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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2008

Open to Public
InspectionDepartment 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)

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

A For the 2008 calendar year, or tax year beginning

07/01, 2008, and ending

06/30, 2009

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICARES FOUNDATION, INC.			D Employer identification number 06-1008595
	Doing Business As			E Telephone number (203) 658-9500
	Number and street (or P O box if mail is not delivered to street address) 88 HAMILTON AVENUE			Room/suite
	City or town, state or country, and ZIP + 4 STAMFORD, CT 06902-3111			
	F Name and address of principal officer CURTIS R. WELLING, PRES. & CEO			G Gross receipts \$ 1,212,110,805.
	88 HAMILTON AVENUE STAMFORD, CT 06902			H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input checked="" 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) ► (insert no.)	4947(a)(1) or	527	H(c) Group exemption number ►	
J Website: ► WWW.AMERICARES.ORG				
K Type of organization <input checked="" type="checkbox"/> Corporation	Trust	Association	Other ►	
			L Year of formation 1979	M State of legal domicile CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities AMERICARES DELIVERS DONATED MEDICINES, EMERGENCY MEDICAL SUPPLIES AND HUMANITARIAN AID TO PEOPLE IN NEED AROUND THE WORLD AND THROUGHOUT THE UNITED STATES.		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of employees (Part V, line 2a)	5	137
	6 Total number of volunteers (estimate if necessary)	6	80
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
		Prior Year	Current Year
	8 Contribution and grants (Part VIII, line 1h)	1,011,003,360.	1,194,350,692.
	9 Program service revenue (Part VIII, line 2g)	286,924.	330,749.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,646,134.	-2,068,539.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	50,262.	64,109.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,013,986,680.	1,192,677,011.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,028,366,316.	1,087,986,016.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,399,438.	10,597,529.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	476,715.	500,781.
	b Total fundraising expenses, Part IX, column (D), line 25	6,817,472.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	20,687,888.	55,545,161.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,060,930,357.	1,154,629,487.
	19 Revenue less expenses Subtract line 18 from line 12	-46,943,677.	38,047,524.
Net Assets or Fund Balances		Beginning of Year	End of Year
	20 Total assets (Part X, line 16)	189,824,881.	218,938,076.
	21 Total liabilities (Part X, line 26)	18,830,168.	11,779,063.
	22 Net assets or fund balances. Subtract line 21 from line 20	170,994,713.	207,159,013.

Part II Signature Block

FEB	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	William S. Post	Date	1/24/2010
ANN	Signature of officer		
	► William S. Post, V.P., Treasurer	Type or print name and title	

Paid	Preparer's signature ► 	Date 1/18/2010	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions) P00504182
Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 ► GRANT THORNTON LLP 666 THIRD AVENUE NEW YORK, NY 10017-4011	EIN ► 36-6055558	Phone no ► 212-542-9609	

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

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

Form 990 (2008)

JSA
8E1010 2 000

56275Y 700J

V08-8.3 0178001-00003

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Part III Statement of Program Service Accomplishments (see instructions)

- 1** Briefly describe the organization's mission:

AMERICARES DELIVERS DONATED MEDICINES, EMERGENCY MEDICAL SUPPLIES AND HUMANITARIAN AID TO PEOPLE IN NEED AROUND THE WORLD AND THROUGHOUT THE UNITED STATES.

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

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

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

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

- 4** Describe the exempt purpose achievements for each of the organization's three largest program services 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 \$ 967,868,032 including grants of \$ 917,602,943.) (Revenue \$ NONE.)
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 OVER \$1 BILLION OF MEDICINES AND MEDICAL SUPPLIES TO 270 HEALTHCARE PARTNERS IN 92 COUNTRIES IN THE YEAR ENDED JUNE 30, 2009. CONTINUED ON STATEMENT 1.

4b (Code:) (Expenses \$ 175,149,907 including grants of \$ 170,315,976.) (Revenue \$ NONE.)

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

4c (Code:) (Expenses \$ 927,524 including grants of \$ 67,097.) (Revenue \$ 324,503.)

AMERICARES OPENED A FAMILY HEALTH CLINIC, CLINICA INTEGRAL DE ATENCION FAMILIAR, IN OCTOBER 2003 LOCATED IN SANTIAGO DE MARIA, EL SALVADOR. A DEDICATED STAFF OF DOCTORS, REGISTERED NURSES, A SOCIAL WORKER AND A DENTIST PROVIDE HIGH-QUALITY CARES AT AN AFFORDABLE COST, WORKING IN A BUILDING EQUIPPED WITH LABORATORY, MAMMOGRAPHY, ULTRASOUND AND X-RAY EQUIPMENT.

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► \$ 1,143,945,463 (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4 X	
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 X	
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16 X	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17 X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 X	
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a X	
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b 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? If "Yes," complete Schedule L, Part II	26 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

- 1a** Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable **1a** **16**
- b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable **1b** **NONE**
- c** Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?
- 2a** Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** **137**
- b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns?
- Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)
- 3a** Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
- b** If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O
- 4a** At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
- b** If "Yes," enter the name of the foreign country ► **SEE STATEMENT 2**
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts
- 5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?
- b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?
- c** If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?
- 6a** Did the organization solicit any contributions that were not tax deductible?
- b** If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
- 7 Organizations that may receive deductible contributions under section 170(c).**
- a** Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?
- b** If "Yes," did the organization notify the donor of the value of the goods or services provided?
- c** Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?
- d** If "Yes," indicate the number of Forms 8282 filed during the year **7d**
- e** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
- f** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
- g** For all contributions of qualified intellectual property, did the organization file Form 8899 as required?
- h** For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?
- 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
- 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**
- a** Did the organization make any taxable distributions under section 4966?
- b** Did the organization make a distribution to a donor, donor advisor, or related person?
- 10 Section 501(c)(7) organizations.** Enter:
- a** Initiation fees and capital contributions included on Part VIII, line 12 **10a**
- b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**
- 11 Section 501(c)(12) organizations.** Enter:
- a** Gross income from members or shareholders **11a**
- b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**
- 12a Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? **12a**
- b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)
Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O See instructions

- | | Yes | No |
|----|-------------------------------------|-------------------------------------|
| 1a | 14 | |
| 1b | 12 | |
| 2 | <input checked="" type="checkbox"/> | |
| 3 | <input checked="" type="checkbox"/> | |
| 4 | <input checked="" type="checkbox"/> | |
| 5 | <input checked="" type="checkbox"/> | |
| 6 | <input checked="" type="checkbox"/> | |
| 7a | <input checked="" type="checkbox"/> | |
| 7b | <input checked="" type="checkbox"/> | |
| 8a | <input checked="" type="checkbox"/> | |
| 8b | <input checked="" type="checkbox"/> | |
| 9a | <input checked="" type="checkbox"/> | |
| 9b | | |
| 10 | <input checked="" type="checkbox"/> | |
| 11 | | <input checked="" type="checkbox"/> |
- 1a Enter the number of voting members of the governing body 1a 14
 b Enter the number of voting members that are independent 1b 12
 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?
 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?
 5 Did the organization become aware during the year of a material diversion of the organization's assets?
 6 Does the organization have members or stockholders?
 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?
 8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following
 a The governing body?
 b Each committee with authority to act on behalf of the governing body?
 9a Does the organization have local chapters, branches, or affiliates?
 b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?
 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990
 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

Section B. Policies

- | | Yes | No |
|-----|-------------------------------------|----|
| 12a | <input checked="" type="checkbox"/> | |
| b | | |
| c | | |
| 13 | | |
| 14 | | |
| 15 | | |
| a | | |
| b | | |
| 16a | | |
| b | | |
| 16b | | |
- 12a Does the organization have a written conflict of interest policy? If "No," go to line 13
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done
 13 Does the organization have a written whistleblower policy?
 14 Does the organization have a written document retention and destruction policy?
 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision
 a The organization's CEO, Executive Director, or top management official?
 b Other officers or key employees of the organization?
 Describe the process in Schedule O. (see instructions)
 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
 b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► SEE STATEMENT 3
 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 Own website Another's website Upon request
 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
 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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

- 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)	(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
SEE SCHEDULE J-2					

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

1b Total ► 2,671,490. NONE 481,212.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 17

- 3** Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEE STATEMENT 4		

Part VIII Statement of Revenue

06-1008595

		(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	452,834.			
b Membership dues	1b				
c Fundraising events	1c	296,187.			
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	1,193,601,671.			
g Noncash contributions included in lines 1a-1f		\$ 1,174,911,021.			
h Total. Add lines 1a-1f		► 1,194,350,692.			
Program Service Revenue		Business Code			
2a EL SALVADOR PATIENT VISIT REVENUE		900099	324,503.	324,503.	
b EL SALVADOR CAFETERIA INCOME			1,124.		1,124.
c EL SALVADOR MISCELLANEOUS INCOME			5,122.		5,122.
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		► 330,749.			
3 Investment income (including dividends, interest, and other similar amounts)			1,370,026.		1,370,026.
4 Income from investment of tax-exempt bond proceeds			NONE		
5 Royalties			NONE		
6a Gross Rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)			NONE		
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	15,122,107.	55,978.			
b Less. cost or other basis and sales expenses	18,574,932.	41,718.			
c Gain or (loss)	-3,452,825.	14,260.			
d Net gain or (loss)			-3,438,565.		-3,438,565.
8a Gross income from fundraising events (not including \$ 296,187. of contributions reported on line 1c)					
See Part IV, line 18	a	547,125.			
b Less: direct expenses	b	547,125.			
c Net income or (loss) from fundraising events			NONE	NONE	NONE
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			NONE		
10a Gross sales of inventory, less returns and allowances	a	331,259.			
b Less. cost of goods sold	b	270,019.			
c Net income or (loss) from sales of inventory.			61,240.	61,240.	
Miscellaneous Revenue	Business Code				
11a MISCELLANEOUS			2,869.		2,869.
b					
c					
d All other revenue					
e Total. Add lines 11a-11d			2,869.		
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		► 1,192,677,011.		385,743.	-2,059,424.

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 US See Part IV, line 21 . . .	21,854,225.	21,854,225.		
2 Grants and other assistance to individuals in the US See Part IV, line 22	170,512,015.	170,512,015.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16	895,619,776.	895,619,776.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	2,142,688.	719,449.	786,448.	636,791.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	6,447,548.	3,411,676.	1,356,963.	1,678,909.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	123,466.	68,612.	19,312.	35,542.
9 Other employee benefits	1,329,881.	685,473.	292,097.	352,311.
10 Payroll taxes	553,946.	269,440.	135,394.	149,112.
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	116,400.	33,813.	73,658.	8,929.
c Accounting	170,229.	40,854.	129,375.	
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	500,781.			500,781.
f Investment management fees	20,407.		20,407.	
g Other	1,485,482.	212,420.	236,923.	1,036,139.
12 Advertising and promotion	917,541.	33,397.	2,439.	881,705.
13 Office expenses	1,009,895.	225,346.	126,889.	657,660.
14 Information technology.	292,420.	2,197.	68,070.	222,153.
15 Royalties.	NONE			
16 Occupancy	1,857,624.	1,294,176.	338,776.	224,672.
17 Travel	497,701.	398,683.	26,735.	72,283.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	49,749.	45,936.	1,653.	2,160.
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	328,807.	192,743.	69,913.	66,151.
23 Insurance	239,947.	115,679.	64,330.	59,938.
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a INVENTORY_WRITEQEE-----	42,259,628.	42,259,628.		
b MISCELLANEOUS-----	6,299,331.	5,949,925.	117,170.	232,236.
c -----				
d -----				
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	1,154,629,487.	1,143,945,463.	3,866,552.	6,817,472.
26 Joint Costs. Check here ► <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets				
1	Cash - non-interest-bearing	12,922.	1	14,350.
2	Savings and temporary cash investments	3,714,970.	2	4,720,945.
3	Pledges and grants receivable, net	1,834,341.	3	1,416,170.
4	Accounts receivable, net	105,070.	4	45,505.
5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sales or use	145,117,936.	8	190,829,184.
9	Prepaid expenses and deferred charges	416,129.	9	682,718.
10a	Land, buildings, and equipment: cost basis	10a 4,108,727.		
b	Less accumulated depreciation Complete Part VI of Schedule D.	10b 1,255,702.	2,366,175.	10c 2,853,025.
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11	32,464,331.	12	13,459,815.
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	3,793,007.	15	4,916,364.
16	Total assets. Add lines 1 through 15 (must equal line 34)	189,824,881.	16	218,938,076.
Liabilities				
17	Accounts payable and accrued expenses	3,026,831.	17	4,492,045.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow account liability Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable.		24	
25	Other liabilities. Complete Part X of Schedule D	15,803,337.	25	7,287,018.
26	Total liabilities. Add lines 17 through 25.	18,830,168.	26	11,779,063.
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	103,881,669.	27	163,675,727.
28	Temporarily restricted net assets	63,917,096.	28	39,428,124.
29	Permanently restricted net assets	3,195,948.	29	4,055,162.
	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	170,994,713.	33	207,159,013.
34	Total liabilities and net assets/fund balances.	189,824,881.	34	218,938,076.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 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?	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008

Open to Public
Inspection

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

The organization is not a private foundation because it is (Please check only one organization)

- 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). (Attach Schedule H)
- 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). (see instructions)
- 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?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

Schedule A (Form 990 or 990-EZ) 2008

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,315,365,206.	885,215,202.	873,287,619.	1,011,003,360.	1,194,350,712.	5,279,222,099.
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 1-3	1,315,365,206.	885,215,202.	873,287,619.	1,011,003,360.	1,194,350,712.	5,279,222,099.
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)						1,829,562,133.
6 Public support. Subtract line 5 from line 4						3,449,659,966.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	1,315,365,206.	885,215,202.	873,287,619.	1,011,003,360.	1,194,350,712.	5,279,222,099.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	943,844.	2,867,348.	2,601,362.	2,185,501.	1,370,026.	9,968,081.
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)					2,869.	2,869.
11 Total support. Add lines 7 through 10						5,289,193,049.
12 Gross receipts from related activities, etc (See instructions)					12	407,794.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2008 (line 6, column (f) divided by line 11, column (f))	14	65.22 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	62.92 %
16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 "fact-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 - 2007. 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3% support tests - 2008. 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 ► <input type="checkbox"/>		
b 33 1/3% support tests - 2007. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II - OTHER INCOME

<u>DESCRIPTION</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>TOTAL</u>
--------------------	-------------	-------------	-------------	-------------	-------------	--------------

<u>MISCELLANEOUS</u>					2,869.	2,869.
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<u>TOTALS</u>					2,869.	2,869.
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SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545-0047

2008**Open to Public
Inspection**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate 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?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/>	Yes <input type="checkbox"/> No

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

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

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

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? Yes No
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____
7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? Yes No
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.

- 1a If the organization elected, as permitted under SFAS 116, 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

- b If the organization elected, as permitted under SFAS 116, 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 relating to these items

- a Revenues included in Form 990, Part VIII, line 1 ► \$ _____
b Assets included in Form 990, Part X ► \$ _____

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

Schedule D (Form 990) 2008

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply).

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/>	Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/>	Other _____
c <input type="checkbox"/> Preservation for future generations		

- 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 Trust, Escrow and Custodial Arrangements. Complete if 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
1c		
1d		
1e		
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 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	1,196,255.				
b Contributions					
c Investment earnings or losses	-167,989.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,028,266.				

- 2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► 100.0000 %

c Term endowment ► _____ %

- 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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings		700,267.	158,195.	542,072.
c Leasehold improvements		2,112,689.	328,368.	1,784,321.
d Equipment		895,884.	675,680.	220,204.
e Other		399,887.	93,459.	306,428.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c)) ►				2,853,025.

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
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ►		

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

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

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

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

Total (Column (b) should equal Form 990 Part X col. (B) line 15.)

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

(a) Description of liability	(b) Amount
Federal income taxes	
SPLIT INTEREST AGREEMENTS	584,204
GRANT & RELIEF SUPPLIES COMMITMENTS	6,702,814
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25) ►	7,287,018

In Part XIV, provide the text of the footnote to the

7,287,018

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,192,677,011.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,154,629,487.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	38,047,524.
4	Net unrealized gains (losses) on investments	4	-1,215,329.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-667,894.
9	Total adjustments (net) Add lines 4-8	9	-1,883,223.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	36,164,301.

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	1192981907.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-1,215,329.
b	Donated services and use of facilities	2b	1,370,975.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	149,250.
e	Add lines 2a through 2d	2e	304,896.
3	Subtract line 2e from line 1	3	1192677011.
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 should equal Form 990, Part I, line 12)	5	1192677011.

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

1	Total expenses and losses per audited financial statements	1	1156817606.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	1,370,975.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	817,144.
e	Add lines 2a through 2d	2e	2,188,119.
3	Subtract line 2e from line 1	3	1154629487.
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 should equal Form 990, Part I, line 18)	5	1154629487.

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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

SEE PAGE 5

Part XIV Supplemental Information (continued)ENDOWMENT FUNDSFORM 990, SCHEDULE D, PART V, LINE 4INCOME FROM THE ENDOWMENT FUND WILL BE USED TO SUPPORT THE GENERAL OPERATIONS OF THE FOUNDATION.INCOME TAXESFORM 990, SCHEDULE D, PART XIN JULY 2008, AMERICARES ADOPTED THE PROVISIONS OF FASB INTERPRETATION NO. 48 ("FIN 48"), "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES." FIN 48 REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. DURING FISCAL 2009, AMERICARES EVALUATED ITS TAX POSITIONS AND CONCLUDED THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT MEET THE CRITERIA UNDER FIN 48. ACCORDINGLY, IMPLEMENTATION OF FIN 48 DID NOT HAVE ANY IMPACT ON AMERICARES' ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.RECONCILIATION OF NET ASSETSFORM 990, SCHEDULE D, PART XI, LINE 8SPLIT INTEREST AGREEMENT \$(667,894)

Part XIV Supplemental Information (continued)REVENUE ON BOOKS NOT ON RETURNFORM 990, SCHEDULE D, PART XII, LINE 2DIRECT FUNDRAISING SPECIAL EVENT \$547,125COST OF GOODS SOLD 270,019SPLIT INTEREST AGREEMENT (667,894)TOTAL \$149,250

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EXPENSES ON BOOKS NOT ON RETURNFORM 990, SCHEDULE D, PART XIII, LINE 2DIRECT FUNDRAISING SPECIAL EVENT \$547,125COST OF GOODS SOLD 270,019TOTAL \$817,144

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**Schedule F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

OMB No 1545-0047

2008**Open to Public
Inspection**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

► Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.

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

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 in region
CENTRAL AMERICA/CARIBBEAN	1	55	PROGRAM SERVICES	DISASTER RELIEF/DVLPMNT	226,143,527.
EAST ASIA AND THE PACIFIC	1	2	PROGRAM SERVICES	DISASTER RELIEF/DVLPMNT	84,088,197.
EUROPE	NONE	NONE	PROGRAM SERVICES	DISASTER RELIEF/DVLPMNT	17,269,130.
MIDDLE EAST AND NORTH AFRICA	NONE	NONE	PROGRAM SERVICES	DISASTER RELIEF/DVLPMNT	49,181,957.
NORTH AMERICA	NONE	NONE	PROGRAM SERVICES	DISASTER RELIEF/DVLPMNT	20,455,460.
RUSSIA/INDEPENDENT STATES	NONE	NONE	PROGRAM SERVICES	DISASTER RELIEF/DVLPMNT	53,245,411.
SOUTH AMERICA	NONE	NONE	PROGRAM SERVICES	DISASTER RELIEF/DVLPMNT	89,027,108.
SOUTH ASIA	2	7	PROGRAM SERVICES	DISASTER RELIEF/DVLPMNT	39,872,668.
SUB-SAHARAN AFRICA	NONE	NONE	PROGRAM SERVICES	DISASTER RELIEF/DVLPMNT	316,606,342.
Totals ►	4	64	2,317,143.23	1,732,467.43	895,889,800.

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

Schedule F (Form 990) 2008

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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 ▶ Use Schedule F-1 (Form 990) if additional space is needed.

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. Use Schedule F-1 (Form 990) 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)
		CENT. AMERICA/CARIBBEAN	ON-GOING SUP				205,620,908.	MED. SUPPL.	FAIR MKT VAL
		EAST ASIA/PACIFIC	ON-GOING SUP				78,742,593.	MED. SUPPL.	FAIR MKT VAL
		EUROPE/ICELAND/GREENLAND	ON-GOING SUP				16,787,149.	MED. SUPPL.	FAIR MKT VAL
		MIDDLE EAST/NORTH AFRICA	ON-GOING SUP				48,849,631.	MED. SUPPL.	FAIR MKT VAL
		NORTH AMERICA	ON-GOING SUP				18,589,960.	MED. SUPPL.	FAIR MKT VAL
		RUSSIA	ON-GOING SUP				53,179,402.	MED. SUPPL.	FAIR MKT VAL
		SOUTH AMERICA	ON-GOING SUP				86,571,501.	MED. SUPPL.	FAIR MKT VAL
		SOUTH ASIA	ON-GOING SUP				39,042,494.	MED. SUPPL.	FAIR MKT VAL
		SUB-SAHARAN AFRICA	ON-GOING SUP				309,467,199.	MED. SUPPL.	FAIR MKT VAL
		CENT. AMERICA/CARIBBEAN	TRAUMA TRAIN	117,000.	ETT OR WIRE				

- 2** Enter total number of organizations that are recognized as charities by the foreign country 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

Enter total number of organizations that are listed as provided a section 501(c)(3) equivalency letter.

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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.
Use Schedule F-1 (Form 990) if additional space is needed.

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

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.

ACTIVITIES CONDUCTED IN FOREIGN COUNTRIES

FORM 990, PART IV

LINE 14 - AMERICARES FOUNDATION HAS CLOSED ITS OFFICE IN JAKARTA

INDONESIA AND EMPLOYS TWO PEOPLE IN ONE OFFICE IN SRI LANKA WHICH IT WILL

CLOSE WITHIN A YEAR. IN EACH OF THESE OFFICES AMERICARES OVERSAW THE

DISTRIBUTION OF GRANTS MADE IN RESPONSE TO THE 2004 SOUTHEAST ASIA

TSUNAMI. AMERICARES ALSO OWNS AND OPERATES A HEALTH CLINIC, EMPLOYING 55

PEOPLE IN EL SALVADOR. AMERICARES OPERATES A WAREHOUSE IN INDIA WHICH

EMPLOYS SEVEN PEOPLE. BOTH ITS OPERATIONS IN EL SALVADOR AND INDIA WILL

BE ON-GOING.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Open To Public
Inspection

**Department of the Treasury
Internal Revenue Service**

Name of the organization

Employer identification number

AMERICARES FOUNDATION, INC.

06-1008595

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

- 3 List all states in which the organization is registered or licensed to solicit funds 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 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 <u>AIRLIFT BENEFIT</u> (event type)	(b) Event #2	(c) Other Events NONE (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	843,312.		843,312.
	2 Less: Charitable contributions	296,187.		296,187.
	3 Gross revenue (line 1 minus line 2)	547,125.		547,125.
Direct Expenses	4 Cash prizes			
	5 Non-cash prizes			
	6 Rent/facility costs			
	7 Other direct expenses	547,125.		547,125.
	8 Direct expense summary Add lines 4 through 7 in column (d)			► (547,125.)
	9 Net income summary Combine lines 3 and 8 in column (d)			►

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 Non-cash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No
	7 Direct expense summary. Add lines 2 through 5 in column (d)			► ()
	8 Net gaming income summary Combine lines 1 and 7 in column (d)			►

- 9 Enter the state(s) in which the organization operates gaming activities
 a Is the organization licensed to operate gaming activities in each of these states?
 b If "No," Explain.

	Yes	No
9a		
10a		
11		
12		

- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
 b If "Yes," Explain

- 11 Does the organization operate gaming activities with nonmembers?
 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?

- 13 Indicate the percentage of gaming activity operated in
- a The organization's facility 13a %
 b An outside facility 13b %
- 14 Provide the name and address of the person who prepares the organization's gaming/special event books and records.

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a
- 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

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? 17a
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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.
Use Schedule I-1 (Form 990) if additional space is needed

Part IV **Supplemental Information** Complete this part to provide the information required in Part I, line 2, and any other additional information

CREDITORS AND ASSISTANCE

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LINE 2 - AMERICARES MONITORING ACTIVITIES FOCUS SPECIFICALLY ON THE

CONTINUATION OF THE PREVIOUS PAGE

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IN ADDITION, AMERICANS MAY COMBINE AGAINST THE PROPOSED BUDGET.

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICARES FOUNDATION, INC.

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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	Employer identification number
GREEN AREA MEDICAL EXTENDERS, INC. PO BOX 160 LEAKSVILLE, MS 39451	64-0617252	501(C) (3)	28,186.					06-1008595
MANA MINISTRIES 120 STREET A SUITE A PICAYUNE, MS 39466	20-1788094	501(C) (3)	8,107.				REIMBURSEMENT	
MONTROSE COUNSELING CENTER, INC. 401 BRANARD STREET 2ND FLOOR	74-2050245	501(C) (3)	25,000.				REPAIR COSTS	
ODYSSEY HOUSE LOUISIANA, INC. 1125 N TONI STREET NEW ORLEANS, LA 70119	72-0743677	501(C) (3)	35,700.				FURNISHINGS	
SEALION MOBILE HEALTH MINISTRY 2220 BROADWAY HOUSTON, TX 77012	76-0570086	501(C) (3)	30,000.				EXPANSION OF SERVICE	
SOUTHWEST LOUISIANA PRIMARY HEALTH CARE 9762 HIGHWAY 182 OPELOUSAS, LA 70570	58-2003179	501(C) (3)	15,000.				REIMBURSEMENT	
ST. CHARLES COMMUNITY HEALTH CENTER, INC. 843 MILLING AVENUE PO BOX 62	47-0852944	501(C) (3)	40,000.				REPAIR COSTS	
SOUTHEAST TEXAS COMMUNITY HEALTH CARE 365 FORSYTHE STREET BEAUMONT, TX 77001	76-0368342	501(C) (3)	30,636.				REPAIR COSTS	
SPRING BRANCH COMMUNITY HEALTH CARE CLINIC 1615 HILLENDAHL #100 HOUSTON, TX 77005	30-0198705	501(C) (3)	50,000.				EXPANSION OF SERVICE	
COASTAL FAMILY HEALTH CENTER PO BOX 475 BILOXI, MS 39533	64-0592416	501(C) (3)	40,000.				FACILITY IMPROVEMENT	
ST. VINCENT'S HOUSE 2017 POSTOFFICE STREET GALVESTON, TX 77550	74-1384864	501(C) (3)	19,000.				REPAIR COSTS	
JBL CHARITAX FAMILY MEDICAL CLINIC 4400 HIGHLAND AVENUE BEAUMONT, TX 77005	76-0558225	501(C) (3)	50,000.				INCR. PATIENT SRVC	
AMERICARES FREE CLINICS 88 HAMILTON AVENUE STAMFORD, CT 6902	06-1422741	501(C) (3)	701,125.				FORGIVENESS OF DEBT	
CAMP AMERIKIDS 88 HAMILTON AVENUE STAMFORD, CT 6902	06-1431690	501(C) (3)	150,000.				FORGIVENESS OF DEBT	
AMERICARES HOMEFRONT 88 HAMILTON AVENUE STAMFORD, CT 6902	30-0281085	501(C) (3)	400,000.				FORGIVENESS OF DEBT	
							187	
2 Enter total number of Section 501(c)(3) and government organizations								
3 Enter total number of other organizations							NONE	

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

Schedule I-1 (Form 990) 2008

► Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)

2008
Open to Public
Inspection

OMB No. 1545-0047

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)

OMB No. 1545-0047
2008

**Open to Public
Inspection**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AMERICARES FOUNDATION, INC.	64-0624495	501(C) (3)		364,906.	FAIR MKT VAL	MED. SUPPL.
AARON E HENRY COMMUNITY HEALTH CENTER	14-1847977	501(C) (3)		368,438.	FAIR MKT VAL	MED. SUPPL.
510 HIGHWAY 322 CLARKSDALE, MS 38614	06-1422741	501(C) (3)		355,698.	FAIR MKT VAL	MED. SUPPL.
AGAPE CLINIC	55-0774466	501(C) (3)		130,681.	FAIR MKT VAL	MED. SUPPL.
4105 JUNIUS STREET DALLAS, TX 75246	56-2015959	501(C) (3)		165,976.	FAIR MKT VAL	MED. SUPPL.
AMERICARES FREE CLINICS	26-0036674	501(C) (3)		12,299.	FAIR MKT VAL	MED. SUPPL.
88 HAMILTON AVE STAMFORD, CT 6902	81-0669867	501(C) (3)		22,049.	FAIR MKT VAL	MED. SUPPL.
BECKLEY HEALTH RITE INC	06-1431690	501(C) (3)		288,666.	FAIR MKT VAL	MED. SUPPL.
111 RANDOLPH STREET BECKLEY, WV 25801	20-3572418	501(C) (3)		51,921.	FAIR MKT VAL	MED. SUPPL.
BETHESDA HEALTH CENTER	82-0530042	501(C) (3)		33,799.	FAIR MKT VAL	MED. SUPPL.
133 STEYSON DRIVE CHARLOTTE, NC 28262	20-0637782	501(C) (3)		175,545.	FAIR MKT VAL	MED. SUPPL.
BETHESDA HEALTH CLINIC	72-0467503	501(C) (3)		137,857.	FAIR MKT VAL	MED. SUPPL.
409 W. FERGUSON STREET TYLER, TX 75702	120 S. CENTRAL EXPRESSWAY, SUITE 106			78,526.	FAIR MKT VAL	MED. SUPPL.
BREAD OF HEALING	201 EVANS RD. SUITE 314 HARAHAN, LA 70123			302,112.	FAIR MKT VAL	MED. SUPPL.
1821 N 16TH STREET MILWAUKEE, WI 53205	421 GRAHAM AVE EU CLAIRE, WI 54702			187,892.	FAIR MKT VAL	MED. SUPPL.
CAMP AMERIKIDS	39-1840231	501(C) (3)				
88 HAMILTON AVE STAMFORD, CT 6902	35-2179708	501(C) (3)				
CATHERINE'S CARE CENTER						
224 CARRIER NE GRAND RAPIDS, MI 49505						
CHARITABLE CHRISTIAN MEDICAL CLINIC						
133 ARBOR STREET HOT SPRINGS, AR 71901-3535						
CHEYENNE COMMUNITY CLINIC						
2506 E. FOX FARM ROAD CHEYENNE, WY 82007						
CHILDREN AND COMMUNITY HEALTH CENTER						
120 S. CENTRAL EXPRESSWAY, SUITE 106						
CHILDREN'S HOSPITAL - GREATER NEW ORLEANS						
201 EVANS RD. SUITE 314 HARAHAN, LA 70123						
CHIPPENNA VALLEY FREE CLINIC						
CHRIST CLINIC						
5810 THIRD STREET KATY, TX 77433						

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)

OMB No 1545-0047
2008
Open to Public
Inspection

Employer identification number
06-1009595

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CHRISTIAN APPALACHIAN PROJECT----- 6550 US 321, SOUTH HAGERTHILL, KY 41222	61-0661137	501(C)(3)		1,084,238.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
CHRISTIAN COMMUNITY ACTION ADULT HEALTH 200 S. MILL STREET LEWISVILLE, TX 75057	23-7319371	501(C)(3)		182,589.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
CHRISTIAN HEALTH CENTER OF HEBER SPRINGS----- 501 W MAIN ST, PMB #333	71-0852792	501(C)(3)		109,589.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
CHRISTIAN HEALTH CENTER OF HOWARD COUNTY----- P.O. BOX 173 NASHVILLE, AR 71832	20-5772465	501(C)(3)		16,133.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
CHRIST'S FAMILY CLINIC----- 6409 PRESTON ROAD DALLAS, TX 75205	75-2332948	501(C)(3)		61,219.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
CHURCH HILL FREE CLINIC----- 401 RICHMOND STREET CHURCH HILL, TN 37642	62-1391365	501(C)(3)		131,959.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
COASTAL FAMILY HEALTH CLINIC----- 1046 DIVISION STREET BILOXI, MS 39530	64-0592416	501(C)(3)		247,964.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
COMMUNITY CARE CENTER OF FORSYTH COUNTY----- 2135 NEW WALKERTOWN RD	58-1403699	501(C)(3)		131,774.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
COMMUNITY CARE CLINIC OF HIGHLANDS----- 52 AUNT DORA HIGHLANDS, NC 28741	65-1251915	501(C)(3)		23,637.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
COMMUNITY CARE CLINIC OF HIGHLANDS----- 52 AUNT DORA DR. HIGHLANDS, NC 28741	65-1251915	501(C)(3)		204,101.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
COMMUNITY CENTER OF ST. BERNARD----- 1107 LEBEAU STREET ARABI, LA 70032	74-3173649	501(C)(3)		5,326.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
COMMUNITY CLINIC OF RUTHERFORD COUNTY NC----- 127 E TRADE ST FOREST CITY, NC 28043	56-2478341	501(C)(3)		8,693.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
COMMUNITY CLINIC OF SHELBYSVILLE----- 844 UNION STREET SHELBYSVILLE, TN 37160	34-1974609	501(C)(3)		110,910.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
COMMUNITY HEALTH----- 2611 W. CHICAGO AVE CHICAGO, IL 60632	36-3831793	501(C)(3)		32,284.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
COMMUNITY HEALTH CLINIC OF BUTLER COUNTY----- 103 BONNIE DR. BUTLER, PA 16002	20-4852135	501(C)(3)		5,687.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICARES FOUNDATION, INC.

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)

2008
Open to Public
Inspection

OMB No. 1545-0047

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
COMPASSION MEDICAL CLINIC OF WILLIAMS CO 614 EAST EDGERTON STREET BRYAN, OH 43506	20-4352598	501(C) (3)		172,423.	FAIR MKT VAL	MED. SUPPL.
COMPASSIONATE CARE CLINIC, INC 1022 AIRPORT RD MILLIDGEVILLE, GA 31061	74-3157081	501(C) (3)		217,122.	FAIR MKT VAL	MED. SUPPL.
CONWAY INTERFAITH CLINIC	41-2058756	501(C) (3)		323,896.	FAIR MKT VAL	MED. SUPPL.
CROSSROADS MEDICAL MISSION 300 WEST VALLEY DR BRISTOL, VA 24201	54-2038877	501(C) (3)		39,097.	FAIR MKT VAL	MED. SUPPL.
DAVIDSON MEDICAL MINISTRIES CLINIC 420 NORTH SALISBURY STREET	56-1746266	501(C) (3)		180,388.	FAIR MKT VAL	MED. SUPPL.
DELL CHILDREN'S MEDICAL CENTER - HEALTH EXP 4900 MOELLER DRIVE AUSTIN, TX 78723	74-1109643	501(C) (3)		53,253.	FAIR MKT VAL	MED. SUPPL.
DETROIT HEALTH CARE FOR THE HOMELESS 2395 W. GRAND BOULEVARD DETROIT, MI 48208	38-2724796	501(C) (3)		110,438.	FAIR MKT VAL	MED. SUPPL.
DISPENSARY OF HOPE	20-8973035	501(C) (3)		13,147.	FAIR MKT VAL	MED. SUPPL.
DR. JAMES E. ALBRECHT FREE CLINIC, INC 1201 OAK STREET WEST BEND, WI 53095-0632	39-1839654	501(C) (3)		51,312.	FAIR MKT VAL	MED. SUPPL.
E PANHANDLE FREE CLINIC 11065 MIDDLEWAY PIKE CHARLES TOWN, WV 25414	55-0778553	501(C) (3)		17,833.	FAIR MKT VAL	MED. SUPPL.
EAST HARTFORD COMMUNITY HEALTH CENTER, INC 94 CONNECTICUT BLVD.	06-1416492	501(C) (3)		101,672.	FAIR MKT VAL	MED. SUPPL.
ETOWAH BAPTIST CHARITY PHARMACY 18901 EAST ETOWAH RD NOBLE, OK 73068	73-1637087	501(C) (3)		5,512.	FAIR MKT VAL	MED. SUPPL.
EUREKA CHRISTIAN HEALTH 195 HUNTSVILLE ROAD	04-3822257	501(C) (3)		8,731.	FAIR MKT VAL	MED. SUPPL.
FAITH CARE CLINIC, INC. WESLEY UNITED METHODIST CHURCH	13-4256432	501(C) (3)		50,797.	FAIR MKT VAL	MED. SUPPL.
FAMILY HEALTH PARTNERSHIP CLINIC 13707 W JACKSON WOODSTOCK, IL 60098	36-4277029	501(C) (3)		7,152.	FAIR MKT VAL	MED. SUPPL.

- 2 Enter total number of Section 501(c)(3) and government organizations
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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008535

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FAMILY RESOURCE CENTER						
10499 AUSTIN DRIVE SPRING VALLEY, CA 91978	35-2329448	501(C) (3)		610,678.	FAIR MKT VAL	MED. SUPPL.
FEEDING AMERICA						ON-GOING SUPPORT
35 EAST WACKER DRIVE CHICAGO, IL 60601	36-3673599	501(C) (3)		405,858.	FAIR MKT VAL	MED. SUPPL.
FIRST BAPTIST CHURCH MEDICAL/DENTAL						ON-GOING SUPPORT
1607 CHERRY STREET VICKSBURG, MS 39181	64-0354258	501(C) (3)		21,168.	FAIR MKT VAL	MED. SUPPL.
FIRST BOOK NATIONAL BOOK BANK						ON-GOING SUPPORT
1319 F ST NW WASHINGTON, DC 20004	52-1779606	501(C) (3)		74,608.	FAIR MKT VAL	MED. SUPPL.
FRANKLIN COUNTY VOLUNTEERS IN MEDICINE						ON-GOING SUPPORT
108 BICKETT BLVD LOUISBURG, NC 27549	32-0070225	501(C) (3)		177,040.	FAIR MKT VAL	MED. SUPPL.
FREE CLINIC OF SHERIDAN COUNTY						ON-GOING SUPPORT
1428 WEST 5TH STREET SHERIDAN, WY 82801	20-1389307	501(C) (3)		6,077.	FAIR MKT VAL	MED. SUPPL.
FREE CLINICS OF HENDERSON COUNTY						ON-GOING SUPPORT
841 CASE STREET HENDERSONVILLE, NC 28792	56-2212024	501(C) (3)		46,000.	FAIR MKT VAL	MED. SUPPL.
FREE MEDICAL CLINIC OF DARLINGTON COUNTY						ON-GOING SUPPORT
203 GROVE STREET DARLINGTON, SC 29532	58-2445265	501(C) (3)		28,107.	FAIR MKT VAL	MED. SUPPL.
GOOD SAMARITAN						ON-GOING SUPPORT
140 INDUSTRIAL LOOP	91-2129853	501(C) (3)		20,130.	FAIR MKT VAL	MED. SUPPL.
GOOD SAMARITAN CLINIC						ON-GOING SUPPORT
305 WEST UNION ST. MORETON, NC 28655	56-1939030	501(C) (3)		104,193.	FAIR MKT VAL	MED. SUPPL.
GOOD SAMARITAN CLINIC						ON-GOING SUPPORT
615 NORTH B STREET FORT SMITH, AR 72901	71-0863639	501(C) (3)		33,799.	FAIR MKT VAL	MED. SUPPL.
GOOD SAMARITAN HEALTH & WELLNESS CENTER						ON-GOING SUPPORT
175 SAMARITAN DRIVE JASPER, GA 30143	58-2576315	501(C) (3)		102,608.	FAIR MKT VAL	MED. SUPPL.
GOOD SAMARITAN HEALTH CENTER						ON-GOING SUPPORT
313 AENOLD AVE. GREENVILLE, MS 38701	26-2117290	501(C) (3)		74,024.	FAIR MKT VAL	MED. SUPPL.
GRACE MEDICAL CLINIC						ON-GOING SUPPORT
211 SOUTH 8TH STREET MAYFIELD, KY 42066	61-1351519	501(C) (3)		182,201.	FAIR MKT VAL	MED. SUPPL.
GRAND PRAIRIE CHARITABLE CHRISTIAN MEDICAL						ON-GOING SUPPORT
P.O. BOX 426 DEMITT, AR 72042	71-0851962	501(C) (3)		36,972.	FAIR MKT VAL	MED. SUPPL.

2 Enter total number of other organizations

3 Enter total number of government organizations

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
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OMB No. 1545-0047
2008

Open to Public
Inspection

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)						Employer identification number	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
GRAYSON VOLUNTEER HEALTH CLINIC	81-0584983	501(C) (3)			14,209.	FAIR MKT VAL	ON-GOING SUPPORT
900 NORTH ARMSTRONG DENISON, TX 75020							
GREATER GREENWOOD UNITED MINISTRY	57-1012393	501(C) (3)			46,024.	FAIR MKT VAL	ON-GOING SUPPORT
1104 EDGEFIELD STREET GREENWOOD, SC 29656							
GREATER HICKORY COOPERATIVE CHRISTIAN	56-0934855	501(C) (3)			955,253.	FAIR MKT VAL	ON-GOING SUPPORT
31 1ST AVENUE SE HICKORY, NC 28602							
GREATER KILLEEN FREE CLINIC	74-2724725	501(C) (3)			60,829.	FAIR MKT VAL	ON-GOING SUPPORT
309 N. 2ND ST. KILLEEN, TX 76541							
GREENVILLE FREE MEDICAL CLINIC	57-0855205	501(C) (3)			421,194.	FAIR MKT VAL	ON-GOING SUPPORT
600 ARLINGTON AVENUE GREENVILLE, SC 29601							
GULF COAST COMMUNITY MINISTRIES	30-0225661	501(C) (3)			17,174.	FAIR MKT VAL	ON-GOING SUPPORT
1814 PASS RD GULFPORT, MS 39501							
HEALTH ACCESS INC	55-0715066	501(C) (3)			37,004.	FAIR MKT VAL	ON-GOING SUPPORT
9116 WEST PINE STREET CLARKSBURG, WV 26301							
HEALTH ALLIANCE FOR THE UNINSURED, INC	26-1789292	501(C) (3)			360,822.	FAIR MKT VAL	ON-GOING SUPPORT
601 NW GRAND BLVD SUITE B							
HEALTH CARE ACCESS INC	48-1062114	501(C) (3)			12,635.	FAIR MKT VAL	ON-GOING SUPPORT
1920 MOODIE ROAD LAWRENCE, KS 66046							
HEALTH CARE NETWORK INC	42-1299913	501(C) (3)			116,088.	FAIR MKT VAL	ON-GOING SUPPORT
904 STATE STREET RACINE, WI 53104							
HEALTHCARE FOR THE HOMELESS HOUSTON	76-0260403	501(C) (3)			43,149.	FAIR MKT VAL	ON-GOING SUPPORT
2505 FANNIN ST. HOUSTON, TX 77002							
HELPING HAND CLINIC	56-1752295	501(C) (3)			242,798.	FAIR MKT VAL	ON-GOING SUPPORT
507 N. STEELE STREET SANFORD, NC 27330							
HELPING HANDS CLINIC INC	56-2076541	501(C) (3)			67,598.	FAIR MKT VAL	ON-GOING SUPPORT
810 HARPER AVENUE NW LENOIR, NC 28645							
HOMEFRONT	30-0281095	501(C) (3)			24,512.	FAIR MKT VAL	ON-GOING SUPPORT
88 HAMILTON AVENUE STAMFORD, CT 6902							
HOPE MEDICAL AND DENTAL CLINIC	75-2953856	501(C) (3)			19,630.	FAIR MKT VAL	ON-GOING SUPPORT
111 MEADOWVIEW DR. CLEBURNE, TX 76033							

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Continuation Sheet for Schedule I (Form 990)

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OMB No. 1545-0047

2008

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Inspection**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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	
HODMA_TERREBONNE_CIVIC_CENTER	346 CIVIC CENTER BOULEVARD HOUma, LA 70360	72-1403754	501(C) (3)		39,362.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
HOUSE_OF_HOPE	256 S. KRUEGER NEW BRAUNFELS, TX 78130	99-9999999	501(C) (3)		33,684.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
IBN_SINA_FOUNDATION	11226 SOUTH WILCREST DRIVE	76-0698464	501(C) (3)		39,101.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
INTERNATIONAL_AID	17011 WEST HICKORY SPRING LAKE, MI 49456	38-2323350	501(C) (3)		5,750.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
JOHNSTOWN_FREE_MEDICAL_CLINIC	329 MAIN ST. JOHNSTOWN, PA 15901	23-2922409	501(C) (3)		13,365.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
JOY-SOUTFIELD COMMUNITY HEALTH CENTER	18917 JOY ROAD DETROIT, MI 48228	38-3622230	501(C) (3)		175,859.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
LA_CLINICA_CHRISTIANA	380 WILSON LAKE SHORES	20-1624284	501(C) (3)		14,206.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
LAKE AREA_FREE_CLINIC	1205 CORP CTR DR OCONOMOWOC, WI 53066	39-2006388	501(C) (3)		31,605.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
LAKE COUNTY FREE MEDICAL CLINIC	54 SOUTH STATE STREET, SUITE 302	34-1081191	501(C) (3)		80,762.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
LIFESOUTH_COMMUNITY_BLOOD_CENTERS_INC	4039 NEWBERRY ROAD GAINESVILLE, FL 32607	59-1545514	501(C) (3)		527,969.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
LOVE_OF_JESUS_HEALTH_CLINIC	10930 HULL STREET RD MIDLOTHIAN, VA 23112	03-0450006	501(C) (3)		703,080.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
LSU_INTERNAL_MEDICINE_RESIDENCY	5825 AIRLINE HIGHWAY BATON ROUGE, LA 70802	99-9999999	501(C) (3)		18,029.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
MERGER_HEALTH_RIGHT_INC	RR 2, BOX 378 BLUEFIELD, WV 24701	55-0702719	501(C) (3)		78,520.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
MERCY_MEDICAL_CLINIC	615 WASHINGTON ST. SHELBURNE, KY 40065	61-1211189	501(C) (3)		176,784.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
MILLENNIUM_SEASTARS_INC	543 NORTHERN PARKWAY UNIONDALE, NY 11553	11-3523194	501(C) (3)		67,598.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
2 Enter total number of Section 501(c)(3) and government organizations								
3 Enter total number of other organizations								

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2 Enter total number of other organizations

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**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

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2008

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Inspection**

OMB No 1545-0047

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AMERICARES FOUNDATION, INC.						Employer identification number 06-1008595
MISSION ARLINGTON MEDICAL CLINIC	75-2724385	501(C)(3)		2,235,682. FAIR MKT VAL	MED. SUPPL.	(h) Purpose of grant or assistance ON-GOING SUPPORT
210 WEST SOUTH ST. ARLINGTON, TX 76010				17,826. FAIR MKT VAL	MED. SUPPL.	
MISSION EAST DALLAS	72-2935803	501(C)(3)		87,228. FAIR MKT VAL	MED. SUPPL.	
2914 OATES DRIVE DALLAS, TX 75228				12,807. FAIR MKT VAL	MED. SUPPL.	
MISSION OUTREACH CHARITABLE CLINIC	71-0552109	501(C)(3)		33,799. FAIR MKT VAL	MED. SUPPL.	
1 MEDICAL DRIVE PARAGOULD, AR 72450				28,501. FAIR MKT VAL	MED. SUPPL.	
MOORE FREE CARE CLINIC	01-1781234	501(C)(3)		10,981. FAIR MKT VAL	MED. SUPPL.	
705 PINEHURST AVE. CARTHAGE, NC 28327				48,475. FAIR MKT VAL	MED. SUPPL.	
MOUNTAIN HOME CHRISTIAN CLINIC	71-0835511	501(C)(3)		23,910. FAIR MKT VAL	MED. SUPPL.	
421 W. WADE AVENUE MOUNTAIN HOME, AR 72653				109,422. FAIR MKT VAL	MED. SUPPL.	
MS GULF COAST CHILDREN'S HEALTH PROJECT	64-0592416	501(C)(3)		32,173. FAIR MKT VAL	MED. SUPPL.	
106 DIVISION STREET BILOXI, MS 39530				67,598. FAIR MKT VAL	MED. SUPPL.	
MT. JEWETT BOROUGH OFFICE	25-6000413	501(C)(3)				
1 CENTER STREET MT. JEWETT, PA 16740						
NATHANIEL MISSION HEALTH CLINIC	30-0303716	501(C)(3)				
6116 DE RODE ST LEXINGTON, KY 40508						
NEW HOPE CLINIC	31-1614379	501(C)(3)				
4705 SOUTHPORT SUPPLY RD, SUITE 202						
NEW ORLEANS CHILDREN'S HEALTH PROJECT	72-0423889	501(C)(3)				
1430 TULANE AVE, SL37 NEW ORLEANS, LA 70112						
NSILJ MOBILE HEALTH LONG ISLAND	13-3132090	501(C)(3)				
15 BURKE LANE SYOSSET, NY 11791						
OPEN DOOR CLINIC URBAN MINISTRIES	58-1422700	501(C)(3)				
1390 CAPITAL BOULEVARD RALEIGH, NC 27603						
OPEN DOOR CLINIC	56-1794210	501(C)(3)				
221 A. N. GRAHAM-HOPEDALE RD.						
OPEN M/S SUMMIT COUNTY FREE CLINIC	03-0605432	501(C)(3)				
941 PRINCETON STREET AKRON, OH 44311						
OPTIMUS HEALTH CARE	06-0921166	501(C)(3)				
471 BARNUM AVENUE BRIDGEPORT, CT 6608						
2 Enter total number of Section 501(c)(3) and government organizations						
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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

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2008

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Inspection**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)						Employer identification number	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PARTNERS FOR HEALING							
109 WEST BLACKWELL ST. TULLAHOMA, TN 37388	62-1834800	501(C)(3)		19,963.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
PARTNERSHIP FOR THE HOMELESS							
476 JEFFERSON STREET BROOKLYN, NY 11237	13-3732698	501(C)(3)		116,354.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
PEDI PLACE							
502 SOUTH OLD ORCHARD LANE	75-2512752	501(C)(3)		239,377.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
POTTER'S VESSEL MINISTRIES INC.							
1300 AUSTIN AVE WACO, TX 76701	01-0573158	501(C)(3)		61,747.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
PRESBYTERIAN MEDICAL CARE MISSION							
302 MEDICAL DRIVE ABILENE, TX 79601	56-2570385	501(C)(3)		83,776.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
PROJECT CONCERN INTERNATIONAL							
5151 MURPHY CANYON ROAD SAN DIEGO, CA 92116	95-2248462	501(C)(3)		64,821.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
RAPHAEL COMMUNITY FREE CLINIC							
1807 WATER STREET KERRVILLE, TX 78028	14-2819628	501(C)(3)		112,872.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
RHODE ISLAND FREE CLINIC							
655 BROAD STREET PROVIDENCE, RI 2907	05-0501276	501(C)(3)		31,228.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
RIVER CITY MINISTRY OF PULASKI COUNTY							
1021 E. WASHINGTON	71-0786539	501(C)(3)		405,588.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
RIVER VALLEY CHRISTIAN CLINIC							
1714 STATE HIGHWAY 22 DARDANELLE, AR 72234	20-5193973	501(C)(3)		105,680.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
SAINT BARNABAS HEALTHCARE SYSTEM							
95 OLD SHORT HILLS ROAD	22-2405279	501(C)(3)		212,707.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
SAN JOSE CLINIC							
3011 HAMILTON STREET HOUSTON, TX 77002	76-0373703	501(C)(3)		9,527.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
SHALOM HEALTH MINISTRY							
2220 BROADWAY HOUSTON, TX 77012	76-0570086	501(C)(3)		172,688.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
SHELTER HEALTH SERVICES INC							
534 SPRATT STREET CHARLOTTE, NC 28205	20-3041985	501(C)(3)		6,077.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
SMITH MEDICAL CLINIC							
116 BASKERVILLE DRIVE	57-0786699	501(C)(3)		467,613.	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

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**Open to Public
Inspection**

OMB No. 1545-0047

2008

AMERICARES FOUNDATION, INC.

Part I

Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c)IRC Code 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
SOUTH COUNTY COMMUNITY CLINIC DBA COMMUNITY 101 PINE MANOR DRIVE	75-2634623	501(C) (3)		17,833	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
ST. MARTINS HEALTHCARE	20-8609620	501(C) (3)		24,717	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
ST. RANDOLPH ST GARRETT, IN 46738	20-4511742	501(C) (3)		351,553	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
ST. BERNARD HEALTH CENTER, INC							
9101 W. JUDGE PEREZ DR.							
ST. NICHOLAS FAMILY CLINIC							
1901 KENTUCKY AVENUE RADICAH, KY 42003	61-1260945	501(C) (3)		33,799	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
THE CLINIC							
143 CHURCH STREET PHOENIXVILLE, PA 19460	23-3072363	501(C) (3)		376,898	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
THE FREE CLINIC OF GOOCHLAND							
1800 SANDY HOOK ROAD GOOCHLAND, VA 23063	54-1967650	501(C) (3)		23,251	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
THE GOOD SAMARITAN HOUSE							
987 SAN SEBASTIAN WAY AUGUSTA, GA 30912	56-1984630	501(C) (3)		28,107	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
THE HOPE PROJECT TENHA CLINIC							
157 WALL STREET TENHA, TX 75974	32-0086739	501(C) (3)		281,514	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
TOMASPA MINISTRIES MEDICAL CLINIC							
13414 MEDICAL COMPLEX DR. #1	76-0280324	501(C) (3)		15,117	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
TRINITY CLINIC							
PO BOX 37 CALVIN, OK 74531	73-1325101	501(C) (3)		69,860	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
UBI CARITAS							
4450 HIGHLAND AVENUE BEAUMONT, TX 77705	76-0558225	501(C) (3)		219,641	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
VIOLA STARZMAN FREE CLINIC							
1874 CLEVELAND ROAD WOOSTER, OH 44691	34-1758151	501(C) (3)		55,275	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
WATER STREET RESCUE MISSION MEDICAL CLINIC							
210 SOUTH PRINCE STREET LANCASTER, PA 17601	23-6004676	501(C) (3)		179,161	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
WEST VIRGINIA HEALTH RIGHT							
1520 WASHINGTON STREET, F	31-1066881	501(C) (3)		149,334	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT
WHEELING HEALTH RIGHT, INC							
61 29TH ST. WHEELING, WV 26003	31-1149085	501(C) (3)		68,414	FAIR MKT VAL	MED. SUPPL.	ON-GOING SUPPORT

2 Enter total number of other organizations

3 Enter total number of government organizations

Schedule I-1 (Form 990) 2008

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

Continuation Sheet for Schedule I (Form 990)

**Department of the Treasury
Internal Revenue Service**

Name of the organization

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)

OOME NO 1545-004

2008

Open to Public
Inspection

Employer Identification Number

AMERICARES FOUNDATION, INC.

Part I

Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990, Part II))

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
WHITE HOUSE CLINICS	61-0843731	501(C) (3)			63,266.	FAIR MKT VAL	MED. SUPPL.
221 US HIGHWAY 421 MCKEE, KY 40447	20-0776091	501(C) (3)			284,383.	FAIR MKT VAL	MED. SUPPL.
WOMENS HEALTH CONNECTIONS	412 S. MAIN ST. LINDALE, TX 75771						ON-GOING SUPPORT

- 2 Enter total number of Section 501(c)(3) and government organizations
3 Enter total number of other organizations

Schedule I-1 (Form 990) 2008

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service**Compensation Information**

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008**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

First-class or charter travel
 Travel for companions
 Tax indemnification and gross-up payments
 Discretionary spending account

Housing allowance or residence for personal use
Payments for business use of personal residence
Health or social club dues or initiation fees
Personal services (e.g., maid, chauffeur, chef)

	Yes	No
1a	X	
2	X	

- b** If line 1a is 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 organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

Compensation committee
 Independent compensation consultant
 Form 990 of other organizations

Written employment contract
Compensation survey or study
Approval by the board or compensation committee

3	
4a	X
4b	X
4c	X
5	

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

- 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

5	
5a	X
5b	X
6	
6a	X
6b	X
7	X
8	X

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

- 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 Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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) must equal the applicable column (D) or column (E) amounts on Form 990 Part VII line 1a.

Part III Supplemental Information

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

SUPPLEMENTAL COMPENSATION QUESTIONS**FORM 990, SCHEDULE J, PART I**

LINE 1 - DAVID PRETYMAN, COUNTRY DIRECTOR - INDONESIA WAS PROVIDED WITH

A HOUSING ALLOWANCE AS PART OF HIS EX-PAT BENEFITS. THIS AMOUNT WAS

INCLUDED AS PART OF HIS GROSS COMPENSATION REPORTED.

LINE 4A - KRISTINE WRAY RECEIVED A SEVERANCE PAYMENT OR CHANGE OF CONTROL

PAYOUT.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization

AMERICARES FOUNDATION, INC.

Employer Identification number

06-1008595

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(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			
<u>ROBERT MACAULEY</u> DIRECTOR	1.	X					NONE	NONE	NONE
<u>ALMA JANE MACAULEY</u> DIRECTOR	1.	X					NONE	NONE	NONE
<u>CAROL BAUER</u> DIRECTOR	1.	X					NONE	NONE	NONE
<u>JOHN KELLY</u> DIRECTOR	1.	X					NONE	NONE	NONE
<u>JERRY LEAMON</u> DIRECTOR	1.	X					NONE	NONE	NONE
<u>C DEAN MAGLARIS</u> DIRECTOR	1.	X					NONE	NONE	NONE
<u>JOSEPH MERRILL</u> DIRECTOR	1.	X					NONE	NONE	NONE
<u>BEVERLEY SCHUCH</u> DIRECTOR	1.	X					NONE	NONE	NONE
<u>CHIP SKOWRON</u> DIRECTOR	1.	X					NONE	NONE	NONE
<u>FRED WEISMAN</u> DIRECTOR	1.	X					NONE	NONE	NONE
<u>JAMES WHEAT III</u> DIRECTOR	1.	X					NONE	NONE	NONE
<u>STEPHEN WINTER</u> DIRECTOR	1.	X					NONE	NONE	NONE
<u>CURTIS WELLING</u> DIRECTOR, PRESIDENT & CEO	40.	X	X				269,554.	NONE	41,836.
<u>JOSEPH RUCCI</u> DIRECTOR AND SECRETARY	1.	X	X				NONE	NONE	NONE
<u>CAROL SHATTUCK</u> SENIOR VICE PRESIDENT	40.		X				167,625.	NONE	35,816.
<u>ELIZABETH FRANK</u> SENIOR VICE PRESIDENT	40.		X				213,268.	NONE	35,376.
<u>KEVIN GILRAIN</u> SENIOR VICE PRESIDENT	40.		X				143,093.	NONE	34,364.
<u>CAROLYN O'BRIEN</u> SENIOR VICE PRESIDENT	40.		X				186,431.	NONE	36,384.
<u>KATHERINE SEARS</u> SENIOR VICE PRESIDENT	40.		X				122,867.	NONE	28,678.
<u>DENNIS BROWN</u> VICE PRESIDENT	40.		X				111,922.	NONE	5,846.
<u>JEAN DONLON</u> VICE PRESIDENT	40.		X				106,058.	NONE	32,251.

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

JSA

8E1294 1000

56275Y 700J

Schedule J-2 (Form 990) 2008

V08-8.3 0178001-00003

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No 1545-0047

2008

Open to Public
Inspection

**Department of the Treasury
Internal Revenue Service**

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

AMERICARES FOUNDATION, INC.

06-1008595

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

- To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.
- Attach to Form 990.

OMB No. 1545-0047

2008

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications	X		274.	COST/WHOLESALE PRICE
5 Clothing and household goods	X		181,261.	COST/WHOLESALE PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded	X	49	258,788.	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	X	1	175,000.	OPINIONS OF EXPERTS
17 Real estate-Other				
18 Collectibles				
19 Food inventory.	X	34,227	811,728.	COST/WHOLESALE PRICE
20 Drugs and medical supplies	X	680,676	1,166,599,584.	COST/WHOLESALE PRICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens.				
24 Archeological artifacts.				
25 Other ►(HYGIENE ITEMS)	X	37,611	5,445,315.	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	5

- 30a During the year, did the organization receive by contribution any property reported in Part I, line 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?
- 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?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2008

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

- Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

GOVERNING BODY & MANAGEMENT

FORM 990, PART VI, SECTION A

LINE 2 - DIRECTORS, ROBERT MACAULEY AND ALMA JANE MACAULEY ARE MARRIED.

LINE 7 - THE OFFICERS AND DIRECTORS ARE ELECTED BY THE BOARD OF

DIRECTORS.

LINE 10 - THE FORM 990 IS COMPLETED BY OUR ACCOUNTING FIRM, REVIEWED BY

MANAGEMENT AND DISTRIBUTED TO OUR BOARD OF DIRECTORS FOR REVIEW AND

COMMENT. COMMENTS ARE ADDRESSED BEFORE THE FORM IS SENT TO THE IRS.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

POLICIESFORM 990, PART VI, SECTION B

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 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

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

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.

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.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

LINE 15 - THE BOARD OF DIRECTORS DETERMINES THE 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, THOUGH IN NOVEMBER 2008, AND AGAIN IN APRIL 2009, HE DID

ACCEPT A REDUCTION IN COMPENSATION AS PART OF AN ORGANIZATION-WIDE

ACTION. OUR CHIEF EXECUTIVE OFFICER DETERMINES THE COMPENSATION OF OTHER

SENIOR STAFF AND MAY UTILIZE AVAILABLE MARKET DATA, SALARY SURVEY RESULTS

AND OTHER AVAILABLE TOOLS TO SUBSTANTIATE DECISIONS. AND OTHER AVAILABLE

TOOLS TO SUBSTANTIATE DECISIONS.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

DISCLOSUREFORM 990, PART VI, SECTION CLINE 19 - THE FINANCIAL STATEMENTS ARE SUMMARIZED IN THE ANNUAL REPORTWHICH IS AVAILABLE ON OUR WEBSITE AND UPON REQUEST. OUR FULL FINANCIALSTATEMENTS, GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY AREAVAILABLE UPON REQUEST.

Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► See separate instructions.

LOMB No 1545-0047

2008

**Open to Public
Inspection**

Employer identification number 06-1000505

Part I Identification of Disregarded Entities

Identification of Related Tax Exempt Organizations

(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
AMERICARES - FREE CLINICS, INC. 888 HAMILTON AVENUE	06-1422741 STAMFORD, CT 06902	HEALTH CARE CT	501(C) (3)	7	AMERIC. FDNN
CAMP AMERIKIDS, INC. 888 HAMILTON AVENUE	06-1431690 STAMFORD, CT 06902	SUMMER CAMP NY	501(C) (3)	7	AMERIC. FDNN
AMERICARES HOMEFRONT, INC. 888 HAMILTON AVENUE	30-0281085 STAMFORD, CT 06902	HOME REPAIR CT	501(C) (3)	7	AMERIC. FDNN

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

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

Part V Transactions With Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.

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

		Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	X	
b Gift, grant, or capital contribution to other organization(s)	1b	X	
c Gift, grant, or capital contribution from other organization(s)	1c	X	
d Loans or loan guarantees to or for other organization(s)	1d	X	
e Loans or loan guarantees by other organization(s)	1e	X	
f Sale of assets to other organization(s)	1f	X	
g Purchase of assets from other organization(s)	1g	X	
h Exchange of assets	1h	X	
i Lease of facilities, equipment, or other assets to other organization(s)	1i	X	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	X	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	X	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n Sharing of paid employees	1n	X	
o Reimbursement paid to other organization for expenses	1o	X	
p Reimbursement paid by other organization for expenses	1p	X	
q Other transfer of cash or property to other organization(s)	1q	X	
r Other transfer of cash or property from other organization(s)	1r	X	

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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) SEE SCHEDULE R-1		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

Schedule R (Form 990) 2008

Part II Continuation of Identification of Related Tax-Exempt Organizations

Schedule R-1 (Form 990) 2008

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) AMERICARES FREE CLINICS, INC	B	1,056,823.
(8) AMERICARES FREE CLINICS, INC	P	83,485.
(9) AMERICARES FREE CLINICS, INC	Q	650,000.
(10) CAMP AMERIKIDS, INC	B	438,666.
(11) CAMP AMERIKIDS, INC	Q	310,000.
(12) AMERICARES HOMEFRONT	B	24,512.
(13) AMERICARES HOMEFRONT	P	72,223.
(14) AMERICARES HOMEFRONT	Q	250,000.
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

FORM 990, PART III - PROGRAM SERVICES
=====

4A PROGRAM SERVICE

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 OVER \$1 BILLION OF MEDICINES AND MEDICAL SUPPLIES TO 270 HEALTHCARES PARTNERS IN 92 COUNTRIES IN THE YEAR ENDED JUNE 30, 2009. AMERICARES OBTAINS DONATIONS OF MEDICINES, MEDICAL SUPPLIES AND OTHER AID FROM U.S. AND INTERNATIONAL MEDICAL SUPPLY MANUFACTURERS AND PHARMACEUTICAL COMPANIES, AND DELIVERS THEM QUICKLY AND EFFICIENTLY TO HOSPITALS, CLINICS AND COMMUNITY HEALTH FACILITIES. TO DATE, AMERICARES HAS DELIVERED MORE THAN \$9 BILLION IN AID TO OVER 137 COUNTRIES. PARTNERSHIPS ALLOW AMERICARES TO HELP MORE PEOPLE LIVE LONGER, HEALTHIER LIVES BY PROVIDING CRITICAL MEDICINES AND MEDICAL SUPPLIES. AFTER RECEIVING PRODUCT DONATIONS AMERICARES SOLICITS FUNDING TO DELIVER THE AID TO HEALTH CARE FACILITIES AROUND THE WORLD AND IN THE U.S.

AMERICARES WORKS WITH GOVERNMENT MINISTRIES AND SOCIAL SERVICE ORGANIZATIONS TO ASSESS THE HEALTH PRIORITIES IN EACH COMMUNITY IN ORDER TO DELIVER THE MEDICINES AND MEDICAL SUPPLIES NEEDED MOST. TIGHT AUDITING AND UNCOMPROMISING SECURITY PROCEDURES ENSURE THE AID IS DISTRIBUTED TO THE INTENDED PERSONS. 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 99% OF OUR TOTAL EXPENSES DIRECTLY SUPPORT PROGRAMS AND RELIEF FOR PEOPLE IN NEED AND LESS THAN 1% REPRESENT ADMINISTRATIVE COSTS. IN ADDITION TO THE AMOUNTS LISTED ABOVE, AMERICARES USED \$1,370,992 IN CONTRIBUTED SERVICES.

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

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EL SALVADOR
SRI LANKA
INDONESIA

STATEMENT 2

FORM 990, PART VI, LINE 17 - STATES

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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,

AMERICARES FOUNDATION, INC.

06-1008595

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS
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NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
PRICEWATERHOUSECOOPERS, LLP 300 ATLANTIC STREET STAMFORD, CT 06901	AUDIT & ACCTG SVCS	103,000.
	TOTAL COMPENSATION	103,000.

STATEMENT 4