00	X					0	0	0	
(8) ALMA JANE MACAULEY VICE CHAIRMAN	1.00	X		X			0	0	0	
(9) C. DEAN MAGLARIS CHAIRMAN	1.00	X		X			0	0	0	
(10) JOSEPH W. MERRILL DIRECTOR	1.00	X					0	0	0	
(11) BEVERLY L. SCHUCH DIRECTOR	1.00	X					0	0	0	
(12) FRED WEISMAN DIRECTOR	1.00	X					0	0	0	
(13) JAMES WHEAT III DIRECTOR	1.00	X					0	0	0	
(14) STEPHEN WINTER, MD DIRECTOR	1.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) JOSEPH J. RUCCI, JR. DIRECTOR AND SECRETARY	1.00	X		X			0	0	0	
16) CURTIS R. WELLING DIRECTOR, PRESIDENT & C.E.O.	40.00	X		X			272,860.	0	40,668.	
17) KEVIN GILRAIN SENIOR V.P., HUMAN RESOURCES	40.00			X			163,890.	0	27,017.	
18) CHRISTOPH GORDER SENIOR VICE PRESEDENT	40.00			X			176,804.	0	35,983.	
19) RACHEL GRANGER V.P. - EMERGENCY RESPONSE	40.00			X			118,506.	0	15,718.	
20) JENNIFER GREY V.P., INDIVIDUAL PHILANTHROPY	40.00			X			127,918.	0	17,335.	
21) ELLA GUDWIN V.P. - EMERGENCY RESPONSE	40.00			X			100,704.	0	33,537.	
22) GEOFF KNEISEL VICE PRESIDENT	40.00			X			106,704.	0	29,657.	
23) GARY LEEDS VICE PRESIDENT/CONTROLLER	40.00			X			139,296.	0	8,955.	
24) DIANA MAGUIRE V.P. - INSTITUTIONAL RELATIONS	40.00			X			118,592.	0	13,811.	
25) CAROLYN O'BRIEN SENIOR V.P. - DEVELPOMENT	40.00			X			142,174.	0	25,543.	
1b Sub-total							0	0	0	
c Total from continuation sheets to Part VII, Section A							2,813,547.	0	487,948.	
d Total (add lines 1b and 1c)							2,813,547.	0	487,948.	

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 **20**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 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 **3**

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) DR. PURVISH PARIKH VICE PRESIDENT	40.00			X			0	0	22,025.	
27) WILLIAM POST VICE PRESIDENT - TREASURER	30.00			X			80,084.	0	7,990.	
28) KATHERINE SEARS SENIOR V.P. FINANCE AND TECH/C	40.00			X			211,616.	0	38,090.	
29) CAROL SHATTUCK SENIOR V.P. - COMMUNICATIONS	40.00			X			173,671.	0	28,636.	
30) LEE WEINER V.P. - DIRECT RESPONSE	40.00			X			128,655.	0	22,700.	
31) ADAM ZAYAN V.P. - GLOBAL PARTNERSHIPS	40.00			X			141,970.	0	32,842.	
32) FRANK BIA MEDICAL DIRECTOR	40.00					X	175,747.	0	37,283.	
33) STEVE BARDOS IT SPECIALIST	40.00					X	118,440.	0	0	
34) MELISSA WOOLFORD DIRECTOR LEADERSHIP GIFTS	40.00					X	108,888.	0	7,146.	
35) ANDREA VAKOS DIRECTOR MAJOR GIFTS	40.00					X	101,513.	0	36,066.	
36) MARTHA KENNARD DIRECTOR GIK PROCESS MGMT	40.00					X	105,515.	0	6,946.	
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 **20**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	221,303.					
	b Membership dues	1b						
	c Fundraising events	1c	1,166,219.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	523,121,996.					
	g Noncash contributions included in lines 1a-1f: \$		503,142,129.					
	h Total. Add lines 1a-1f ▶			524,509,518.				
Program Service Revenue	Business Code							
	2a EL SALVADOR PATIENT VISIT REVENUE		621400	427,134.	427,134.			
	b EL SALVADOR CAFETERIA INCOME		900099	35,529.			35,529.	
	c EL SALVADOR MISCELLANEOUS INCOME		900099	6,827.			6,827.	
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f ▶			469,490.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			1,061,594.			1,061,594.	
	4 Income from investment of tax-exempt bond proceeds . . . ▶			0				
	5 Royalties ▶			0				
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss) ▶			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		5,367,549.						
		b Less: cost or other basis and sales expenses			5,444,230.			
		c Gain or (loss)			-76,681.			
	d Net gain or (loss) ▶			-76,681.			-76,681.	
	8a Gross income from fundraising events (not including \$ <u>1,166,219.</u> of contributions reported on line 1c). See Part IV, line 18 a			539,897.				
	b Less: direct expenses b			539,897.				
	c Net income or (loss) from fundraising events ▶			0				
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			466,262.					
	b Less: cost of goods sold b			370,187.				
	c Net income or (loss) from sales of inventory ▶			96,076.			96,076.	
Miscellaneous Revenue			Business Code					
11a MISCELLANEOUS		900099	9,042.			9,042.		
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d ▶			9,042.					
12 Total revenue. See instructions ▶			526,069,039.	427,134.		1,132,387.		

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question 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 governments and organizations in the United States. See Part IV, line 21	24,057,323.	24,057,323.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	130,108,572.	130,108,572.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	303,383,431.	303,383,431.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,203,442.	878,263.	764,280.	560,899.
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	6,783,688.	3,555,233.	1,106,049.	2,122,406.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	231,103.	132,700.	32,561.	65,842.
9 Other employee benefits	1,487,216.	784,711.	232,458.	470,047.
10 Payroll taxes	732,555.	374,328.	118,537.	239,690.
11 Fees for services (non-employees):				
a Management	933,091.	660,551.	133,778.	138,762.
b Legal	58,527.	21,553.	36,974.	
c Accounting	169,459.	13,195.	156,264.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	627,048.			627,048.
f Investment management fees	55,583.		55,583.	
g Other	838,090.	135,621.	187,160.	515,309.
12 Advertising and promotion	1,255,567.	36,782.	2,526.	1,216,259.
13 Office expenses	90,656.	71,137.	3,939.	15,580.
14 Information technology	446,817.	61,520.	192,443.	192,854.
15 Royalties	0			
16 Occupancy	1,981,983.	1,435,795.	244,346.	301,842.
17 Travel	723,987.	546,544.	37,756.	139,687.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	19,166.	16,491.	1,440.	1,235.
20 Interest	127.		127.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	303,398.	184,331.	40,450.	78,617.
23 Insurance	204,233.	86,163.	72,773.	45,297.
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 <u>INVENTORY WRITE-OFF</u>	37,453,443.	37,453,443.		
b <u>POSTAGE AND FREIGHT</u>	5,155,748.	4,276,069.	6,502.	873,177.
c <u>MISCELLANEOUS</u>	796,930.	279,598.	298,535.	218,797.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	520,101,183.	508,553,354.	3,724,481.	7,823,348.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	7,734.	1	4,393.
	2 Savings and temporary cash investments	11,491,502.	2	5,260,248.
	3 Pledges and grants receivable, net	3,056,308.	3	1,760,575.
	4 Accounts receivable, net	88,589.	4	99,140.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 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)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	104,295,312.	8	120,659,106.
	9 Prepaid expenses and deferred charges	518,871.	9	492,977.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,605,800.		
	b Less: accumulated depreciation	10b 2,077,728.	2,363,252.	10c 2,528,072.
	11 Investments - publicly traded securities	29,699,714.	11	27,737,218.
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	5,426,707.	15	3,684,251.
16 Total assets. Add lines 1 through 15 (must equal line 34)	156,947,989.	16	162,225,980.	
Liabilities	17 Accounts payable and accrued expenses	4,759,813.	17	4,112,992.
	18 Grants payable	1,259,593.	18	2,889,723.
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 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	1,250,788.	25	1,887,627.
	26 Total liabilities. Add lines 17 through 25	7,270,194.	26	8,890,342.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	101,114,379.	27	105,495,463.
	28 Temporarily restricted net assets	43,966,046.	28	43,465,893.
	29 Permanently restricted net assets	4,597,370.	29	4,374,282.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	149,677,795.	33	153,335,638.	
34 Total liabilities and net assets/fund balances	156,947,989.	34	162,225,980.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	526,069,039.
2	Total expenses (must equal Part IX, column (A), line 25)	2	520,101,183.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,967,856.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	149,677,795.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,310,013.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	153,335,638.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A
(Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h 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 in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,011,003,360.	1,194,350,712.	794,563,561.	662,889,899.	524,509,518.	4,187,317,050.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.	1,011,003,360.	1,194,350,712.	794,563,561.	662,889,899.	524,509,518.	4,187,317,050.
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).						1,594,611,060.
6 Public support. Subtract line 5 from line 4.						2,592,705,990.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,011,003,360.	1,194,350,712.	794,563,561.	662,889,899.	524,509,518.	4,187,317,050.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,185,501.	1,370,027.	707,762.	1,089,351.	1,061,594.	6,414,235.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) - ATCH- 1	632,003.	881,253.	699,307.	819,265.	1,015,201.	4,047,029.
11 Total support. Add lines 7 through 10						4,197,778,314.
12 Gross receipts from related activities, etc. (see instructions)					12	1,842,813.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	61.76%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	60.78%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2011. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2010. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2011, 2010. Row 15: Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2010 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2011, 2010. Row 17: Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2010 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2011. 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.

19b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supplemental Information. Complete this part to 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	2007	2008	2009	2010	2011	TOTAL
SPECIAL EVENTS	345,635.	547,125.	371,489.	485,013.	539,897.	2,289,159.
SALES OF INVENTORY	286,368.	331,259.	333,262.	331,713.	466,262.	1,748,864.
MISCELLANEOUS		2,869.	-5,444.	2,539.	9,042.	9,006.
TOTALS	<u>632,003.</u>	<u>881,253.</u>	<u>699,307.</u>	<u>819,265.</u>	<u>1,015,201.</u>	<u>4,047,029.</u>

Schedule of Contributors

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

2011

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, 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 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	MEDICAL SUPPLIES AND MEDICINE	\$ 38,797,861.	VARIOUS
2	MEDICAL SUPPLIES AND MEDICINE	\$ 23,785,853.	VARIOUS
3	MEDICAL SUPPLIES AND MEDICINE	\$ 34,671,636.	VARIOUS
4	MEDICAL SUPPLIES AND MEDICINE	\$ 13,620,914.	VARIOUS
5	MEDICAL SUPPLIES AND MEDICINE	\$ 12,538,800.	VARIOUS
6	MEDICAL SUPPLIES AND MEDICINE	\$ 34,376,773.	VARIOUS

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	MEDICAL SUPPLIES AND MEDICINE	\$ 19,637,592.	VARIOUS
8	MEDICAL SUPPLIES AND MEDICINE	\$ 20,981,902.	VARIOUS
9	MEDICAL SUPPLIES AND MEDICINE	\$ 19,638,066.	VARIOUS
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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

Employer identification number
06-1008595

Part III *Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.* Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. See separate instructions.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, 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)?, 9 In Part XIV, 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.

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

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

Schedule D (Form 990) 2011

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 XIV.

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 XIV 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? Yes No

b If "Yes," explain the arrangement in Part XIV.

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	1,340,176.	1,177,237.	1,028,266.	1,196,255.	
b Contributions					
c Net investment earnings, gains, and losses	-46,642.	162,939.	148,971.	-167,989.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,293,534.	1,340,176.	1,177,237.	1,028,266.	

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 ▶ 100.0000 %
- c Temporarily restricted endowment ▶ _____ %

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:

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

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

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment. 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				
b Buildings		808,271.	265,047.	543,224.
c Leasehold improvements		2,118,187.	703,255.	1,414,932.
d Equipment		1,679,342.	1,109,426.	569,916.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,528,072.

Part VII Investments - Other Securities. 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) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT INTEREST AGREEMENTS	1,887,627.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,887,627.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	526,069,039.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	520,101,183.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	5,967,856.
4	Net unrealized gains (losses) on investments	4	-454,590.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-1,855,423.
9	Total adjustments (net). Add lines 4 through 8	9	-2,310,013.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	3,657,843.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	525,211,284.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-454,590.
b	Donated services and use of facilities	2b	542,174.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-945,339.
e	Add lines 2a through 2d	2e	-857,755.
3	Subtract line 2e from line 1	3	526,069,039.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	526,069,039.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	521,553,441.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	542,174.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	910,084.
e	Add lines 2a through 2d	2e	1,452,258.
3	Subtract line 2e from line 1	3	520,101,183.
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 XIV.)	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	520,101,183.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV 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 RECOGNIZE 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 2012 AND 2011, 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 2009, 2010, 2011, AND 2012 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

RECONCILIATION OF NET ASSETS

FORM 990, SCHEDULE D, PART XI, LINE 8

CHANGES IN SPLIT INTEREST AGREEMENTS (\$1,855,423)

Part XIV Supplemental Information (continued)

REVENUE ON BOOKS NOT ON RETURN

FORM 990, SCHEDULE D, PART XII, LINE 2

CHANGES IN SPLIT INTEREST AGREEMENTS	(\$1,855,423)
SPECIAL EVENTS EXPENSE	\$539,897
COST OF GOODS SOLD	\$370,187

TOTAL	(\$945,339)

EXPENSES ON BOOKS NOT ON RETURN

FORM 990, SCHEDULE D, PART XIII, LINE 2

SPECIAL EVENTS EXPENSE	\$539,897
COST OF GOODS SOLD	\$370,187

TOTAL	\$910,084

FORM 990, SCHEDULE D, PART XI

THE AMERICARES FOUNDATION, INC. FILES A CONSOLIDATED AUDITED FINANCIAL STATEMENT WITH ITS SUBSIDIARY, AMERICARES FREE CLINICS, INC. THE RECONCILIATION IN PART XI 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). AMERICARES FOUNDATION'S CHANGE IN NET ASSETS FOR THE YEAR IS \$3,657,843.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

Employer identification number

AMERICARES FOUNDATION, INC.

06-1008595

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN	2.	73.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	155,780,040.
(2) EAST ASIA AND THE PACIFIC	1.	2.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	27,593,884.
(3) EUROPE			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	3,826,699.
(4) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	12,038,664.
(5) NORTH AMERICA			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	711,279.
(6) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	22,312,271.
(7) SOUTH AMERICA			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	40,445,233.
(8) SOUTH ASIA	1.	3.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	12,332,150.
(9) SUB-SAHARAN AFRICA			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	34,274,924.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total.	4.	78.			309,315,144.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	4.	78.			309,315,144.

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

Schedule F (Form 990) 2011

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient 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	PREPOSITIONI	10,088.	WIRE			
(2)			CENT. AMERICA/CARIBBEAN	ER HEALTH CA	180,000.	WIRE			
(3)			CENT. AMERICA/CARIBBEAN	HEALTH WORKE	180,000.	WIRE			
(4)			CENT. AMERICA/CARIBBEAN	CHOLERA/DIAR	48,806.	WIRE			
(5)			CENT. AMERICA/CARIBBEAN	NUTRITION FO	42,528.	WIRE			
(6)			CENT. AMERICA/CARIBBEAN	FOOD & HYGIE	38,300.	WIRE			
(7)			CENT. AMERICA/CARIBBEAN	VACCINATION	27,927.	WIRE			
(8)			CENT. AMERICA/CARIBBEAN	DIABETES DAY	16,083.	WIRE			
(9)			CENT. AMERICA/CARIBBEAN	PREPOSITIONI	15,544.	WIRE			
(10)			CENT. AMERICA/CARIBBEAN	PREPOSITIONI	10,003.	WIRE			
(11)			CENT. AMERICA/CARIBBEAN	FOOD ASSISTA	10,000.	WIRE			
(12)			CENT. AMERICA/CARIBBEAN	COLD STORAGE	10,000.	WIRE			
(13)			CENT. AMERICA/CARIBBEAN	FOOD & HYGIE	10,000.	WIRE			
(14)			CENT. AMERICA/CARIBBEAN	PREPOSITIONI	10,000.	WIRE			
(15)			CENT. AMERICA/CARIBBEAN	PREPOSITIONI	9,688.	WIRE			
(16)			CENT. AMERICA/CARIBBEAN	VACCINATION	9,436.	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" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient 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	CHOLERA TREA	7,750.	WIRE			
(2)			CENT. AMERICA/CARIBBEAN	PEER MENTOR	7,500.	WIRE			
(3)			CENT. AMERICA/CARIBBEAN	ADOLESCENT G	7,418.	WIRE			
(4)			CENT. AMERICA/CARIBBEAN	EMPOWERING W	7,000.	WIRE			
(5)			EAST ASIA/PACIFIC	MEDICAL EQUI	20,450.	WIRE			
(6)			EAST ASIA/PACIFIC	MOMIJI/GROUP	527,592.	WIRE			
(7)			EAST ASIA/PACIFIC	RECONSTRUCTI	404,234.	WIRE			
(8)			EAST ASIA/PACIFIC	TEMPORARY OF	317,322.	WIRE			
(9)			EAST ASIA/PACIFIC	PSYCHOSOCIAL	314,957.	WIRE			
(10)			EAST ASIA/PACIFIC	PSYCH/GARDEN	282,394.	WIRE			
(11)			EAST ASIA/PACIFIC	WINTER NECES	250,378.	WIRE			
(12)			EAST ASIA/PACIFIC	OGATSU DENTA	221,386.	WIRE			
(13)			EAST ASIA/PACIFIC	MOBILE DENTA	215,000.	WIRE			
(14)			EAST ASIA/PACIFIC	PSYCHOSOCIAL	142,992.	WIRE			
(15)			EAST ASIA/PACIFIC	STRESS PREVE	102,815.	WIRE			
(16)			EAST ASIA/PACIFIC	PSYCHOSOCIAL	68,761.	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" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient 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	ER TRAINING/	66,777.	WIRE			
(2)			EAST ASIA/PACIFIC	MENTAL HEALT	56,211.	WIRE			
(3)			EAST ASIA/PACIFIC	PSYCH SUPPOR	50,000.	WIRE			
(4)			EAST ASIA/PACIFIC	CHILD REARIN	31,700.	WIRE			
(5)			EAST ASIA/PACIFIC	HOT MEALS/PS	29,854.	WIRE			
(6)			EAST ASIA/PACIFIC	DISASTER CLE	24,609.	WIRE			
(7)			EAST ASIA/PACIFIC	DISASTER CLE	20,000.	WIRE			
(8)			EAST ASIA/PACIFIC	WATER	10,000.	WIRE			
(9)			EAST ASIA/PACIFIC	PSYCHOSOCIAL	6,000.	WIRE			
(10)			SOUTH AMERICA	EQUIPMENT PR	25,642.	WIRE			
(11)			SOUTH AMERICA	MENTAL HEALT	19,417.	WIRE			
(12)			SOUTH ASIA	CLINIC RENOV	41,747.	WIRE			
(13)			SOUTH ASIA	CLINIC RENOV	23,507.	WIRE			
(14)			SOUTH ASIA	CLINIC RENOV	12,764.	WIRE			
(15)			SOUTH ASIA	PREPOSITIONI	10,000.	WIRE			
(16)			SOUTH ASIA	PREPOSITIONI	10,000.	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" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient 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)			SOUTH ASIA	PREPOSITIONI	10,761.	WIRE			
(2)			SOUTH ASIA	PREPOSITIONI	10,000.	WIRE			
(3)			SOUTH ASIA	FLOOD ASSIST	10,000.	WIRE			
(4)			SOUTH ASIA	PREPOSITIONI	10,000.	WIRE			
(5)			SOUTH ASIA	PREPOSITIONI	9,869.	WIRE			
(6)			SUB-SAHARAN AFRICA	NUTRITION/C	73,103.	WIRE			
(7)			SUB-SAHARAN AFRICA	LAB EQUIPMEN	30,000.	WIRE			
(8)			SUB-SAHARAN AFRICA	HEALTH WORKE	60,020.	WIRE			
(9)			SUB-SAHARAN AFRICA	INVENTORY MG	26,494.	WIRE			
(10)			SUB-SAHARAN AFRICA	OBSTETRIC FI	22,092.	WIRE			
(11)			SUB-SAHARAN AFRICA	HEALTH WORKE	22,013.	WIRE			
(12)			CENT. AMERICA/CARIBBEAN	EMERGENCY RE			2,934,740.	MED. SUPPL.	FAIR MKT VAL
(13)			CENT. AMERICA/CARIBBEAN	EMERGENCY RE			349,872.	MED. SUPPL.	FAIR MKT VAL
(14)			CENT. AMERICA/CARIBBEAN	EMERGENCY RE			277,060.	MED. SUPPL.	FAIR MKT VAL
(15)			CENT. AMERICA/CARIBBEAN	EMERGENCY RE			199,494.	MED. SUPPL.	FAIR MKT VAL
(16)			CENT. AMERICA/CARIBBEAN	EMERGENCY RE			187,656.	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" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient 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	EMERGENCY RE			142,654.	MED. SUPPL.	FAIR MKT VAL
(2)			CENT. AMERICA/CARIBBEAN	EMERGENCY RE			50,402.	MED. SUPPL.	FAIR MKT VAL
(3)			CENT. AMERICA/CARIBBEAN	EMERGENCY RE			38,425.	MED. SUPPL.	FAIR MKT VAL
(4)			CENT. AMERICA/CARIBBEAN	EMERGENCY RE			29,132.	MED. SUPPL.	FAIR MKT VAL
(5)			CENT. AMERICA/CARIBBEAN	EMERGENCY RE			17,042.	MED. SUPPL.	FAIR MKT VAL
(6)			CENT. AMERICA/CARIBBEAN	EMERGENCY RE			16,754.	MED. SUPPL.	FAIR MKT VAL
(7)			CENT. AMERICA/CARIBBEAN	EMERGENCY RE			10,380.	MED. SUPPL.	FAIR MKT VAL
(8)			CENT. AMERICA/CARIBBEAN	EMERGENCY RE			9,947.	MED. SUPPL.	FAIR MKT VAL
(9)			CENT. AMERICA/CARIBBEAN	EMERGENCY RE			9,924.	MED. SUPPL.	FAIR MKT VAL
(10)			CENT. AMERICA/CARIBBEAN	EMERGENCY RE			6,434.	MED. SUPPL.	FAIR MKT VAL
(11)			CENT. AMERICA/CARIBBEAN	ON-GOING SUP			36,493,006.	MED. SUPPL.	FAIR MKT VAL
(12)			CENT. AMERICA/CARIBBEAN	ON-GOING SUP			22,991,196.	MED. SUPPL.	FAIR MKT VAL
(13)			CENTRAL AMERICA AND THE	ON-GOING SUP			17,111,987.	MED. SUPPL.	FAIR MKT VAL
(14)			CENT. AMERICA/CARIBBEAN	ON-GOING SUP			14,446,814.	MED. SUPPL.	FAIR MKT VAL
(15)			CENT. AMERICA/CARIBBEAN	ON-GOING SUP			14,413,993.	MED. SUPPL.	FAIR MKT VAL
(16)			CENT. AMERICA/CARIBBEAN	ON-GOING SUP			6,457,751.	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" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient 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	ON-GOING SUP			4,444,857.	MED. SUPPL.	FAIR MKT VAL
(2)			CENT. AMERICA/CARIBBEAN	ON-GOING SUP			4,344,756.	MED. SUPPL.	FAIR MKT VAL
(3)			CENT. AMERICA/CARIBBEAN	ON-GOING SUP			4,080,022.	MED. SUPPL.	FAIR MKT VAL
(4)			CENT. AMERICA/CARIBBEAN	ON-GOING SUP			3,128,238.	MED. SUPPL.	FAIR MKT VAL
(5)			CENT. AMERICA/CARIBBEAN	ON-GOING SUP			54,802.	MED. SUPPL.	FAIR MKT VAL
(6)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			358,995.	MED. SUPPL.	FAIR MKT VAL
(7)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			169,438.	MED. SUPPL.	FAIR MKT VAL
(8)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			134,051.	MED. SUPPL.	FAIR MKT VAL
(9)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			80,678.	MED. SUPPL.	FAIR MKT VAL
(10)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			63,645.	MED. SUPPL.	FAIR MKT VAL
(11)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			57,925.	MED. SUPPL.	FAIR MKT VAL
(12)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			48,044.	MED. SUPPL.	FAIR MKT VAL
(13)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			35,670.	MED. SUPPL.	FAIR MKT VAL
(14)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			25,712.	MED. SUPPL.	FAIR MKT VAL
(15)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			22,061.	MED. SUPPL.	FAIR MKT VAL
(16)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			17,566.	MED. SUPPL.	FAIR MKT VAL

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3 Enter total number of other organizations or entities

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient 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			16,360.	MED. SUPPL.	FAIR MKT VAL
(2)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			16,097.	MED. SUPPL.	FAIR MKT VAL
(3)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			11,585.	MED. SUPPL.	FAIR MKT VAL
(4)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			10,125.	MED. SUPPL.	FAIR MKT VAL
(5)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			9,003.	MED. SUPPL.	FAIR MKT VAL
(6)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			8,392.	MED. SUPPL.	FAIR MKT VAL
(7)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			6,261.	MED. SUPPL.	FAIR MKT VAL
(8)			EAST ASIA/PACIFIC	EMERGENCY RE			607,923.	MED. SUPPL.	FAIR MKT VAL
(9)			EAST ASIA/PACIFIC	EMERGENCY RE			201,338.	MED. SUPPL.	FAIR MKT VAL
(10)			EAST ASIA/PACIFIC	ON-GOING SUP			9,852,665.	MED. SUPPL.	FAIR MKT VAL
(11)			EAST ASIA/PACIFIC	ON-GOING SUP			6,845,724.	MED. SUPPL.	FAIR MKT VAL
(12)			EAST ASIA/PACIFIC	ON-GOING SUP			1,423,619.	MED. SUPPL.	FAIR MKT VAL
(13)			EAST ASIA AND THE PACIFI	ON-GOING SUP			262,374.	MED. SUPPL.	FAIR MKT VAL
(14)			EAST ASIA/PACIFIC	ON-GOING SUP			21,417.	MED. SUPPL.	FAIR MKT VAL
(15)			EAST ASIA/PACIFIC	ON-GOING SUP			19,566.	MED. SUPPL.	FAIR MKT VAL
(16)			EAST ASIA/PACIFIC	POST-EMERGEN			49,731.	MED. SUPPL.	FAIR MKT VAL

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3 Enter total number of other organizations or entities

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient 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	POST-EMERGEN			21,402.	MED. SUPPL.	FAIR MKT VAL
(2)			EUROPE/ICELAND/GREENLAND	ON-GOING SUP			2,203,638.	MED. SUPPL.	FAIR MKT VAL
(3)			EUROPE/ICELAND/GREENLAND	ON-GOING SUP			350,917.	MED. SUPPL.	FAIR MKT VAL
(4)			EUROPE/ICELAND/GREENLAND	ON-GOING SUP			219,291.	MED. SUPPL.	FAIR MKT VAL
(5)			EUROPE/ICELAND/GREENLAND	ON-GOING SUP			206,738.	MED. SUPPL.	FAIR MKT VAL
(6)			EUROPE/ICELAND/GREENLAND	ON-GOING SUP			96,279.	MED. SUPPL.	FAIR MKT VAL
(7)			EUROPE/ICELAND/GREENLAND	ON-GOING SUP			39,555.	MED. SUPPL.	FAIR MKT VAL
(8)			MIDDLE EAST/NORTH AFRICA	EMERGENCY RE			227,339.	MED. SUPPL.	FAIR MKT VAL
(9)			MIDDLE EAST/NORTH AFRICA	ON-GOING SUP			3,781,118.	MED. SUPPL.	FAIR MKT VAL
(10)			MIDDLE EAST/NORTH AFRICA	ON-GOING SUP			3,650,686.	MED. SUPPL.	FAIR MKT VAL
(11)			MIDDLE EAST/NORTH AFRICA	ON-GOING SUP			2,808,552.	MED. SUPPL.	FAIR MKT VAL
(12)			MIDDLE EAST/NORTH AFRICA	ON-GOING SUP			597,733.	MED. SUPPL.	FAIR MKT VAL
(13)			MIDDLE EAST/NORTH AFRICA	ON-GOING SUP			131,287.	MED. SUPPL.	FAIR MKT VAL
(14)			MIDDLE EAST/NORTH AFRICA	ON-GOING SUP			73,764.	MED. SUPPL.	FAIR MKT VAL
(15)			RUSSIA	ON-GOING SUP			16,669,478.	MED. SUPPL.	FAIR MKT VAL
(16)			RUSSIA	ON-GOING SUP			5,158,968.	MED. SUPPL.	FAIR MKT VAL

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3 Enter total number of other organizations or entities _____

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient 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)			RUSSIA	ON-GOING SUP			298,161.	MED. SUPPL.	FAIR MKT VAL
(2)			SOUTH AMERICA	EMERGENCY RE			11,823.	MED. SUPPL.	FAIR MKT VAL
(3)			SOUTH AMERICA	ON-GOING SUP			20,925,092.	MED. SUPPL.	FAIR MKT VAL
(4)			SOUTH AMERICA	ON-GOING SUP			8,704,705.	MED. SUPPL.	FAIR MKT VAL
(5)			SOUTH AMERICA	ON-GOING SUP			2,504,418.	MED. SUPPL.	FAIR MKT VAL
(6)			SOUTH AMERICA	ON-GOING SUP			289,792.	MED. SUPPL.	FAIR MKT VAL
(7)			SOUTH AMERICA	POST-EMERGEN			3,102,879.	MED. SUPPL.	FAIR MKT VAL
(8)			SOUTH AMERICA	POST-EMERGEN			889,490.	MED. SUPPL.	FAIR MKT VAL
(9)			SOUTH ASIA	EMERGENCY RE			24,723.	MED. SUPPL.	FAIR MKT VAL
(10)			SOUTH ASIA	EMERGENCY RE			14,933.	MED. SUPPL.	FAIR MKT VAL
(11)			SOUTH ASIA	ON-GOING SUP			3,185,921.	MED. SUPPL.	FAIR MKT VAL
(12)			SOUTH ASIA	ON-GOING SUP			1,895,340.	MED. SUPPL.	FAIR MKT VAL
(13)			SOUTH ASIA	ON-GOING SUP			1,511,570.	MED. SUPPL.	FAIR MKT VAL
(14)			SOUTH ASIA	ON-GOING SUP			952,428.	MED. SUPPL.	FAIR MKT VAL
(15)			SOUTH ASIA	ON-GOING SUP			781,099.	MED. SUPPL.	FAIR MKT VAL
(16)			SOUTH ASIA	ON-GOING SUP			185,640.	MED. SUPPL.	FAIR MKT VAL

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Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient 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)			SOUTH ASIA	ON-GOING SUP			145,047.	MED. SUPPL.	FAIR MKT VAL
(2)			SOUTH ASIA	ON-GOING SUP			120,198.	MED. SUPPL.	FAIR MKT VAL
(3)			SOUTH ASIA	ON-GOING SUP			113,892.	MED. SUPPL.	FAIR MKT VAL
(4)			SOUTH ASIA	ON-GOING SUP			101,389.	MED. SUPPL.	FAIR MKT VAL
(5)			SOUTH ASIA	ON-GOING SUP			42,495.	MED. SUPPL.	FAIR MKT VAL
(6)			SOUTH ASIA	ON-GOING SUP			42,463.	MED. SUPPL.	FAIR MKT VAL
(7)			SOUTH ASIA	ON-GOING SUP			33,930.	MED. SUPPL.	FAIR MKT VAL
(8)			SOUTH ASIA	ON-GOING SUP			32,347.	MED. SUPPL.	FAIR MKT VAL
(9)			SOUTH ASIA	ON-GOING SUP			31,784.	MED. SUPPL.	FAIR MKT VAL
(10)			SOUTH ASIA	ON-GOING SUP			28,416.	MED. SUPPL.	FAIR MKT VAL
(11)			SOUTH ASIA	ON-GOING SUP			27,302.	MED. SUPPL.	FAIR MKT VAL
(12)			SOUTH ASIA	ON-GOING SUP			26,354.	MED. SUPPL.	FAIR MKT VAL
(13)			SOUTH ASIA	ON-GOING SUP			25,788.	MED. SUPPL.	FAIR MKT VAL
(14)			SOUTH ASIA	ON-GOING SUP			23,239.	MED. SUPPL.	FAIR MKT VAL
(15)			SOUTH ASIA	ON-GOING SUP			22,201.	MED. SUPPL.	FAIR MKT VAL
(16)			SOUTH ASIA	ON-GOING SUP			22,151.	MED. SUPPL.	FAIR MKT VAL

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3 Enter total number of other organizations or entities

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient 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)			SOUTH ASIA	ON-GOING SUP			16,466.	MED. SUPPL.	FAIR MKT VAL
(2)			SOUTH ASIA	ON-GOING SUP			14,329.	MED. SUPPL.	FAIR MKT VAL
(3)			SOUTH AMERICA	ON-GOING SUP			14,135.	MED. SUPPL.	FAIR MKT VAL
(4)			SOUTH ASIA	ON-GOING SUP			12,910.	MED. SUPPL.	FAIR MKT VAL
(5)			SOUTH ASIA	ON-GOING SUP			12,216.	MED. SUPPL.	FAIR MKT VAL
(6)			SOUTH ASIA	ON-GOING SUP			12,133.	MED. SUPPL.	FAIR MKT VAL
(7)			SOUTH ASIA	ON-GOING SUP			10,099.	MED. SUPPL.	FAIR MKT VAL
(8)			SOUTH ASIA	ON-GOING SUP			9,811.	MED. SUPPL.	FAIR MKT VAL
(9)			SOUTH ASIA	ON-GOING SUP			8,803.	MED. SUPPL.	FAIR MKT VAL
(10)			SOUTH ASIA	ON-GOING SUP			8,265.	MED. SUPPL.	FAIR MKT VAL
(11)			SOUTH ASIA	ON-GOING SUP			7,315.	MED. SUPPL.	FAIR MKT VAL
(12)			SOUTH ASIA	ON-GOING SUP			6,968.	MED. SUPPL.	FAIR MKT VAL
(13)			SOUTH ASIA	ON-GOING SUP			6,919.	MED. SUPPL.	FAIR MKT VAL
(14)			SOUTH ASIA	POST-EMERGEN			32,000.	MED. SUPPL.	FAIR MKT VAL
(15)			SOUTH ASIA	POST-EMERGEN			7,566.	MED. SUPPL.	FAIR MKT VAL
(16)			SUB-SAHARAN AFRICA	EMERGENCY RE			1,374,161.	MED. SUPPL.	FAIR MKT VAL

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3 Enter total number of other organizations or entities

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	EMERGENCY RE			339,531.	MED. SUPPL.	FAIR MKT VAL
(2)			SUB-SAHARAN AFRICA	EMERGENCY RE			222,775.	MED. SUPPL.	FAIR MKT VAL
(3)			SUB-SAHARAN AFRICA	EMERGENCY RE			75,241.	MED. SUPPL.	FAIR MKT VAL
(4)			SUB-SAHARAN AFRICA	EMERGENCY RE			42,060.	MED. SUPPL.	FAIR MKT VAL
(5)			SUB-SAHARAN AFRICA	EMERGENCY RE			13,024.	MED. SUPPL.	FAIR MKT VAL
(6)			SUB-SAHARAN AFRICA	ON-GOING SUP			7,690,770.	MED. SUPPL.	FAIR MKT VAL
(7)			SUB-SAHARAN AFRICA	ON-GOING SUP			4,602,968.	MED. SUPPL.	FAIR MKT VAL
(8)			SUB-SAHARAN AFRICA	ON-GOING SUP			2,682,111.	MED. SUPPL.	FAIR MKT VAL
(9)			SUB-SAHARAN AFRICA	ON-GOING SUP			2,557,067.	MED. SUPPL.	FAIR MKT VAL
(10)			SUB-SAHARAN AFRICA	ON-GOING SUP			2,308,282.	MED. SUPPL.	FAIR MKT VAL
(11)			SUB-SAHARAN AFRICA	ON-GOING SUP			604,738.	MED. SUPPL.	FAIR MKT VAL
(12)			SUB-SAHARAN AFRICA	ON-GOING SUP			497,651.	MED. SUPPL.	FAIR MKT VAL
(13)			SUB-SAHARAN AFRICA	ON-GOING SUP			385,909.	MED. SUPPL.	FAIR MKT VAL
(14)			SUB-SAHARAN AFRICA	ON-GOING SUP			194,377.	MED. SUPPL.	FAIR MKT VAL
(15)			SUB-SAHARAN AFRICA	ON-GOING SUP			62,751.	MED. SUPPL.	FAIR MKT VAL
(16)			SUB-SAHARAN AFRICA	ON-GOING SUP			42,907.	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 192.

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" to 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	322.	10,686,230.			MEDICINE	FAIR MKT VAL
(2) MEDICAL OUTREACH	EAST ASIA/PACIFIC	109.	4,645,716.			MEDICINE	FAIR MKT VAL
(3) MEDICAL OUTREACH	EUROPE/ICELAND/GREENLAND	8.	683,261.			MEDICINE	FAIR MKT VAL
(4) MEDICAL OUTREACH	MIDDLE EAST/NORTH AFRICA	7.	121,601.			MEDICINE	FAIR MKT VAL
(5) MEDICAL OUTREACH	NORTH AMERICA	21.	671,760.			MEDICINE	FAIR MKT VAL
(6) MEDICAL OUTREACH	RUSSIA	2.	30,925.			MEDICINE	FAIR MKT VAL
(7) MEDICAL OUTREACH	SOUTH AMERICA	101.	4,078,945.			MEDICINE	FAIR MKT VAL
(8) MEDICAL OUTREACH	SOUTH ASIA	30.	1,175,218.			MEDICINE	FAIR MKT VAL
(9) MEDICAL OUTREACH	SUB-SAHARAN AFRICA	214.	9,065,818.			MEDICINE	FAIR MKT VAL
(10) EMERGENCY RESPONSE	CENT. AMERICA/CARIBBEAN	148.	8,210,372.			MEDICINE	FAIR MKT VAL
(11) EMERGENCY RESPONSE	EUROPE/ICELAND/GREENLAND	2.	558,921.			MEDICINE	FAIR MKT VAL
(12) EMERGENCY RESPONSE	SUB-SAHARAN AFRICA	1.	131,003.			MEDICINE	FAIR MKT VAL
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A).* Yes No

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

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

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

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

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).

ACTIVITIES CONDUCTED OUTSIDE THE UNITED STATES

FORM 990, SCHEDULE F, PART I, LINE 2

AMERICARES' MONITORING ACTIVITIES FOCUS SPECIFICALLY ON THE ACTIVITIES

WITHIN THE SCOPE OF THE PROJECT BEING FUNDED. MONITORING ACTIVITIES

INCLUDE A REGULAR SCHEDULE OF NARRATIVE REPORTING ON GRANT RELATED

ACTIVITIES AS WELL AS REGULAR FINANCIAL REPORTS ON SPENDING AGAINST THE

PROPOSED BUDGET. IN ADDITION, AMERICARES MAY CONDUCT SITE VISITS TO THE

PROJECT SITE AS REQUIRED OR DEEMED NECESSARY.

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. ▶ See separate instructions.

OMB No. 1545-0047

2011

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 BRICKMILL MARKETING INC	DIRECT MAIL		X	2,493,519.	150,000.	2,343,519.
2 DONOR DIGITAL INC	INTERNET		X	1,901,639.	191,500.	1,710,139.
3 DONOR SERVICES INC	TELEPHONE		X	1,938,303.	82,995.	1,855,308.
4 MAL WARWICK	DIRECT MAIL		X	2,493,519.	76,500.	2,417,019.
5						
6						
7						
8						
9						
10						
Total				8,826,980.	500,995.	8,325,985.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events		
		AIRLIFT BENEFIT (event type)	30TH ANNIVERSA (event type)	1. (total number)	(add col. (a) through col. (c))		
Revenue	1	Gross receipts	1,380,816.	309,950.	15,350.	1,706,116.	
	2	Less: Charitable contributions	1,010,262.	144,673.	11,284.	1,166,219.	
	3	Gross income (line 1 minus line 2)	370,554.	165,277.	4,066.	539,897.	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs	212,439.	39,400.	3,950.	255,789.	
	7	Food and beverages	95,925.	105,428.		201,353.	
	8	Entertainment	8,945.	13,850.		22,795.	
	9	Other direct expenses	53,245.	6,599.	116.	59,960.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)					(539,897.)
	11	Net income summary. Combine line 3, column (d), and line 10					

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	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				()
	8	Net gaming income summary. Combine line 1, column d, and line 7				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I - FUNDRAISING CONSULTANTS

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

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

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

AND APPROVED SEPARATELY FROM CONSULTING FEES. EXPENSES IN FY 2012 WERE:

BRICKMILL MARKETING	\$39,750	-	PROFESSIONAL FUNDRAISING EXPENSES
BRICKMILL MARKETING	\$313,386	-	NON-PROFESSIONAL FUNDRAISING EXPENSES
DONOR SERVICES	\$201,591	-	PROFESSIONAL FUNDRAISING EXPENSES
DONORDIGITAL	\$84,647	-	PROFESSIONAL FUNDRAISING EXPENSES
MAL WARWICK	\$65,625	-	PROFESSIONAL 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.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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)	INTERNATIONAL PLANNED PARENTHOOD FED 125 MAIDEN LANE 9TH FLOOR NEW YORK, NY	13-1845455	501 (C) (3)	240,110.				HAGN
(2)	GIAO DIEM P.O. BOX 2188 GARDEN GROVE, CA	33-0495124	501 (C) (3)	201,321.				PEDIATRIC NUTRITION
(3)	THE HAITIAN HEALTH FOUNDATION 97 SHERMAN STREET NORWICH, CT	06-1135999	501 (C) (3)	100,000.				MATERNAL HEALTH
(4)	BCFS HEALTH & HUMAN SERVICES 1506 BEXAR CROSSING SAN ANTONIO, TX	74-1260710	501 (C) (3)	98,000.				PREPAREDNESS/MEDICAL
(5)	COBLESKILL, MIDDLEBURGH & SCHOHARIE CSD 155 WASHINGTON AVENUE COBLESKILL, NY	15-0624299	501 (C) (3)	90,790.				PSYCHOSOCIAL - 3 SCH
(6)	NORTHWEST ALABAMA MENTAL HEALTH CENTER 1100 7TH AVENUE JASPER, AL	63-0524073	501 (C) (3)	81,188.				CASE MGMT/AFFECTED P
(7)	LOVE A CHILD, INC. 12411 COMMERCE LAKES DRIVE FORT MYERS, FL	59-2672303	501 (C) (3)	67,200.				MEDICAL OUTREACH
(8)	FRIENDS OF THE FREE CLINIC: SOCIAL WELFARE 904 S. 10TH SUITE A ST. JOSEPH, MO	44-6000455	501 (C) (3)	60,000.				MEDICAL SERVICES/UNI
(9)	GLASSWING FDR STATION, P. O. BOX 445 NEW YORK, NY	26-1456470	501 (C) (3)	54,000.				CAPACITY BUILDING
(10)	BIRMINGHAM BAPTIST ASSOCIATION 750 MONTCLAIR ROAD BIRMINGHAM, AL	63-1052457	501 (C) (3)	50,000.				CASE MANAGEMENT PROG
(11)	ACCESS FAMILY CARE 530 MAIDEN LANE JOPLIN, MO	43-1752799	501 (C) (3)	44,474.				DENTAL SERVICE/CHILD
(12)	ECONOMIC SECURITY CORP.-SW AREA 302 JOPLIN STREET JOPLIN, MO	43-0834199	501 (C) (3)	40,810.				ENHANCEMENT-HEALTH S

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

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

Schedule I (Form 990) (2011)

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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)	CHRISTIAN APPALACHIAN PROJECT, INC. 2610 PALUMBO DRIVE LEXINGTON, KY	61-0661137	501 (C) (3)	37,400.				COUNSELING INITIATIV
(2)	MEMPHIS HEALTH CENTER, INC. (HC) 360 E.H. CRUMP BLVD MEMPHIS, TX	62-0818892	501 (C) (3)	37,231.				GENERATOR
(3)	MARCH2RECOVERY 334 E. BROADWAY LOUISVILLE, KY	61-0444680	501 (C) (3)	33,333.				CASE MGMT
(4)	WAKE HEALTH SERVICES, INC. 2620 NEW BERN AVENUE RALEIGH, NC	56-1004791	501 (C) (3)	32,440.				GENERATOR
(5)	CHRISTIAN APPALACHIAN PROJECT, INC. 2610 PALUMBO DRIVE LEXINGTON, KY	61-0661137	501 (C) (3)	29,154.				SHELTER CAPACITY
(6)	LUTHERAN SOCIAL SERVICES OF S. DAKOTA 705 E. 41ST ST. SIOUX FALLS, SD	46-0224731	501 (C) (3)	29,000.				CASE MGMT
(7)	CAPSTONE RURAL HEALTH CENTER 5947 HIGHWAY 269 PARRISH, AL	63-1276483	501 (C) (3)	20,656.				GENERATOR
(8)	CAP HAITIAN HEALTH NET/HAITI HELP MED + 3145 CECEKUA DR. APOPKA, FL	20-0263595	501 (C) (3)	10,000.				CAPACITY BUILDING
(9)	GIAO DIEM P.O. BOX 2188 GARDEN GROVE, CA	33-0495124	501 (C) (3)	10,000.				QUAN TRI NUTRITION
(10)	GLOBAL DISASTER IMMEDIATE RESPONSE TEAM 42 VINEYARD DRIVE STRATHAM, NH	27-2365534	501 (C) (3)	10,000.				EMS CAPACITY-LES CAY
(11)	HOPE FOR HAITI 1021 5TH AVENUE NORTH NAPLES, FL	95-1644609	501 (C) (3)	10,000.				INCREASE ACCESS TO H
(12)	ASIA AMERICA INITIATIVE 1523 16TH STREET NW WASHINGTON, DC	20-1879258	501 (C) (3)	9,000.				FLOOD RELIEF/MINDANA

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) (2011)

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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)	ACCESS FAMILY CARE 530 MAIDEN LANE JOPLIN, MO	43-1752799	501 (C) (3)	8,942.				POWER SUPPLY
(2)	UNIVERSITY OF CALIFORNIA 500 PARNASSUS AVE SAN FRANCISCO, CA 94143	94-6002123	501 (C) (3)	7,386.				AVAILABILITY SURVEY/
(3)	ST. BONIFACE HAITI FOUNDATION 400 NORTH MAIN ST RANDOLPH, MA 02368	04-3067595	501 (C) (3)	7,169.				EQUIPMENT
(4)	NORTH ALABAMA MEDICAL RESERVE CORPS 3330 L AND N DRIVE SUITE I HUNTSVILLE, AL 0	26-2908932	501 (C) (3)	7,000.				PREPAREDNESS TRAININ
(5)	PUBLIC HEALTH SEATTLE KING COUNTY CENTRAL PHARMACY SEATTLE, WA 98121	91-6001327	501 (C) (3)		186,565.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(6)	ACS COMMUNITY LIFT MEDICAL SERVICES 5045 WEST 1ST AVE DENVER, CO 80219	52-0643036	501 (C) (3)		94,077.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(7)	COLLEGE HEIGHTS CHRISTIAN CHURCH 4311 EAST NEWMAN RD JOPLIN, MO 64801	43-1276651	501 (C) (3)		81,759.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(8)	WOODBURN MISSIONARY CHURCH 1004 MCDONALD CHAPEL RD	23-7429639	501 (C) (3)		74,499.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(9)	CHRISTIAN APPALACHIAN PROJECT 6550 US 321 SOUTH HAGERHILL, KY 41222	61-0661137	501 (C) (3)		48,853.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(10)	TACOMA-PIERCE COUNTY HEALTH DEPARTMENT 3629 SOUTH D STREET TACOMA, WA 98418	91-1488160	501 (C) (3)		44,776.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(11)	FEEDING AMERICA 35 EAST WACKER DRIVE CHICAGO, IL 60601	36-3673599	501 (C) (3)		40,554.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(12)	SNOHOMISH HEALTH DISTRICT 3020 RUCKER AVENUE EVERETT, WA 98201	91-1866899	501 (C) (3)		29,850.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE

- 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) (2011)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

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Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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)	CHILDFUND INTERNATIONAL OAKS VOLUNTEER FIRE DEPARTMENT OAKS, OK 0	54-0536100	501 (C) (3)		26,609.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(2)	KY EMERGENCY MANAGEMENT AND NATIONAL GUARD 2500 FLEMINGSBURG ROAD MOREHEAD, KY 40351	35-9990000	501 (C) (3)		24,642.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(3)	SALVATION ARMY 615 SLATERS LANE ALEXANDRIA, VA 22313	13-2923701	501 (C) (3)		17,982.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(4)	CHELAN DOUGLAS HEALTH DISTRICT 200 VALLEY MALL PARKWAY	91-1590156	501 (C) (3)		14,925.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(5)	MATTAWA COMMUNITY MEDICAL CLINIC 210 GOVERNMENT ROAD MATTAWA, WA 99349	91-1499763	501 (C) (3)		14,904.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(6)	SALVATION ARMY 615 SLATERS LANE ALEXANDRIA, VA 22313	13-2923701	501 (C) (3)		14,319.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(7)	SAN JUAN COUNTY HEALTH & COMMUNITY SERVICES P O BOX 607 FRIDAY HARBOR, WA 98250	91-600-1360	501 (C) (3)		13,041.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(8)	WOMENS HEALTH CONNECTIONS 404 N. MAGNOLIA PALESTINE, TX 75801	20-0776090	501 (C) (3)		11,456.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(9)	GRAYS HARBOR COUNTY PUBLIC HEALTH 2109 SUMNER AVENUE ABERDEEN, WA 98520	91-3001320	501 (C) (3)		11,194.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(10)	NASH COUNTY HEALTH DEPARTMENT 214 SOUTH BARNES STREET NASHVILLE, NC 27856	56-6000323	501 (C) (3)		8,874.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(11)	THURSTON COUNTY PUBLIC HEALTH AND SOCIAL SE 412 LILLY ROAD NE OLYMPIA, WA 98501	91-6001375	501 (C) (3)		7,463.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(12)	COWLITZ FAMILY HEALTH CENTER 1057 12TH AVENUE LONGVIEW, WA 98632	91-0896241	501 (C) (3)		7,452.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE

- 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) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ASOTIN COUNTY HEALTH DISTRICT 431 ELM STREET CLARKSTON, WA 99403	26-4483600	501 (C) (3)		5,597.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY RESPONSE
(2)	FEEDING AMERICA 35 EAST WACKER DRIVE CHICAGO, IL 60601	36-3673599	501 (C) (3)		6,025,599.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(3)	CHRISTIAN APPALACHIAN PROJECT 6550 US 321 SOUTH HAGERHILL, KY 41222	61-0661137	501 (C) (3)		2,056,284.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(4)	AMERICARES FREE CLINICS, INC. 88 HAMILTON AVENUE STAMFORD, CT 6902	06-1422741	501 (C) (3)		656,498.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(5)	FAITH FAMILY CLINIC 700 SOUTH ZARZAMORA SAN ANTONIO, TX 78207	26-3791828	501 (C) (3)		390,795.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(6)	M-POWER MINISTRIES HEALTH CENTER 4022 4TH AVE SOUTH BIRMINGHAM, AL 35222	31-1639601	501 (C) (3)		310,721.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(7)	COMMUNITY CLINIC OF SHELBYVILLE BEDFORD CO 200 DOVER ST SUITE 203	34-1974609	501 (C) (3)		292,597.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(8)	JOHNSTOWN FREE MEDICAL CLINIC 340 MAIN STREET 3RD WALNUT	23-2922409	501 (C) (3)		248,040.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(9)	FAMILY RESOURCE CENTER ON YOUR FEET INC. SAN DIEGO, CA 92105	35-2329448	501 (C) (3)		247,844.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(10)	OPEN DOOR HEALTH CENTER 1350 SW 4 ST. HOMESTEAD, FL 33030	83-0375996	501 (C) (3)		245,284.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(11)	DR GARY BURNSTEIN COMMUNITY HEALTH CLINIC 90 W UNIVERSITY PONTIAC, MI 48342	32 0015321	501 (C) (3)		223,660.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(12)	MISSION ARLINGTON MEDICAL CLINIC 210 W. SOUTH ARLINGTON, TX 76010	75-2724385	501 (C) (3)		217,510.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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

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

Schedule I (Form 990) (2011)

**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.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	RAPHAEL COMMUNITY FREE CLINIC, INC. 1807 WATER STREET KERRVILLE, TX 78028	74-2819628	501 (C) (3)		197,930.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(2)	CONWAY INTERFAITH CLINIC 830 NORTH CREEK CONWAY, AR 72032	41-2058756	501 (C) (3)		194,483.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(3)	UNIVERSITY MEDICAL CENTER AT BRACKENRIDGE 601 E 15TH STREET AUSTIN, TX 78701	74-1109643	501 (C) (3)		194,427.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(4)	WASATCH HOMELESS HEALTH CARE, INC. 404 SOUTH 400 WEST SALT LAKE CITY, UT 84101	87-0569356	501 (C) (3)		184,352.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(5)	SAFE HARBOR FREE CLINIC 9631 269TH ST. NW STANWOOD, WA 98292	26-3825107	501 (C) (3)		181,360.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(6)	ELLENSBURG COMMUNITY HEALTH CLINIC 110 W 6TH AVE ELLENSBURG, WA 98926	65-1185178	501 (C) (3)		181,349.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(7)	UNION GOSPEL MISSION CLINIC 1300 N 1ST STREET YAKIMA, WA 98901	23-7050061	501 (C) (3)		177,131.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(8)	LEFLORE COUNTY HEALTH CENTER 706 HWY 82 WEST GREENWOOD, MS 38930	20-0069223	501 (C) (3)		174,494.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(9)	A PROMISE TO HELP 1332 WINOLA LANE BIRMINGHAM, AL 35235	26-4401185	501 (C) (3)		174,334.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(10)	TRAVERSE HEALTH CLINIC 3147 LOGAN VALLEY RD	30-0224028	501 (C) (3)		158,980.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(11)	ETOWAH FREE COMMUNITY CLINIC 423 S. 3RD. STREET GADSDEN, AL 35901	82-0562064	501 (C) (3)		157,317.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(12)	HEALTH AND HOPE CLINIC, INC. 9999 CHEMSTRAND RD PENSACOLA, FL 32514	26-4336638	501 (C) (3)		156,527.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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Schedule I (Form 990) (2011)

**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.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CHIPPEWA VALLEY FREE CLINIC 836 RICHARD DR. EAU CLAIRE, WI 54701	39-1840231	501 (C) (3)		145,868.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(2)	ROCK SPRINGS CLINIC 219 ROCK SPRINGS ROAD MILNER, GA 30257	26-448-5460	501 (C) (3)		145,195.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(3)	IBN SINA FOUNDATION 11226 S. WILCREST DR HOUSTON, TX 77099	76-0698464	501 (C) (3)		144,220.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(4)	LA CLINICA CRISTIANA 3200 WOODWARD AV MUSCLE SHOALS, AL 35661	20-1624284	501 (C) (3)		142,441.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(5)	DELTA HEALTH ALLIANCE P.O. BOX 277 STONEVILLE, MS 38776	47-0915576	501 (C) (3)		141,666.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(6)	CARING HANDS HEALTH CLINIC 34-C COURTHOUSE SQUARE CLEVELAND, GA 30528	64-0950194	501 (C) (3)		140,575.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(7)	BREAD OF HEALING CLINIC 1821 N 16TH ST MILWAUKEE, WI 53205	81-0669867	501 (C) (3)		136,592.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(8)	VIRGINIA B. ANDES VOLUNTEER COMMUNITY 21450 GIBRALTER DRIVE	65-0958642	501 (C) (3)		128,293.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(9)	COORDINATED HEALTH SERVICES, INC. 2110 BROAD STREET AUGUSTA, GA 30904	58-2060572	501 (C) (3)		121,983.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(10)	GRAND PRAIRIE WELLNESS CENTER 1710 SMALL STREET GRAND PRAIRIE, TX 75050	75-2877107	501 (C) (3)		119,503.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(11)	THE CLINIC 143 CHURCH ST. PHOENIXVILLE, PA 19460	23-3072363	501 (C) (3)		117,538.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(12)	PEOPLES HEALTH WELLNESS CLINIC 553 NORTH MAIN STREET BARRE, VT 5641	03-0343290	501 (C) (3)		116,924.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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Schedule I (Form 990) (2011)

**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

2011

**Open to Public
Inspection**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	GEORGIA FARMWORKER HEALTH PROGRAM 920 SOUTH WEST ST BAINBRIDGE, GA 39819	58-6000359	501 (C) (3)		115,989.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(2)	MEDICAL OUTREACH MINISTRIES 1401 E. SOUTH BLVD MONTGOMERY, AL 36116	63-1204645	501 (C) (3)		115,692.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(3)	SAN JOSE CLINIC 2615 FANNIN ST. HOUSTON, TX 77002	76-0373703	501 (C) (3)		113,854.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(4)	HEAL, INC 2600 MARTIN LUTHER KING JR BLV	26-3990559	501 (C) (3)		113,451.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(5)	NASSAU UNIVERSITY MEDICAL CENTER 2201 HEMPSTEAD TURNPIKE	11-3465609	501 (C) (3)		111,939.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(6)	WHATCOM COUNTY HEALTH DEPARTMENT 1500 N. STATE STREET BELLINGHAM, WA 98225	91-6001383	501 (C) (3)		111,860.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(7)	WOMENS HEALTH CONNECTIONS 404 N. MAGNOLIA PALESTINE, TX 75801	20-0776090	501 (C) (3)		111,091.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(8)	NEW ORLEANS DREAM CENTER 1137 SAINT CHARLES AVENUE	30-0591534	501 (C) (3)		110,283.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(9)	LEE COUNTY VOLUNTEERS IN MEDICINE 1154 LEE BOULEVARD LEHIGH ACRES, FL 33936	01-0941498	501 (C) (3)		106,152.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(10)	GRACE MEDICAL CLINIC 211 S. 8TH ST. MAYFIELD, KY 42066	61-1351519	501 (C) (3)		104,671.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(11)	FIRST BAPTIST CHURCH MEDICAL/DENTAL CLINIC 1607 CHERRY STREET VICKSBURG, MS 39180	64-0356253	501 (C) (3)		102,216.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(12)	HOPE CLINIC OF GARLAND 808 W. AVE A GARLAND, TX 75040	75-2960314	501 (C) (3)		101,915.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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) (2011)

**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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2011

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Name of the organization

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Employer identification number

06-1008595

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	HEART TO HEART 1021 PACIFIC AVENUE KANSAS CITY, KS 66102	48-1108359	501 (C) (3)		96,692.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(2)	MINISTRIES OF JESUS 1100 E. I-35 FRONTAGE ROAD EDMOND, OK 73034	73-1622804	501 (C) (3)		95,341.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(3)	SNAKE RIVER COMMUNITY CLINIC 215 10TH STREET LEWISTON, ID 83501	31-1726460	501 (C) (3)		94,777.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(4)	ST. MARYS HEALTH CENTER 1302 DRAYTON ST SAVANNAH, GA 31401	58-2282758	501 (C) (3)		92,671.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(5)	COMMUNITY CARE CENTER FOR FORSYTH CO. INC. 2135 NEW WALKERTOWN RD	58-1403699	501 (C) (3)		87,868.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(6)	AGAPE CLINIC AT GRACE UNITED METHODIST CHUR 4105 JUNIUS STREET DALLAS, TX 75246	14-1847977	501 (C) (3)		83,849.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(7)	NEW LIFE PENTECOSTAL MEDICAL CLINIC FOR THE 183 N. SCHUYLER AVE KANKAKEE, IL 60901	45-4183388	501 (C) (3)		81,852.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(8)	GOODWIN COMMUNITY HEALTH CENTER, INC. DBA C 2605 PARKWOOD DR BRUNSWICK, GA 31520	01-0576945	501 (C) (3)		81,360.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(9)	SMITH MEDICAL CLINIC, INC 116 BASKERVILL DRIVE	57-0786699	501 (C) (3)		80,591.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(10)	A COMMUNITY CLINIC, INC 335 MARKET STREET SUNBURY, PA 17801	20-4051982	501 (C) (3)		78,878.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(11)	COMMUNITY CARE CLINIC OF HIGHLANDS-CASHIERS 52 AUNT DORA DRIVE HIGHLANDS, NC 28741	65-1251915	501 (C) (3)		76,821.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(12)	CHILDREN AND COMMUNITY HEALTH CENTER 120 S. CENTRAL EXPRESSWAY	20-0637782	501 (C) (3)		75,495.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2011

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Inspection**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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(1)	YAKIMA HEALTH DISTRICT 1210 AHTANUM RIDGE DRIVE YAKIMA, WA 98903	91-6001391	501 (C) (3)		74,626.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(2)	SALT LAKE VALLEY HEALTH DEPARTMENT 2001 SOUTH STATE STREET	87-6000316	501 (C) (3)		74,522.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(3)	ACS COMMUNITY L.I.F.T. 5045 WEST 1ST AVE DENVER, CO 80219	52-0643036	501 (C) (3)		72,732.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(4)	CHURCH HILL FREE CLINIC 401 RICHMOND STREET CHURCH HILL, TN 37642	62-1391365	501 (C) (3)		72,026.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(5)	SACRED HEART COMMUNITY CLINIC 620 ROUND ROCK WEST #8 ROUND ROCK, TX 78681	27-2901548	501 (C) (3)		71,053.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(6)	COMPASSIONATE CARE OF SHELBY COUNTY, INC. 124 N. OHIO AVE SIDNEY, OH 45365	20-8479583	501 (C) (3)		70,047.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(7)	GOOD SAMARITAN HOUSE FREE COMMUNITY HEALTH 213 N. MAIN ST DEARING, GA 30808	32 0126528	501 (C) (3)		68,640.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(8)	VOLUNTEERS IN MEDICINE CLINIC 2260 MARCOLA ROAD SPRINGFIELD, OR 97477	93-1276816	501 (C) (3)		66,464.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(9)	HEALTHQUEST OF UNION COUNTY 415 E. FRANKLIN STREET MONROE, NC 28112	56-2117596	501 (C) (3)		65,807.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(10)	CATHERINES HEALTH CENTER 1211 LAFAYETTE AVE NE	20-3572418	501 (C) (3)		65,597.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(11)	GREATER TEXOMA HEALTH CLINIC 900 N. ARMSTRONG AVE. DENISON, TX 75020	81-0584983	501 (C) (3)		65,402.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(12)	YAVAPAI COUNTY COMMUNITY HEALTH CENTER 1090 COMMERCE DRIVE PRESCOTT, AZ 86301	86-6000561	501 (C) (3)		65,348.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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**Grants and Other Assistance to Organizations,
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(1)	CHRISTIAN COMMUNITY CLINIC OF JACKSON COUNTY 1420A MCLAIN STREET NEWPORT, AR 72112	27-1913982	501 (C)(3)		64,148.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(2)	THE WAY FREE MEDICAL CLINIC, INC. 479 HOUSTON ST.	76-0828154	501 (C)(3)		64,067.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(3)	HARMONY HEALTH CLINIC 201 E. ROOSEVELT LITTLE ROCK, AR 72206	20-5691313	501 (C)(3)		63,991.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(4)	BECKLEY HEALTH RIGHT INC 111 RANDOLPH STREET BECKLEY, WV 25801	55-0774466	501 (C)(3)		63,223.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(5)	HEALING HANDS MINISTRIES INC 7475 SKILLMAN DALLAS, TX 75231	65-1259379	501 (C)(3)		62,026.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(6)	NORTH BROWARD HOSPITAL DISTRICT 1600 S. ANDREWS AVENUE	59-6012065	501 (C)(3)		58,981.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(7)	GOOD HEALTH CLINIC INC 91555 O SEAS HWY #2 TAVERNIER, FL 33070	04-3745805	501 (C)(3)		58,822.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(8)	DETROIT HEALTH CARE FOR THE HOMELESS 15400 W MCNICHOLS DETROIT, MI 48235	38-2724796	501 (C)(3)		57,619.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(9)	ETOWAH BAPTIST CHARITY PHARMACY 18901 E. ETOWAH RD NOBLE, OK 73068	73-1637087	501 (C)(3)		56,204.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(10)	GEORGIA HIGHLANDS MEDICAL SERVICES 260 ELM STREET CUMMING, GA 30040	53-1338038	501 (C)(3)		55,968.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(11)	GOOD SAMARITAN HEALTH CLINIC MARIETTA 1605 ROBERTA DRIVE SW MARIETTA, GA 30008	32-0045238	501 (C)(3)		55,968.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(12)	PIMA COUNTY HEALTH DEPARTMENT 3950 S. COUNTRY CLUB TUCSON, AZ 85714	86-6000543	501 (C)(3)		55,943.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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

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

Schedule I (Form 990) (2011)

**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.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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)	MAGIS CLINIC SIENA/FRANCIS HOUSE OMAHA, NE 68102	47-0376583	501 (C) (3)		55,632.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(2)	ROTACARE INC 875 JERUSALEM AVE UNIONDALE, NY 11530	11-3135331	501 (C) (3)		55,540.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(3)	CITY SQUARE 2835 GRAND AVE DALLAS, TX 75215	79-2332948	501 (C) (3)		53,084.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(4)	THE OPEN DOOR CLINIC 130 W CENTRAL CHIPPEWA FALLS, WI 54729	20-3673759	501 (C) (3)		51,948.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(5)	FERNCARE FREE CLINIC, INC. 459 E. NINE MILE ROAD FERNDAL, MI 48220	32-0246843	501 (C) (3)		51,903.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(6)	METROWEST FREE MEDICAL PROGRAM 105 HUDSON RD SUDBURY, MA 1776	04-3822273	501 (C) (3)		49,292.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(7)	TACOMA-PIERCE COUNTY HEALTH DEPARTMENT 3629 SOUTH D STREET TACOMA, WA 98418	91-1488160	501 (C) (3)		44,776.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(8)	THE KITCHEN CLINIC 1630 N. JEFFERSON AVE.	43-1384531	501 (C) (3)		44,404.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(9)	THE PEOPLES CITY MISSION FREE MEDICAL CLINI 110 Q STREET LINCOLN, NE 68512	26-3819766	501 (C) (3)		44,330.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(10)	LA. STATE UNIVERSITY IN EUNICE 2048 JOHNSON HIGHWAY EUNICE, LA 70535	72-6000848	501 (C) (3)		44,016.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(11)	HEARTBRIGHT FOUNDATION INC 2923 SOUTH TRYON CHARLOTTE, NC 28203	45-0496759	501 (C) (3)		43,541.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(12)	LAKE AREA FREE CLINIC 856B ARMOUR RD OCONOMOWOC, WI 53066	39-2006388	501 (C) (3)		41,970.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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Schedule I (Form 990) (2011)

**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

2011

**Open to Public
Inspection**

Name of the organization

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Employer identification number

06-1008595

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THE BRIDGE CLINIC PO BOX 16024 LOVES PARK, IL 61132	27-3097955	501 (C)(3)		41,644.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(2)	FREE MEDICAL CLINIC OF DARLINGTON COUNTY 203 GROVE STREET DARLINGTON, SC 29532	58-2445265	501 (C)(3)		41,284.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(3)	SNOHOMISH HEALTH DISTRICT 3020 RUCKER AVENUE EVERETT, WA 98201	91-1866899	501 (C)(3)		40,734.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(4)	THE OLYMPIA FREE CLINIC 108 STATE AVE NW OLYMPIA, WA 98501	27-1606329	501 (C)(3)		39,088.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(5)	BETHESDA HEALTH CLINIC 409 WEST FERGUSON TYLER, TX 75702	26-0036674	501 (C)(3)		38,034.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(6)	LAFAYETTE COMMUNITY HEALTHCARE CLINIC 1317 JEFFERSON STREET LAFAYETTE, LA 70501	72-1221982	501 (C)(3)		37,731.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(7)	BENTON FRANKLIN HEALTH DISTRICT 7102 OKANOGAN PLACE KENNEWICK, WA 99336	91-1018182	501 (C)(3)		37,313.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(8)	BUNCOMBE COUNTY HEALTH DEPARTMENT 35 WOODFIN STREET ASHEVILLE, NC 28801	56-6000279	501 (C)(3)		37,313.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(9)	BROWARD HEALTH SEVENTH AVENUE FAMILY HEALTH 200 NW 7TH AVENUE FORT LAUDERDALE, FL 33311	60-5912065	501 (C)(3)		37,313.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(10)	UNITY HEALTH CARE - MINNESOTA AVENUE HEALTH 3924 MINNESOTA AVENUE NE	52-1572431	501 (C)(3)		37,313.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(11)	CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER 1121 LINDEN STREET CAPE GIRARDEAU, MO 63702	43-1426014	501 (C)(3)		37,313.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(12)	UTAH COUNTY HEALTH DEPARTMENT 151 SOUTH UNIVERSITY AVENUE PROVO, UT 84601	87-6000312	501 (C)(3)		37,312.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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Schedule I (Form 990) (2011)

**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

2011

**Open to Public
Inspection**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	OCEAN COUNTY HEALTH DEPARTMENT 175 SUNSET AVENUE TOMS RIVER, NJ 8754	22-3061367	501 (C) (3)		37,261.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(2)	HEALTH MINISTRY OF THE SOUTHERN TIER 300 NASSER CIVIC SENTER CORNING, NY 14830	51-0432450	501 (C) (3)		37,121.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(3)	EDWARD R. LEAHY JR. CENTER CLINIC FOR THE U 800 LINDEN STREET SCRANTON, PA 18510	24-0795495	501 (C) (3)		35,133.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(4)	LAKE COUNTY FREE CLINIC 54 SOUTH STATE ST SUITE 302	34-1081191	501 (C) (3)		35,118.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(5)	COMMONWEALTH CLINIC 10930 HULL STREET ROAD MIDLOTHIAN, VA 23112	03-0450006	501 (C) (3)		34,618.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(6)	TRINITY CLINIC 507 4TH STREET CALVIN, OK 74531	73-1325401	501 (C) (3)		33,581.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(7)	BEAR RIVER HEALTH DEPARTMENT 655 EAST 1300 NORTH LOGAN, UT 84341	87-0109001	501 (C) (3)		33,255.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(8)	CAPSTONE RURAL HEALTH CENTER 5947 HWY 269 PARRISH, AL 35580	63-1276483	501 (C) (3)		32,743.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(9)	CARING PLACE CLINIC 901 W BROAD ST MANSFIELD, TX 76063	27-0537258	501 (C) (3)		32,407.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(10)	MALTA HOUSE OF CARE, INC 19 WOODLAND STREET HARTFORD, CT 6105	20-3562424	501 (C) (3)		31,958.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(11)	SUFFOLK COUNTY DEPARTMENT OF HEALTH 225 RABRO DRIVE EAST HAUPPAUGE, NY 11788	11-1704595	501 (C) (3)		31,612.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(12)	MANNA MINISTRIES INC 120 STREET A PICAYUNE, MS 39466	20-1788094	501 (C) (3)		30,991.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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**SCHEDULE I
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Department of the Treasury
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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)	WORLD REACH INC DBA BETHESDA HEALTH CENTER 133 STETSON DR. CHARLOTTE, NC 28262	56-2015959	501 (C)(3)		30,378.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(2)	THE COMMUNITY FREE CLINIC 528 A LAKE CONCORD RD CONCORD, NC 28025	58-2131301	501 (C)(3)		29,931.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(3)	ST. LUKES CLINIC 132 SEYMOUR AVE. JACKSON, MI 49202	32-0038675	501 (C)(3)		27,960.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(4)	FREE MEDICAL CLINIC 47 W LONG AVENUE DUBOIS, PA 15801	25-1804763	501 (C)(3)		27,601.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(5)	MAMOU HEALTH RESOURCES, INC. 300 SOUTH STREET MAMOU, LA 70554	72-0949444	501 (C)(3)		27,260.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(6)	UBI CARITAS 4450 HIGHLAND AVENUE BEAUMONT, TX 77705	76-0558225	501 (C)(3)		27,120.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(7)	NORTH SHORE COMMUNITY HEALTH DBA GLOUCESTER 302 WASHINGTON ST GLOUCESTER, MA 1930	04-2610447	501 (C)(3)		26,228.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(8)	SOUTH CENTRAL PUBLIC HEALTH DISTRICT 1020 WASHINGTON ST. N TWIN FALLS, ID 83301	82-0335043	501 (C)(3)		25,338.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(9)	UNION GOSPEL MISSION CLINIC @ UNION GOSPEL MISSION	75-6003612	501 (C)(3)		25,172.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(10)	SHELBY COMMUNITY HEALTH CENTER 1640 E STATE RD. 44 SHELBYVILLE, IN 46176	30-0174146	501 (C)(3)		23,464.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(11)	BROCKTON NEIGHBORHOOD HEALTH CENTER 63 MAIN STREET BROCKTON, MA 2301	04-3165044	501 (C)(3)		22,964.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(12)	GOOD SAMARITAN HEALTH CLINIC OF PASCO, INC 5334 ASPEN ST. NEW PORT RICHEY, FL 34652	59-3072334	501 (C)(3)		22,633.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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(1)	LINN COUNTY PUBLIC HEALTH 501 13TH STREET NW CEDAR RAPIDS, IA 52405	42-6004338	501 (C) (3)		22,388.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(2)	DISPENSARY OF HOPE 566 MAINSTREAM DRIVE NASHVILLE, TN 37228	20-8973035	501 (C) (3)		22,387.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(3)	CENTRAL UTAH PUBLIC HEALTH 70 WESTVIEW DR. RICHFIELD, UT 84701	87-0629869	501 (C) (3)		22,372.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(4)	HEALTH ACCESS, INC. 489 WASHINGTON AVENUE CLARKSBURG, WV 26301	55-0715066	501 (C) (3)		22,334.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(5)	RICHMOND AREA HIGH BLOOD PRESSURE CENTER 1200 WEST CARY STREET RICHMOND, VA 23220	52-1303481	501 (C) (3)		21,927.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(6)	CABRINI CLINIC 1234 PORTER STREET DETROIT, MI 48226	38-3129349	501 (C) (3)		20,931.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(7)	CATHERINE MCAULEY CLINIC 5514 HOHMAN AVE HAMMOND, IN 46320	35-1835133	501 (C) (3)		20,504.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(8)	FORSYTH COUNTY DEPT. OF PUBLIC HEALTH 799 N. HIGHLAND AVENUE	56-6000450	501 (C) (3)		20,315.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(9)	FAMILY HEALTH CENTERS, INC. 2215 PORTLAND AVENUE LOUISVILLE, KY 40212	61-0716483	501 (C) (3)		20,115.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(10)	GREENVILLE FREE MEDICAL CLINIC 600 ARLINGTON AVENUE GREENVILLE, SC 29601	57-0855205	501 (C) (3)		19,635.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(11)	SET FAMILY MEDICAL CLINICS 825 EAST PKIKES PEAK AVE.	84-1183335	501 (C) (3)		19,423.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(12)	PARTNERING FOR HEALTH 501 HOWARD AVE SUITE 204B ALTOONA, PA 16601	25-1842308	501 (C) (3)		19,404.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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(1)	ROCK ISLAND COUNTY HEALTH DEPARTMENT 2112 25TH AVENUE ROCK ISLAND, IL 61201	36-6006649	501 (C)(3)		18,657.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(2)	POLK COUNTY HEALTH DEPARTMENT 1907 CARPENTER AVE DES MOINES, IA 50314	42-6004519	501 (C)(3)		18,657.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(3)	DAVIS COUNTY HEALTH DEPARTMENT 22 SOUTH STATE STREET CLEARFIELD, UT 84015	87-6000297	501 (C)(3)		18,657.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(4)	MCHENRY COUNTY DEPARTMENT OF HEALTH 2200 N SEMINARY AVENUE WOODSTOCK, IL 60098	36-6006623	501 (C)(3)		18,656.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(5)	JEFFERSON COUNTY HEALTH DEPARTMENT 405 MAIN STREET HILLSBORO, MO 63050	43-1390883	501 (C)(3)		18,656.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(6)	THE NEIGHBORHOOD CHRISTIAN CLINIC 1929 W. FILLMORE PHOENIX, AZ 85009	86-0839580	501 (C)(3)		18,367.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(7)	WESTERN STARK FREE CLINIC 820 AMHERST ROAD NE MASSILLON, OH 44646	34-1887206	501 (C)(3)		18,323.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(8)	HARRISONBURG ROCKINGHAM FREE CLINIC 25 WEST WATER STREET HARRISONBURG, VA 22801	54-1568909	501 (C)(3)		18,286.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(9)	GRAHAM COUNTY HEALTH DEPARTMENT 826 W. MAIN STREET SAFFORD, AZ 85546	86-6000458	501 (C)(3)		18,138.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(10)	POLK COUNTY HEALTH DEPARTMENT 1907 CARPENTER AVE DES MOINES, IA 50314	42-6004519	501 (C)(3)		18,138.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(11)	EUNICE COMMUNITY HEALTH CENTER 450 MOOSA BLVD. STE. E EUNICE, LA 70535	27-0213992	501 (C)(3)		18,080.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(12)	THE FLOATING HOSPITAL 4140 27TH ST LONG ISLAND CITY, NY 11101	13-1624169	501 (C)(3)		17,687.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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

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

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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)	ACCESS FAMILY HEALTH SERVICES 63450 HWY. 25 NORTH SMITHVILLE, MS 38870	64-0612902	501 (C) (3)		17,181.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(2)	SHEPHERDS CARE MEDICAL CLINIC 304 B PONY ROAD ZEBULON, NC 27597	26-2757593	501 (C) (3)		17,132.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(3)	WV HEALTH RIGHT INC 1520 WASHINGTON ST. CHARLESTON, WV 25311	31-1066881	501 (C) (3)		17,076.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(4)	OCEAN HEALTH INITIATIVES INC 101 2ND STREET LAKEWOOD, NJ 8701	06-1691342	501 (C) (3)		16,791.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(5)	ACCESS COMMUNITY HEALTH CENTERS 2901 W. BELTLINE HIGHWAY MADISON, WI 53713	39-1391134	501 (C) (3)		16,791.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(6)	HEALTHCARE FOR THE HOMELESS - HOUSTON 2505 FANNIN STREET HOUSTON, TX 77002	76-0647934	501 (C) (3)		16,081.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(7)	COMMUNITYHEALTH 2611 W. CHICAGO AVE. CHICAGO, IL 60622	36-3931793	501 (C) (3)		15,991.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(8)	ST. JOSEPH'S WESTSIDE FAMILY HEALTH CENTER 216 SEYMOUR STREET SYRACUSE, NY 13204	15-0532254	501 (C) (3)		15,737.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(9)	HEALTH PARTNERS, INC 3070 CRAIN HIGHWAY WALDORF, MD 20601	52-1767044	501 (C) (3)		15,646.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(10)	COMMONWEALTH CLINIC DBA LOVE OF JESUS HEALT 10930 HULL STREET ROAD MIDLOTHIAN, VA 23112	03-0450006	501 (C) (3)		15,004.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(11)	SUFFOLK DOH AMITYVILLE 1080 SUNRISE HWY AMITYVILLE, NY 11701	11-6000464	501 (C) (3)		14,925.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(12)	KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT 507 N. NANUM STREET ELLENSBURG, WA 98926	91-6001349	501 (C) (3)		14,925.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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Schedule I (Form 990) (2011)

**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.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	WINTON HILLS MEDICAL AND HEALTH CENTER 5275 WINNESTE AVENUE CINCINNATI, OH 45232	23-7241323	501 (C)(3)		14,925.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(2)	THE MEDINA HEALTH MINISTRY 970 E. WASHINGTON STREET MEDINA, OH 44256	30-0092944	501 (C)(3)		14,823.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(3)	JOY-SOUTHFIELD COMMUNITY HEALTH CENTER 18917 JOY ROAD DETROIT, MI 48154	38-3622930	501 (C)(3)		14,373.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(4)	HEART MINISTRY CENTER 2222 BINNEY STREET OMAHA, NE 68110	81-0614816	501 (C)(3)		14,205.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(5)	OASIS OF HOPE CENTER 522 LEONARD ST. NW GRAND RAPIDS, MI 49504	20-2781312	501 (C)(3)		14,190.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(6)	PEOPLES CLINIC 3110 GOULDEN PORT HURON, MI 48060	38-3274342	501 (C)(3)		14,045.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(7)	ACS COMMUNITY LIFT MEDICAL SERVICES 5045 WEST 1ST AVE DENVER, CO 80219	52-0643036	501 (C)(3)		13,628.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(8)	THE FREE MEDICAL CLINIC OF GREATER CLEVELAN 12201 EUCLID AVE CLEVELAND, OH 44146	23-7078501	501 (C)(3)		13,540.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(9)	LINN COMMUNITY CARE 1201 3RD AVENUE SE CEDAR RAPIDS, IA 524040	20-2405575	501 (C)(3)		13,060.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(10)	REGIONAL COMMUNITY HEALTH CARE CENTER FOUND 249 MILL STREET HAGERSTOWN, MD 21740	52-1772594	501 (C)(3)		12,500.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(11)	RIVER VALLEY CHRISTIAN CLINIC 1714 STATE HWY. 22 DARDANELLE, AR 72834	20-5193973	501 (C)(3)		12,412.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(12)	ORANGEBURG-CALHOUN FREE MEDICAL CLINIC 860 HOLLY STREET ORANGEBURG, SC 29115	26-3762573	501 (C)(3)		12,402.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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Schedule I (Form 990) (2011)

**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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OMB No. 1545-0047

2011

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Inspection**

Name of the organization

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Employer identification number

06-1008595

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	I CARE SAN ANTONIO 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	74-2690192	501 (C)(3)		11,720.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(2)	LA CLINICA DE LA ESPERANZA 2679 MAURY STREET DES MOINES, IA 50317	42-0680452	501 (C)(3)		11,420.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(3)	WEBER MORGAN HEALTH DEPARTMENT 477 23RD ST. OGDEN, UT 84401	87-6000308	501 (C)(3)		11,194.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(4)	BRENTWOOD FAMILY HEALTH CENTER 1869 BRENTWOOD ROAD BRENTWOOD, NY 11717	11-1704595	501 (C)(3)		11,194.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(5)	ALLEGANY COUNTY DEPARTMENT OF HEALTH 7 COURT STREET BELMONT, NY 14813	16-6002554	501 (C)(3)		11,194.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(6)	TIPPECANOE COUNTY HEALTH DEPARTMENT 629 NORTH 6TH STREET LAFAYETTE, IN 47901	35-6000202	501 (C)(3)		11,194.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(7)	HOMETOWN HEALTH CENTER 1044 STATE STREET SCHENECTADY, NY 12307	14-1636222	501 (C)(3)		11,194.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(8)	LOWELL HEALTH DEPARTMENT 341 PINE STREET LOWELL, MA 1851	04-6001396	501 (C)(3)		11,178.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(9)	LINN COUNTY HEALTH DEPARTMENT 635 S. MAIN STREET BROOKFIELD, MO 64628	43-1268666	501 (C)(3)		11,178.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(10)	NIAGARA COUNTY HEALTH DEPARTMENT 1001 11TH STREET NIAGARA FALLS, NY 14301	16-6002564	501 (C)(3)		11,090.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(11)	YORK COUNTY COMMUNITY HEALTH CARE P.O. BOX 72 SANFORD, ME 4073	01-6020406	501 (C)(3)		11,090.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(12)	MERCY HEALTH CENTER, INC. 767 OGLETHORPE AVE. ATHENS, GA 30606	58-2603523	501 (C)(3)		10,304.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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Schedule I (Form 990) (2011)

**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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2011

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Name of the organization

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Employer identification number

06-1008595

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THE DR. ALBERT B. CLEAGE, SR. MEMORIAL HEAL 700 SEWARD STREET DETROIT, MI 48202	11-3754940	501 (C)(3)		9,909.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(2)	SCOTT COUNTY HEALTH DEPARTMENT 1461 N. GARDNER STREET SCOTTSBURG, IN 47170	35-6000195	501 (C)(3)		9,802.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(3)	DADE COUNTY HEALTH DEPARTMENT 413 W WATER STREET GREENFIELD, MO 65661	43-1266535	501 (C)(3)		9,690.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(4)	FRAMINGHAM BOARD OF HEALTH 150 CONCORD STREET FRAMINGHAM, MA 1702	04-6001151	501 (C)(3)		9,328.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(5)	LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT 3140 N STREET LINCOLN, NE 68510	47-6006256	501 (C)(3)		9,328.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(6)	GREATER GREENWOOD UNITED MINISTRY FREE MEDI 1404 EDGEFIELD STREET GREENWOOD, SC 29384	57-1012393	501 (C)(3)		8,985.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(7)	WHEELING HEALTH RIGHT INC 61-29TH ST WHEELING, WV 26003	31-1149085	501 (C)(3)		8,922.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(8)	THE GOOD SAMARITAN CLINIC OF JACKSON COUNTY 538 SCOTTS CREEK ROAD SYLVA, NC 28779	56-2266536	501 (C)(3)		8,816.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(9)	PARTNERS FOR HEALING INC 109 WEST BLACKWELL TULLAHOMA, TN 37388	62-1834800	501 (C)(3)		7,734.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(10)	VOLUNTEERS IN MEDICINE, INC. 2140 NORTH 4TH STREET ST CHARLES, MO 63301	43-1791543	501 (C)(3)		7,704.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(11)	BETHESDA FREE HEALTH CLINIC OF D'IBERVILLE 10701 BONEY AVE DIBERVILLE, MS 39540	27-3534168	501 (C)(3)		7,619.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(12)	COLUMBIA BASIN HEALTH ASSOCIATION 140 E. MAIN STREET OHELLO, WA 99344	91-0896701	501 (C)(3)		7,463.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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**Grants and Other Assistance to Organizations,
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2011

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Department of the Treasury
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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)	WEBSTER COUNTY HEALTH DEPARTMENT 330 1ST AVE N FORT DODGE, IA 50501	42-6004677	501 (C)(3)		7,463.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(2)	EAST CENTRAL DISTRICT HEALTH DEPARTMENT 2282 EAST 32ND AVENUE COLUMBUS, NE 68601	47-0835183	501 (C)(3)		7,463.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(3)	ONE WORLD COMMUNITY HEALTH CENTERS, INC 4920 S. 30TH STREET OMAHA, NE 68107	47-0548990	501 (C)(3)		7,463.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(4)	RALLS COUNTY HEALTH DEPARTMENT 405 W 1ST NEW LONDON, MO 63459	43-0980364	501 (C)(3)		7,463.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(5)	BELMONT COUNTY HEALTH DEPARTMENT 68501 BANNOCK ROAD	34-6000234	501 (C)(3)		7,462.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(6)	CLEVELAND COUNTY HEALTH DEPARTMENT 315 E. GROVER STREET SHELBY, NC 28150	56-6000288	501 (C)(3)		7,462.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(7)	ARLINGTON FREE CLINIC 2921 SOUTH 11TH STREET ARLINGTON, VA 22204	54-1671883	501 (C)(3)		7,462.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(8)	WAIMANALO HEALTH CENTER 41-1347 KALANIANA'OLE HWY.	99-0273205	501 (C)(3)		7,462.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(9)	SOUTH BROOKHAVEN HEALTH CENTER-WEST 365 E. MAIN STREET PATCHOGUE, NY 11772	11-6000464	501 (C)(3)		7,462.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(10)	SUMMIT COUNTY HEALTH DEPARTMENT 85 NORTH 50 EAST COALVILLE, UT 84017	87-6000295	501 (C)(3)		7,452.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(11)	CAMP AMERIKIDS 88 HAMILTON AVE STAMFORD, CT 6902	06-1431690	501 (C)(3)		7,433.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(12)	GOOD SAMARITAN CLINIC 418 GRAND PARK DRIVE PARKERSBURG, WV 26105	55-0708491	501 (C)(3)		7,401.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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(1)	ARLINGTON FREE CLINIC 2921 SOUTH 11TH STREET ARLINGTON, VA 22204	54-1671883	501 (C)(3)		7,255.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(2)	CORTLAND COUNTY HEALTH DEPARTMENT 60 CENTRAL AVENUE CORTLAND, NY 13045	15-6000452	501 (C)(3)		7,255.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(3)	ERIE COUNTY HEALTH DEPARTMENT 503 KENSINGTON AVENUE BUFFALO, NY 14202	16-6002558	501 (C)(3)		7,255.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(4)	NAVAJO COUNTY PUBLIC HEALTH 600 N. 9TH PLACE SHOW LOW, AZ 85901	86-6000541	501 (C)(3)		7,255.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(5)	DUBUQUE VISITING NURSE ASSOCIATION 1454 IOWA STREET DUBUQUE, IA 52001	42-0680410	501 (C)(3)		7,255.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(6)	SPRINGFIELD-GREENE COUNTY HEALTH DEPARTMENT 660 SOUTH SCENIC SPRINGFIELD, MO 65802	44-6000268	501 (C)(3)		7,255.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(7)	CONEJO FREE CLINIC 80 EAST HILLCREST DRIVE	95-3177953	501 (C)(3)		7,098.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(8)	ST. THOMAS CLINIC 600 PAUL HAND BOULEVARD FRANKLIN, IN 46131	35-1449379	501 (C)(3)		7,071.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(9)	SOCIAL WELFARE BOARD 904 S. 10TH ST. JOSEPH, MO 64503	44-6000455	501 (C)(3)		6,650.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(10)	GOOD HEALTH CLINIC, INC 91555 O SEAS HWY #2 TAVERNIER, FL 33070	04-3745805	501 (C)(3)		6,299.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(11)	KUUMBA COMMUNITY HEALTH, INC 4910 VALLEY VIEW BLVD ROANOKE, VA 24012	54-1937835	501 (C)(3)		5,966.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(12)	NEIGHBORHOOD INVOLVEMENT CLINIC 2431 HENNEPIN AVE. S MINNEAPOLIS, MN 55405	41-0956858	501 (C)(3)		5,804.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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Schedule I (Form 990) (2011)

**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.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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)	ST. LUKES FREE MEDICAL CLINIC 162 N. DEAN ST. SPARTANBURG, SC 29302	57-0943232	501 (C)(3)		5,783.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(2)	COMMUNITY HEALTH CLINIC OF JOPLIN 701 S. JOPLIN AVE JOPLIN, MO 64801	43-1643962	501 (C)(3)		5,744.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(3)	NORTH CAROLINA ASSOCIATION OF FREE CLINIC 240 TUCKER AVENUE WINSTON SALEM, NC 27104	56-2062170	501 (C)(3)		5,650.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(4)	RICE LAKE AREA FREE CLINIC - VIM 1035 N MAIL STREET RICE LAKE, WI 54868	27-0453241	501 (C)(3)		5,626.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(5)	LIVE OAK CLINIC OF BRAZOSPORT 796 S. BRAZOSPORT BLVD. CLUTE, TX 77531	30-0395491	501 (C)(3)		5,247.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(6)	HAYWOOD COUNTY HEALTH DEPARTMENT 2177 ASHEVILLE ROAD WAYNESVILLE, NC 28786	56-6001524	501 (C)(3)		5,224.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 282.

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

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

Schedule I (Form 990) (2011)

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 MEDICINES TO PATIENTS	96,000.		129,010,612.	FMV	PRESCRIPTION MEDS
2 MEDICAL OUTREACH IN THE UNITED STATES	64.		1,097,960.	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, and any other additional information.

GRANTS AND ASSISTANCE

FORM 990, SCHEDULE I, PART I

LINE 2- AMERICARES' MONITORING ACTIVITIES FOCUS SPECIFICALLY ON THE ACTIVITIES WITHIN THE SCOPE OF THE PROJECT BEING FUNDED. MONITORING ACTIVITIES INCLUDE A REGULAR SCHEDULE OF NARRATIVE REPORTING ON GRANT RELATED ACTIVITIES AS WELL AS REGULAR FINANCIAL REPORTS ON SPENDING AGAINST THE PROPOSED BUDGET. IN ADDITION, AMERICARES MAY CONDUCT SITE VISITS TO THE PROJECT SITE AS REQUIRED OR DEEMED NECESSARY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICARES FOUNDATION, INC.

Employer identification number
06-1008595

Part I Questions Regarding Compensation

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

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

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

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

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

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

Only section 501(c)(3) and 501(c)(4) 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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

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

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

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

Schedule J (Form 990) 2011

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		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CURTIS R. WELLING	(i)	272,860.	0	0	16,500.	24,168.	313,528.	
	(ii)	0	0	0	0	0	0	
2 KEVIN GILRAIN	(i)	163,890.	0	0	9,888.	17,129.	190,907.	
	(ii)	0	0	0	0	0	0	
3 CHRISTOPH GORDER	(i)	176,804.	0	0	10,815.	25,168.	212,787.	
	(ii)	0	0	0	0	0	0	
4 CAROLYN O'BRIEN	(i)	142,174.	0	0	8,568.	16,975.	167,717.	
	(ii)	0	0	0	0	0	0	
5 KATHERINE SEARS	(i)	211,616.	0	0	12,900.	25,190.	249,706.	
	(ii)	0	0	0	0	0	0	
6 CAROL SHATTUCK	(i)	173,671.	0	0	10,506.	18,130.	202,307.	
	(ii)	0	0	0	0	0	0	
7 LEE WEINER	(i)	128,655.	0	0	0	22,700.	151,355.	
	(ii)	0	0	0	0	0	0	
8 ADAM ZAYAN	(i)	141,970.	0	0	8,652.	24,190.	174,812.	
	(ii)	0	0	0	0	0	0	
9 FRANK BIA	(i)	175,747.	0	0	10,815.	26,468.	213,030.	
	(ii)	0	0	0	0	0	0	
10	(i)							
	(ii)							
11	(i)							
	(ii)							
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.

**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.**

OMB No. 1545-0047

2011

**Open To Public
Inspection**

Name of the organization
AMERICARES FOUNDATION, INC.

Employer identification number
06-1008595

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,626,924.	MARKET PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	61.	814,419.	MARKET PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	35,481.	9,568,426.	COST/WHOLESALE PRICE
20 Drugs and medical supplies	X	497,236.	487,411,301.	COST/WHOLESALE PRICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>HYGIENE ITEMS</u>)	X	318948.	3,721,059.	COST/WHOLESALE PRICE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 67.

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

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

Schedule M (Form 990) (2011)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

FORM 990, SCHEDULE M, LINE 32B

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICARES FOUNDATION, INC.

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Employer identification number

06-1008595

990 REVIEW PROCESS

FORM 990, PART VI, LINE 11

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

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 12

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

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

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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THE QUORUM DETERMINATION AND THE VOTING.

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

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

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

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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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, WHO RECEIVES THE SAME COMPENSATION AS WHEN HE STARTED WITH AMERICARES IN 2002. HE HAS NOT ACCEPTED ANY ANNUAL INCREASES OR ADJUSTMENTS TO HIS COMPENSATION, ALTHOUGH IN NOVEMBER 2008, AND AGAIN IN APRIL 2009, HE DID ACCEPT A REDUCTION IN COMPENSATION AS PART OF AN ORGANIZATION-WIDE ACTION. THE ORGANIZATION'S CHIEF EXECUTIVE DETERMINES THE COMPENSATION OF OTHER SENIOR STAFF AND MAY UTILIZE AVAILABLE MARKET DATA, SALARY SURVEY RESULTS AND OTHER AVAILABLE TOOLS TO SUBSTANTIATE DECISIONS.

PUBLIC DISCLOSURE OF DOCUMENTS

FORM 990, PART VI, LINE 19

THE TAXPAYER MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

OTHER CHANGES IN NET ASSETS

FORM 990, PART XII, LINE 5

SPLIT INTEREST AGREEMENT	(\$1,855,423)
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UNREALIZED LOSS ON INVESTMENTS	(\$454,590)
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TOTAL	(\$2,310,013)
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ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

AMERICARES IS A NONPROFIT GLOBAL HEALTH AND DISASTER RELIEF
 ORGANIZATION THAT DELIVERS MEDICINES, MEDICAL SUPPLIES AND
 HUMANITARIAN AID TO PEOPLE IN NEED AROUND THE WORLD AND ACROSS THE
 UNITED STATES.

IN TIMES OF EPIC DISASTER, DAILY STRUGGLE OR CIVIL CONFLICT,
 AMERICARES RESTORES HEALTH AND SAVES LIVES BY DELIVERING MEDICINES,
 MEDICAL SUPPLIES, AND HUMANITARIAN AID TO PEOPLE IN NEED.

ATTACHMENT 2

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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ATTACHMENT 2 (CONT'D)FORM 990, PART III - PROGRAM SERVICE, LINE 4A

AMERICARES GLOBAL MEDICAL ASSISTANCE, EMERGENCY RESPONSE AND MEDICAL OUTREACH PROGRAMS RESTORE HEALTH AND SAVE LIVES IN THE WAKE OF NATURAL DISASTERS AND CIVIL CONFLICTS AND SUPPORT LONG-TERM MEDICAL AND HUMANITARIAN ASSISTANCE PROGRAMS. AMERICARES DELIVERED \$450 MILLION IN MEDICINES AND MEDICAL SUPPLIES TO 476 HEALTHCARE PARTNERS IN 94 COUNTRIES IN THE YEAR ENDED JUNE 30, 2012.

AMERICARES OBTAINS DONATIONS OF MEDICINES, MEDICAL SUPPLIES AND OTHER AID FROM U.S. AND INTERNATIONAL PHARMACEUTICAL COMPANIES AND MEDICAL SUPPLY MANUFACTURERS, AND DELIVERS THEM QUICKLY AND EFFICIENTLY TO HOSPITALS, CLINICS AND COMMUNITY HEALTH FACILITIES.

SINCE IT BEGAN OPERATIONS IN 1982, AMERICARES HAS DELIVERED MORE THAN \$10 BILLION IN AID TO OVER 164 COUNTRIES. PARTNERSHIPS ALLOW AMERICARES TO HELP MORE PEOPLE LIVE LONGER, HEALTHIER LIVES BY PROVIDING CRITICAL MEDICINES AND MEDICAL SUPPLIES.

IN FY2012, AMERICARES PROVIDED GLOBAL MEDICAL ASSISTANCE THROUGHOUT THE UNITED STATES, LATIN AMERICA, ASIA AND AFRICA. IN THE UNITED STATES, IT DONATED MEDICATIONS AND MEDICAL SUPPLIES TO 355 CHARITABLE INSTITUTIONS WITHIN ITS AFFILIATE NETWORK, ENCOMPASSING THE FULL SPECTRUM OF THE U.S. HEALTH CARE SAFETY NET. ITS OFFICE IN MUMBAI, INDIA SPONSORED MOBILE MEDICAL CLINICS TO

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

PROVIDE COMPREHENSIVE, ON-GOING PRIMARY CARE SERVICES FOR RESIDENTS OF SLUM COMMUNITIES WITHOUT ACCESS TO HEALTH CARE. IN LATIN AMERICA, IT PROVIDED EXTENSIVE SUPPORT FOR PARTNER CLINICS AND HEALTH FACILITIES TREATING IMPOVERISHED PATIENTS FOR CONDITIONS RANGING FROM COMMON INFECTIONS TO CANCER AND CHRONIC DISEASES. IN ASIA, IT PROVIDED SUPPORT FOR PROGRAMS ADDRESSING DIARRHEAL DISEASES, RESPIRATORY DISEASE, MATERNAL HEALTH, BREAST CANCER, NUTRITION, PRIMARY CARE AND DISASTER PREPAREDNESS. IN AFRICA, ITS PROGRAMS HELP PATIENTS IN HOSPITALS, CHILDREN'S HOMES AND PRIMARY CARE CLINICS. IN FY12, IT SUCCESSFULLY CONCLUDED A HEALTH WORKER SAFETY PROGRAM IN TANZANIA, VACCINATING WORKERS AGAINST TETANUS AND TRAINING SEVERAL HUNDRED IN BEST PRACTICES.

EMERGENCY RESPONSE IS A LARGE PART OF THE AMERICARES PORTFOLIO. IN THE U.S. DURING FY2012, THE ORGANIZATION RESPONDED TO 9 DISASTERS IN 13 STATES, INCLUDING HURRICANES, TROPICAL STORMS, TORNADOES AND WILDFIRES. IT WAS ACTIVE IN RESPONSE TO THE FAMINE IN THE HORN OF AFRICA, WHERE THE WORST DROUGHT IN OVER A HALF-CENTURY IMPACTED MORE THAN 13 MILLION PEOPLE IN DJIBOUTI, ETHIOPIA, KENYA AND SOMALIA. AMERICARES PROVIDED NEARLY 180,000 COURSE TREATMENTS OF MEDICINES FOR PRIMARY CARE, AS WELL AS SUPPLEMENTAL MEALS FOR CHILDREN AND ADULTS IN NEED OF NUTRITIONAL STABILIZATION AND WATER PURIFICATION PRODUCTS TO PROVIDE 34,000 PEOPLE WITH CLEAN DRINKING WATER FOR TWO MONTHS.

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

AMERICARES HAS A LONGSTANDING COMMITMENT TO FISCAL RESPONSIBILITY AND HAS CONSISTENTLY RECEIVED HIGH RANKINGS FOR ITS EFFICIENCY. THESE RATINGS REFLECT THE FACT THAT MORE THAN 98% OF OUR TOTAL EXPENSES DIRECTLY SUPPORT PROGRAMS AND RELIEF FOR PEOPLE IN NEED AND LESS THAN 2% REPRESENT ADMINISTRATIVE COSTS.

FOR THE YEAR ENDING JUNE 30, 2012, AMERICARES RECEIVED \$542,174 IN CONTRIBUTED SERVICES; (THIS AMOUNT IS NOT REFLECTED IN THE FORM 990 INCOME STATEMENT OR FUNCTIONAL EXPENSE SCHEDULE).

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4C

AMERICARES OPENED A FAMILY HEALTH CLINIC, CLÍNICA INTEGRAL DE ATENCIÓN FAMILIAR IN OCTOBER 2003, LOCATED IN SANTIAGO DE MARÍA, EL SALVADOR. A DEDICATED STAFF OF DOCTORS, REGISTERED NURSES, A SOCIAL WORKER AND A DENTIST PROVIDE HIGH-QUALITY CARE AT AN AFFORDABLE COST, WORKING IN A BUILDING EQUIPPED WITH LABORATORY, MAMMOGRAPHY, ULTRASOUND AND X-RAY EQUIPMENT. IN FY12, THE CLINIC TREATED CLOSE TO 50,000 PATIENTS.

REVENUES ASSOCIATED WITH THIS PROGRAM INCLUDE PATIENT SERVICE REVENUE, AS REPORTED IN PART VIII, LINE 2G, AND SALE OF MEDICINES, AS REPORTED IN PART VIII, LINE 10A.

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

EL SALVADOR

SRI LANKA

HAITI

INDIA

ATTACHMENT 5FORM 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 6990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BRICKMILL MARKETING INC 24 MILL BROOK ROAD WILTON, NH 03086	FUNDRAISING	300,000.
DONOR DIGITAL INC 2550 NINTH STREET, STE 103 BERKELY, CA 94710	FUNDRAISING	184,171.
GRANT THORNTON LLP 666 THIRD AVENUE NEW YORK, NY 10017-4011	ACCOUNTING	200,651.
	TOTAL COMPENSATION	<u>684,822.</u>

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. See separate instructions.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

Table with 6 columns: (a) Name, address, and EIN 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. Rows 1-6 are empty.

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

Table with 9 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Exempt Code section; (e) Public charity status (if section 501(c)(3)); (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Row 1: AMERICARES FREE CLINICS, INC, 88 HAMILTON AVENUE, STAMFORD, CT 06902, 06-1422741, HEALTH CARE, CT, 501(C)(3), 7, N/A, X.

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

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Table with 11 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount; (j) General or managing partner? (Yes/No); (k) Percentage ownership. Rows 1-7 are dashed.

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

Table with 8 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership. Rows 1-7 are dashed.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

Table with 3 columns: Question (1a-1r), Yes, No. Contains 18 rows of transaction questions and their corresponding Yes/No responses.

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.

Table with 4 columns: (a) Name of other organization, (b) Transaction type (a-r), (c) Amount involved, (d) Method of determining amount involved. Contains 6 rows of transaction data.

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

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

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

Part VII **Supplemental Information**

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