

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

AmeriCares Foundation Inc

% RICHARD K TROWBRIDGE

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

88 HAMILTON AVENUE

City or town, state or province, country, and ZIP or foreign postal code

STAMFORD, CT 069023111

F Name and address of principal officer

Michael J nyenhuis

88 HAMILTON AVENUE

STAMFORD,CT 06902

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.AMERICARES.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1979

M State of legal domicile

CT

D Employer identification number

06-1008595

E Telephone number

(203) 658-9500

G Gross receipts \$

939,270,935

| Part I Summary | | | | |
|-----------------------------|---|--|---------------------|--|
| Activities & Governance | 1 Briefly describe the organization’s mission or most significant activities AMERICARES IS A health-focused relief & development organization that responds to people affected by poverty or disaster with life-changing health programs, medicine & supplies | | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 21 | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 20 | |
| | 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5 | 141 | |
| Revenue | 6 Total number of volunteers (estimate if necessary) | 6 | 29 | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 | |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | | |
| | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year | |
| | | 740,300,393 | 914,486,587 | |
| Expenses | | 9 Program service revenue (Part VIII, line 2g) | 776,992 | |
| | | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 562,583 | |
| | | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -92,516 | |
| | | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 915,733,646 | |
| Net Assets or Fund Balances | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 577,705,085 | 796,944,297 | |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 12,440,189 | 13,181,279 | |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 1,012,029 | 1,381,661 | |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶10,121,662 | | | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 49,373,232 | 170,579,617 | |
| | 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 640,530,535 | 982,086,854 | |
| | 19 Revenue less expenses Subtract line 18 from line 12 | 101,466,039 | -66,353,208 | |
| | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year | |
| | | 220,882,959 | 153,730,999 | |
| | | 8,928,562 | 8,848,399 | |
| | 21 Total liabilities (Part X, line 26) | | | |
| | 22 Net assets or fund balances Subtract line 21 from line 20 | 211,954,397 | 144,882,600 | |

Part II Signature Block

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

Sign Here

Signature of officer

RICK TROWBRIDGE Senior VP,CFO & Tres

Type or print name and title

2016-11-08

Date

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶ GRANT THORNTON LLP

Firm's EIN ▶

Firm's address ▶ 757 THIRD AVE 2ND FLOOR

Phone no (212) 599-0100

NEW YORK, NY 100172013

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

As the number one nonprofit provider of donated medicines and supplies, AmeriCares reached 93 countries in FY16 with medicine, medical supplies, support and technical assistance valued at nearly \$825 million through our Emergency and Global Health programs in FY16. Through these programs, we worked to save lives and improve health for people affected by poverty or disaster so they can reach their full potential. Through collaboration with our extensive worldwide partner network, we committed nearly \$8.1 million of new support to 46 health projects and activities in 27 countries that will directly benefit an estimated 770,000 individuals. In addition, we leveraged more than \$794 million worth of donated and procured commodities to support projects and activities and to relieve shortages of medicines and supplies through our health partners, including enough medicines to fill nearly 25 million prescriptions and more than 30 million units of supplies.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

| 4a | (Code) | (Expenses \$) | including grants of \$ | 14,853,288) | (Revenue \$) |
|----|--------|--|------------------------|--------------|--------------|
| | | <p>Emergency Response Programs In all, in FY16 AmeriCares Emergency Programs provided medicine, supplies and project support to partners in 24 countries and 12 U S states across the spectrum of preparedness, response and recovery AmeriCares responded to 30 emergencies in 24 countries, including drought, floods, earthquakes, tornadoes, tropical storms, conflicts, and disease outbreaks Our Emergency Programs work also included preparedness initiatives in three countries and recovery work in two countries to strengthen health system components following disaster Preparedness In FY16, AmeriCares conducted preparedness initiatives in three countries to prepare people in the event of a future disaster More than 9,400 people took part in these activities These preparedness initiatives focused on building the resilience of communities and health systems to withstand future disasters AmeriCares completed two pilot projects in Myanmar and El Salvador, which focused on building community resilience to disasters, while in the United States, AmeriCares developed guidebooks, conducted webinars, and provided coaching programs to help free clinics and community health centers better prepare for disasters AmeriCares was able to leverage technology in its preparedness and disaster risk reduction programs In El Salvador and Myanmar, advanced monitoring and evaluation was supported through utilizing online survey tools, and participatory mapping was employed to help communities understand, identify and address disaster risk spatially, combining local knowledge with satellite imagery, and informing disaster risk reduction action planning and future disaster response coordination In the United States, AmeriCares utilized e-learning strategies to reach communities across the country Response In FY16, AmeriCares response in the immediate aftermath of 30 emergencies in 24 countries included product donations of enough medicine to fill more than 223,000 prescriptions to help health workers on the front lines care for survivors Key items included vaccines, antibiotics, wound care items, chronic disease medicines and clean water supplies AmeriCares largest emergency programs responses took place in Ecuador and Fiji In response to a magnitude 7.8 earthquake in Ecuador on April 16 that killed 660 people and damaged or destroyed 35 health facilities, AmeriCares provided medicine and medical supplies valued at \$3.8 million The response included emergency response staff that assessed damage and unmet health needs and collaborated with local health organizations to restore health services for survivors The strongest tropical cyclone ever recorded in the southern hemisphere, Tropical Cyclone Winston battered Fiji on February 20 and 21 and caused extensive damage to the archipelago nation, affecting nearly 350,000 people (40 percent of the population) AmeriCares deployed an emergency response team on February 21 to Fiji to assess damages and unmet health needs Ultimately, AmeriCares delivered over \$1.6 million worth of medicines and supplies to meet disaster needs and restock clinics in the island nation In addition, AmeriCares response and supply chain staff worked hand in hand with the Fiji Ministry of Health to organize, distribute, and track donated medicine and medical supplies from a number of different donors AmeriCares is also working to stop the spread of Zika, especially with respect to pregnant women and their newborns In FY16 in El Salvador, AmeriCares designed and is implementing a Zika prevention program that includes strengthening local health systems, raising community awareness, providing prevention kits and education to pregnant mothers, and eradicating mosquitos using larvicide and insecticide AmeriCares is also supporting partner-led Zika prevention efforts in Colombia and Haiti through funding and technical support In FY16, AmeriCares provided insect repellent to partners in the U S southeast and Puerto Rico AmeriCares continued to solidify its position as an emergency response industry leader, with staff members serving as Chair of Disaster Health Committee and serving on the Board of Directors of the National Voluntary Organizations Active in Disaster (VOAD), including serving on the Executive Committee as Assistant Treasurer, serving as subject-matter expert in national initiatives including National Health Security Preparedness Index and publications accepted in scholarly journals Recovery AmeriCares most robust recovery programs in FY16 were in Nepal and the Philippines, both focused on rebuilding damaged health facilities and addressing disaster-related mental health and psychosocial needs In both locations, we leveraged the experience of our own engineers, as well as local partners and an international engineering firm, to ensure that the rebuilt health facilities are more resilient in future disasters In Nepal, AmeriCares maintains an office in Kathmandu with 10 staff including project-based staff, who managed projects including reconstruction of 13 health facilities in two districts, which will directly benefit an estimated 26,000 people We partnered with another NGO to provide intensive physical rehabilitation services through the Injury and Rehabilitation Unit in Chautara With local partners, we implemented an innovative drama-based mental health and psychosocial project in six earthquake-affected districts In FY16, 665 community health workers received training and an estimated 121,700 people were reached at 378 public drama performances In the Philippines, we are continuing to rebuild and equip health facilities as part of the final phase of our Typhoon Haiyan recovery program In FY16, 83 facilities were completed and handed over to the Department of Health Additional programming included continuation of a community focused mental health and psychosocial support program in Northern Cebu Three mental health centers were established, 74 health professionals completed a train-the-trainers workshop, and 170 midwives and health workers were trained to recognize signs of mental illness The program concluded March 2016 AmeriCares maintains a coordination office in central Manila, which is a government-registered branch office with three administrative staff and one emergency response coordinator as well as six field-based project staff in the Visayas region</p> | | | |

Global Health Programs AmeriCares supports frontline health workers through projects and activities that leverage critically needed medicines and supplies to catalyze innovative, sustainable health improvements in their communities. In FY16, AmeriCares supported partners in 87 countries with medicine, medical supplies, and project and activity support through our Global Health Programs. AmeriCares achieved this through a variety of programs and projects. Key themes of these projects/activities included maternal and child health, non-communicable diseases and infectious diseases. Our FY16 health projects and activities include the following:

- In Tanzania, AmeriCares program expansion to three additional hospitals in the Lake Zone continued. Milestones this year included training 893 health workers and medical students on the Health Worker Safety curriculum, installing IPC compliant sink taps at Musoma and Sengerema hospitals and installing sinks and running water in the labor unit of Sengerema Hospital. In Bonthe, Sierra Leone, AmeriCares made major progress in its Infection Prevention and Control program. Progress included 240 health workers and 498 nursing students trained in IPC guidelines, 212 health workers trained in patient safety guidelines, running water restored, sinks installed in all wards and a patient screening/triage unit built at Mattru Hospital, waste incinerators repaired at Bonthe Government Hospital and Mattru Hospital, three-year supply of personal protective equipment procured for Bonthe and Mattru hospitals, and IPC/patient safety committees established at both facilities. Maternal and newborn health was the primary focus of our team's work in Liberia. In FY16, AmeriCares hired an expert nurse midwife to support our Grand Bassa maternal health project and provide supervisory support and mentoring to 18 local nurse midwives. In Liberia, AmeriCares made significant progress with its maternal and child health focused programming. In Oct 2015, AmeriCares completed the renovation of the existing maternity unit along with the construction of a new maternity wing at the Liberia Government Hospital in Grand Bassa. These improvements added 23 beds to the facility. Since the completion of the renovation work, the hospital has seen 901 births and 3,165 antenatal care visits. Every year, AmeriCares Global Health Program also supports teams of medical volunteers that, in FY17, made 1,035 trips to 77 countries with AmeriCares donated products, including enough medicine to fill more than 1.3 million prescriptions and more than 3 million units of supplies. These volunteers treated more than 776,000 primary care patients and performed nearly 48,000 surgeries. FY16 was year two of AmeriCares Safe Surgery Initiative which aims to improve access to safe surgery in low-resource settings. In FY16, AmeriCares facilitated the placement of 646 pulse oximeters with volunteer medical teams traveling to 42 countries, the volunteers also trained 107 staff in-country staff. Pulse oximeters are on the World Health Organization Surgical Safety Checklist, AmeriCares also makes the checklist available to volunteer medical teams and 56 teams requested the checklist for the medical volunteer trips in 30 countries. AmeriCares Pediatric Nutrition Project in Vietnam continued. In FY16, the nutrition project (which is conducted in partnership with Abbott and the Abbott Fund) served nearly 3,000 students in 17 schools and saw drops in malnutrition rates in all areas. We reached our goal of reducing both the malnutrition and anemia rates by more than 15 percent of malnourished students. We also met our goal of reducing the stunting rate by more than 5 percent in all schools. This year we began to address malnutrition and anemia in parents. Of the malnourished students, mothers who were determined as anemic at the beginning of the school year, overall, 24 percent were no longer anemic at the end of the school year. In year eight of AmeriCares breast cancer project in Cambodia, in partnership with Sihanouk Hospital Center of Hope and AstraZeneca, the program increased awareness by distributing 11,900 brochures and educating 2,000 additional women through the peer education program. As a result, 586 women were evaluated or screened, 345 existing patients received follow up care and 86 mastectomies were conducted at the hospital. Our Global Health Program includes a primary care clinic in Santiago de Maria, El Salvador, and support for model primary care clinics in Mumbai, India. In El Salvador during FY16, the AmeriCares Family Clinic in Santiago de Maria saw more than 32,000 unique patients. This represents an increase of 29 percent in unique patients over FY15, which demonstrates ongoing progress in terms of patients' knowledge of our services and satisfaction with the care we provide. AmeriCares Family Clinic also provided patient education programs over 112,000 participants. Our skilled, compassionate staff of 99 paid health care professionals were assisted by 20 volunteers who dedicate their time and expertise. AmeriCares clinic, known as Clinica Integral de Atencion Familiar in El Salvador, continues implementing a comprehensive multi-year quality program to improve the efficacy of its diabetes and hypertension prevention and management. The program specifically focuses on helping patients mitigate the risk factors that lead to diabetes and hypertension, and supports active disease management through reinforced patient education held at the clinic and in the communities where patients live and work. We also began conducting health fairs for our organized partner communities focused on risk factor awareness building and identification, newly augmented with a dedicated Body Mass Index screening component. Screening began in June 2015 and we have thus far conducted BMI screenings and provided educational services for 1,572 participants during these events. Through our partner in India, AmeriCares India, AmeriCares manages health promotion programs and a robust mobile clinic program that brings primary care to the doorsteps of marginalized communities in urban slums in Mumbai. During FY16, more than 80,000 unique patients sought care through more than 100,000 consultations. The mobile clinics also provided diabetic and antihypertensive treatment to over 6,900 patients during FY16. Nearly 12,000 children under age 12 visited our mobile clinics in FY16 (22 percent of total patients). In the U.S., AmeriCares U.S. Program remains the largest provider of donated medical aid to the U.S. safety net, delivering more than \$205 million in medicines and supplies last year to its network of free and charitable clinics in all 50 states. To enhance supply chain integrity, AmeriCares conducted site visits and in-person audits with the 10 partners that received the highest value of AmeriCares donations in FY16 and online audits with an additional 50 partners, an increase over the 30 partners audited online in FY15. Through its Patient Assistance Program, AmeriCares provided more than 136,000 low-income and underserved patients access to branded medicines. We delivered enough medicines to fill nearly 141,000 prescriptions, worth \$176 million, to patients in the U.S., Puerto Rico, Guam and the USVI. U.S. FY16 projects and activities include five health programs, two of which are in the pilot phase. These projects will expand the capacity of partner clinics to serve their low-income patients. Our continued partnership with Loyola University in the first national census of free and charitable clinics in 10 years also establishes AmeriCares as a foundational partner to the health care safety net. Evidence-based Programs included Capacity-building programs for free and charitable clinics focused on preventing prediabetes and on treating hypertension, A unique mental health initiative, which, in FY16, saw substantial growth in partners and in value of pharmaceutical and other products distributed (\$17.8 million) to 88 behavioral health partners in 20 states in this new subset of the health care safety net. Development of pharmacy inventory software designed specifically for free and charitable clinics to strengthen supply chain integrity, and Assessment of the role of texted reminders and a committed supply of medicine on patients' prescription adherence. In addition to the numbers reported above, AmeriCares Global Health Programs utilized \$903,697 in Contributed Services.

[illegible]

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

| | | |
|-----------|---|--------------------|
| 4e | Total program service expenses ▶ | 967,537,372 |
|-----------|---|--------------------|

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 | Yes | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | Yes | |
| 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 | | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | | No |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | | No |
| 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 | | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | Yes | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | Yes | |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | | No |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | Yes | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | Yes | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | Yes | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | Yes | |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | Yes | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | Yes | |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | Yes | |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | Yes | |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | Yes | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |

Part IV Checklist of Required Schedules (continued)

| | | | | |
|------------|--|------------|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | | No |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

| | | | |
|--|--|-----|----|
| | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | 86 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 0 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | Yes | |
| 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. | 141 | |
| 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 (see instructions). | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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)? | Yes | |
| b | If "Yes," enter the name of the foreign country: ES, HA, IN, LI, SL, NP, RP, TZ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | No |
| 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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | Yes | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year. | 7d | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring 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 | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. | 13b | |
| c | Enter the amount of reserves on hand. | 13c | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | No |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 14b | |

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

| | | | | |
|----|---|----|-----|----|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 21 | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 20 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |

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

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

Section C. Disclosure

| | | |
|----|---|--|
| 17 | List the States with which a copy of this Form 990 is required to be filed | AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, MT, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | RICHARD K TROWBRIDGE 88 HAMILTON AVENUE STAMFORD, CT 06902 (203) 658-9500 |

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 2,516,334 | 0 | 343,716 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 24

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| Mal Warwick Associates Inc, 2550 Ninth Street Ste 103 BERKELEY, CA 94710 | Fundraising | 839,830 |
| Mail America Communications, 1174 Elkton Farm Road PO Box 870 FOREST, VA 24551 | Printing and Mailing | 687,266 |
| rafanelli events, 5 west 19th street NEW YORK, NY 10011 | event planning | 404,241 |
| Donor Services Group LLC, 6715 Sunset Boulevard HOLLYWOOD, CA 90028 | Fundraising | 346,401 |
| RWT Production LLC, 8932 Orange Hunt Lane ANNANDALE, VA 22003 | Printing and Mailing | 186,750 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 5

Part VIII

Statement of Revenue

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|-----------------------|---|------------------------------|----------------------|--|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns . . . | 1a | 161,170 | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | 2,349,904 | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | 100,060 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 911,875,453 | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | 880,439,457 | | | |
| | h | Total. Add lines 1a-1f | | 914,486,587 | | | |
| | | | | | | | |
| Program Service Revenue | 2a | PATIENT SERVICE REVENUE | Business Code 621400 | 776,992 | 776,992 | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 776,992 | | | |
| | | | | | | | |
| | | | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 784,529 | | | 784,529 |
| | 4 | Income from investment of tax-exempt bond proceeds . . | | 0 | | | |
| | 5 | Royalties | | 0 | | | |
| | 6a | Gross rents | (i) Real 175,961 | | | | |
| | b | Less rental expenses | 189,439 | | | | |
| | c | Rental income or (loss) | -13,478 | 0 | | | |
| | d | Net rental income or (loss) | | -13,478 | | | -13,478 |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities 21,905,495 | | | | |
| | b | Less cost or other basis and sales expenses | 22,127,441 | | | | |
| | c | Gain or (loss) | -221,946 | | | | |
| | d | Net gain or (loss) | | -221,946 | | | -221,946 |
| | 8a | Gross income from fundraising events (not including \$ 2,349,904 of contributions reported on line 1c) See Part IV, line 18 . . . | | | | | |
| | | a | 125,700 | | | | |
| | b | Less direct expenses | b | 591,592 | | | |
| | c | Net income or (loss) from fundraising events . . | | -465,892 | | | -465,892 |
| | 9a | Gross income from gaming activities See Part IV, line 19 | | | | | |
| | | a | | | | | |
| | b | Less direct expenses | b | | | | |
| | c | Net income or (loss) from gaming activities . . . | | 0 | | | |
| | 10a | Gross sales of inventory, less returns and allowances . . | | | | | |
| | | a | 923,890 | | | | |
| | b | Less cost of goods sold . . . | b | 628,817 | | | |
| | c | Net income or (loss) from sales of inventory . . | | 295,073 | | | 295,073 |
| | Miscellaneous Revenue | | Business Code | | | | |
| | 11a | EL SALVADOR CAFETERIA INCOME | 900099 | 74,931 | | | 74,931 |
| | b | MISCELLANEOUS INCOME | 900099 | 10,734 | | | 10,734 |
| | c | EL SALVADOR MISCELLANEOUS INCOME | 900099 | 6,116 | | | 6,116 |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | 91,781 | | | |
| | 12 | Total revenue. See Instructions | | 915,733,646 | 776,992 | | 470,067 |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 207,973,283 | 207,973,283 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 177,413,115 | 177,413,115 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 411,557,899 | 411,557,899 | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 1,390,400 | 527,859 | 599,133 | 263,408 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 630,468 | 295,620 | | 334,848 |
| 7 | Other salaries and wages | 8,737,395 | 4,963,329 | 1,609,126 | 2,164,940 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 426,816 | 231,230 | 102,519 | 93,067 |
| 9 | Other employee benefits | 1,616,521 | 933,425 | 260,985 | 422,111 |
| 10 | Payroll taxes | 714,527 | 380,487 | 145,134 | 188,906 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | 1,327,710 | 1,066,482 | 234,632 | 26,596 |
| b | Legal | 51,958 | 36,088 | 15,870 | |
| c | Accounting | 186,468 | 26,468 | 160,000 | |
| d | Lobbying | 0 | | | |
| e | Professional fundraising services. See Part IV, line 17 | 1,046,813 | | | 1,046,813 |
| f | Investment management fees | 33,255 | | 33,255 | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 1,712,976 | 685,168 | 119,730 | 908,078 |
| 12 | Advertising and promotion | 1,138,405 | 74,511 | 1,620 | 1,062,274 |
| 13 | Office expenses | 318,872 | 289,529 | 12,199 | 17,144 |
| 14 | Information technology | 1,018,794 | 83,195 | 266,262 | 669,337 |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 2,169,574 | 1,585,563 | 249,944 | 334,067 |
| 17 | Travel | 1,351,646 | 1,126,053 | 50,233 | 175,360 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 101,757 | 98,113 | 695 | 2,949 |
| 20 | Interest | 2,620 | | 2,620 | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 559,815 | 333,838 | 94,910 | 131,067 |
| 23 | Insurance | 279,450 | 103,867 | 124,759 | 50,824 |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a | INVENTORY WRITE-OFF | 153,356,959 | 153,356,959 | | |
| b | POSTAGE AND FREIGHT | 5,376,865 | 3,901,583 | 3,198 | 1,472,084 |
| c | MISCELLANEOUS | 1,592,493 | 493,708 | 340,996 | 757,789 |
| d | | | | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 982,086,854 | 967,537,372 | 4,427,820 | 10,121,662 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X

Balance Sheet

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

| | | | | (A) | | (B) | |
|-----------------------------|---|---|-------------|-------------------|-------------|-------------|-----------|
| | | | | Beginning of year | | End of year | |
| Assets | 1 | Cash—non-interest-bearing | | 6,609 | 1 | 2,814 | |
| | 2 | Savings and temporary cash investments | | 10,325,697 | 2 | 7,191,568 | |
| | 3 | Pledges and grants receivable, net | | 1,834,129 | 3 | 6,471,687 | |
| | 4 | Accounts receivable, net | | 1,025,113 | 4 | 258,970 | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 0 | 5 | 0 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 0 | 6 | 0 | |
| | 7 | Notes and loans receivable, net | | 0 | 7 | 0 | |
| | 8 | Inventories for sale or use | | 181,573,457 | 8 | 112,167,846 | |
| | 9 | Prepaid expenses and deferred charges | | 680,529 | 9 | 775,449 | |
| | 10a | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D | 10a | 7,215,806 | | | |
| | b | Less: accumulated depreciation | 10b | 3,910,073 | 2,997,087 | 10c | 3,305,733 |
| | 11 | Investments—publicly traded securities | | 18,682,525 | 11 | 16,761,633 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | 7,046 | 12 | 5,390 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 0 | 13 | 0 | |
| | 14 | Intangible assets | | 0 | 14 | 0 | |
| | 15 | Other assets. See Part IV, line 11 | | 3,750,767 | 15 | 6,789,909 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 220,882,959 | 16 | 153,730,999 | | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 4,614,568 | 17 | 4,570,662 | |
| | 18 | Grants payable | | 1,670,703 | 18 | 1,117,497 | |
| | 19 | Deferred revenue | | 377,983 | 19 | 365,430 | |
| | 20 | Tax-exempt bond liabilities | | 0 | 20 | 0 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 0 | 21 | 0 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 0 | 22 | 0 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 0 | 23 | 0 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 0 | 24 | 0 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 2,265,308 | 25 | 2,794,810 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 8,928,562 | 26 | 8,848,399 | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | |
| | 27 | Unrestricted net assets | | 123,564,619 | 27 | 72,314,494 | |
| | 28 | Temporarily restricted net assets | | 83,950,950 | 28 | 68,393,545 | |
| | 29 | Permanently restricted net assets | | 4,438,828 | 29 | 4,174,561 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | | |
| | 33 | Total net assets or fund balances | | 211,954,397 | 33 | 144,882,600 | |
| | 34 | Total liabilities and net assets/fund balances | | 220,882,959 | 34 | 153,730,999 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|---|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 915,733,646 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 982,086,854 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -66,353,208 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 211,954,397 |
| 5 | Net unrealized gains (losses) on investments | 5 | -252,638 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -465,951 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 144,882,600 |

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 06-1008595
Name: AmeriCares Foundation Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Elizabeth P Allen Director | 10 00 | X | | | | | | 0 | 0 | 0 |
| Carol B Bauer Vice Chair | 10 00 | X | | X | | | | 0 | 0 | 0 |
| Elizabeth F Frank Director | 10 00 | X | | | | | | 0 | 0 | 0 |
| C Robert Hennkson Director | 10 00 | X | | | | | | 0 | 0 | 0 |
| Paul J Kuehner Director | 10 00 | X | | | | | | 0 | 0 | 0 |
| Jerry P Leamon Chairman (From 02/5/16) | 10 00 | X | | X | | | | 0 | 0 | 0 |
| Robert G Leary Director | 10 00 | X | | | | | | 0 | 0 | 0 |
| Alma Jane Macauley Vice Chairman | 10 00 | X | | X | | | | 0 | 0 | 0 |
| C Dean Maglans Chairman (Thru 02/5/16)/Dir | 10 00 | X | | | | | | 0 | 0 | 0 |
| Robert Baylis Director | 10 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Joseph J Rucci Jr Director and Secretary | 1 0 0 0 | X | | X | | | | 0 | 0 | 0 |
| Michael J Nyenhuis President & CEO | 40 0 0 0 | X | | X | | | | 363,186 | 0 | 34,360 |
| Samhita Jayanti Director | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Keith McAllister Director | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Alan Rwambuya Director | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Stephen Sadove Director | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Stephen Gallucci Director | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Bryan C Hanson Director | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Jeffrey T Becker Director | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Katherine Close Director | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Sarah Saint-Amand Director | 1 0 0 0 | X | | | | | | 0 | 0 | |
| Kevin Allan THRU 1215 Senior V P , Development | 40 0 0 0 | | | X | | | | 196,449 | 0 | 26,240 |
| Kevin Gilrain Senior V P , Human resources | 40 0 0 0 | | | X | | | | 188,871 | 0 | 30,340 |
| Anne Peterson MD MPH Senior V P , Programs | 40 0 0 0 | | | X | | | | 192,289 | 0 | 19,900 |
| Richard K Trowbrndge Jr CFO & Senior V P , Operations | 40 0 0 0 | | | X | | | | 251,420 | 0 | 39,070 |
| Megin Wolfman Director, Executive Office | 40 0 0 0 | | | X | | | | 86,629 | 0 | 6,800 |
| Chrstine Squires Chief Development Officer&SVP | 40 0 0 0 | | | X | | | | 0 | 0 | |
| Rachel Granger V P Int'l Partnrshps&Programs | 40 0 0 0 | | | | | X | | 154,170 | 0 | 17,030 |
| Garrett Ingoglia V P , Emergency Response | 40 0 0 0 | | | | | X | | 137,498 | 0 | 17,410 |
| Gary Leeds V P , Finance | 40 0 0 0 | | | | | X | | 160,590 | 0 | 30,400 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Lee Weiner V P , Direct Response | 40 0 0 0 | | | | | X | | 142,237 | 0 | 24,400 |
| Jed Selkowitz CMO & SVP, COMMUNICATIONS | 40 0 0 0 | | | | | X | | 139,808 | 0 | 12,920 |
| Geoff Kneisel V P , Corp Relations | 40 0 0 0 | | | | | | X | 117,205 | 0 | 33,410 |
| Diana Maguire V P , Institutional Relations | 40 0 0 0 | | | | | | X | 123,522 | 0 | 34,600 |
| Melissa Woolford V P , Leadership Gifts | 40 0 0 0 | | | | | | X | 132,900 | 0 | 8,470 |
| Martha kennard V P , operations | 40 0 0 0 | | | | | | X | 129,560 | 0 | 8,290 |

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

| | |
|--|--|
| Name of the organization AmenCares Foundation Inc | Employer identification number 06-1008595 |
|--|--|

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii)EIN | (iii) Type of organization (described on lines 1- 9 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---------------------------------------|---------|---|--|----|--|--|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

Part II

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

| Section A. Public Support | | | | | | |
|--|-------------|-------------|-------------|-------------|-------------|---------------|
| Calendar year (or fiscal year beginning in) ► | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.) | 524,509,518 | 620,146,474 | 558,924,455 | 738,792,543 | 914,486,587 | 3,356,859,577 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 Total. Add lines 1 through 3 | 524,509,518 | 620,146,474 | 558,924,455 | 738,792,543 | 914,486,587 | 3,356,859,577 |
| 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) | | | | | | 1,202,541,904 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 2,154,317,673 |

| Section B. Total Support | | | | | | |
|---|-------------|-------------|-------------|-------------|-------------|---------------|
| Calendar year (or fiscal year beginning in) ► | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
| 7 Amounts from line 4 | 524,509,518 | 620,146,474 | 558,924,455 | 738,792,543 | 914,486,587 | 3,356,859,577 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,061,594 | 985,301 | 848,586 | 1,073,316 | 960,491 | 4,929,288 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 1,015,201 | 965,349 | 1,070,273 | 1,156,012 | 1,141,371 | 5,348,206 |
| 11 Total support. Add lines 7 through 10 | | | | | | 3,367,137,071 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 3,219,428 |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

| Section C. Computation of Public Support Percentage | | |
|--|-----------|----------|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | 63.981 % |
| 15 Public support percentage for 2014 Schedule A, Part II, line 14 | 15 | 63.250 % |
| 16a 33 1/3% support test—2015. 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—2014. 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—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. <input type="checkbox"/> | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

| Section C - Distributable Amount | | Current Year | |
|----------------------------------|--|--------------|--|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/> | | |

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

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2015 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2015 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2015 | | | |
| a | | | |
| b | | | |
| c | | | |
| d From 2013. | | | |
| e From 2014. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2015 distributable amount | | | |
| i Carryover from 2010 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2015 from Section D, line 7 \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2015 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2016. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a | | | |
| b | | | |
| c Excess from 2013. | | | |
| d From 2014. | | | |
| e From 2015. | | | |

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
AmeriCares Foundation Inc

Employer identification number
06-1008595

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|------------------------------|
| 1 | Total number at end of year | |
| 2 | Aggregate value of contributions to (during year) | |
| 3 | Aggregate value of grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically important land area

☐ Preservation of a certified historic structure

2

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

| | Held at the End of the Year |
|---|--|
| 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, and not on a historic structure listed in the National Register |

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | 1,751,764 | 1,701,949 | 1,463,525 | 1,293,534 | 1,340,176 |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | -31,283 | 49,815 | 238,424 | 169,991 | -46,642 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 300,000 | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 1,420,481 | 1,751,764 | 1,701,949 | 1,463,525 | 1,293,534 |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 86 000 %

c Temporarily restricted endowment ▶ 14 000 %

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

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

(i) unrelated organizations

(ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | Yes | |
| 3a(ii) | | No |
| 3b | | |

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a)Cost or other basis (investment) | (b)Cost or other basis (other) | Accumulated (c)depreciation | (d)Book value |
|--|-------------------------------------|--------------------------------|-----------------------------|---------------|
| 1a Land | | 178,156 | | 178,156 |
| b Buildings | | 900,971 | 438,263 | 462,708 |
| c Leasehold improvements | | 2,470,046 | 1,217,944 | 1,252,102 |
| d Equipment | | 3,666,633 | 2,253,866 | 1,412,767 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ | | | | 3,305,733 |

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

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

| | | | |
|----------|---|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 917,328,602 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains (losses) on investments | 2a | -252,638 |
| b | Donated services and use of facilities | 2b | 903,697 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | -465,951 |
| e | Add lines 2a through 2d | 2e | 185,108 |
| 3 | Subtract line 2e from line 1 | 3 | 917,143,494 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | -1,409,848 |
| c | Add lines 4a and 4b | 4c | -1,409,848 |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 915,733,646 |

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

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 984,400,399 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | 903,697 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | 1,409,848 |
| e | Add lines 2a through 2d | 2e | 2,313,545 |
| 3 | Subtract line 2e from line 1 | 3 | 982,086,854 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 982,086,854 |

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|------------------|---|
| ENDOWMENT FUNDS | FORM 990, SCHEDULE D, PART V, LINE 4 The Americares Foundation endowment is intended to support the general charitable mission of the organization. The Foundation intends that the principal should remain untouched, while the earnings on the endowment's investments shall be used to support various charitable programs. During tax year ending 2015, the foundation appropriated \$400,000 (of which \$300,000 was withdrawn) from its endowment for expenditures to support the reconfiguration of its distribution center in stamford, CT. |

Part XIII **Supplemental Information** *(continued)*

| Return Reference | Explanation |
|---------------------------------|--|
| REVENUE ON BOOKS NOT ON RETURN | FORM 990, SCHEDULE D, PART XI, LINE 2d Changes in split-interest agreements \$465,951 FORM 990, SCHEDULE D, PART XI, LINE 4b Rental Expenses Reclassed to Offset \$189,439 Revenue (as reported in Part VIII) Special Events Reclassed to Offset \$591,592 Revenue (as reported in Part VIII) Cost of Goods Sold Reclassed to Offset \$628,817 Revenue (as reported in Part VIII) ----- ----- Total Revenue Adjustments \$1,409,848 |
| EXPENSES ON BOOKS NOT ON RETURN | FORM 990, SCHEDULE D, PART XI, LINE 4b Rental Expenses Reclassed to Offset \$189,439 Revenue (as reported in Part VIII) Special Events Reclassed to Offset \$591,592 Revenue (as reported in Part VIII) Cost of Goods Sold Reclassed to Offset \$628,817 Revenue (as reported in Part VIII) ----- ----- Total Revenue Adjustments \$1,409,848 |
| RECONCILIATION | The Americares Foundation, Inc files a consolidated audited financial statement with its subsidiary, Americares Free Clinics, Inc The reconciliation in Parts XI & XII of Schedule D reconciles back to the Foundation's financial information as presented in the audited financial statements and not to the consolidated numbers (inclusive of clinics) |
| | |
| | |
| | |
| | |
| | |

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

OMB No 1545-0047

2015

Open to Public Inspection

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

Name of the organization
AmeriCares Foundation Inc

Employer identification number
06-1008595

Part I

General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1

For grantmakers.

Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes
☐ No
- 2

For grantmakers.

Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3

Activites per Region

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|--|-------------------------------------|--|---|--|--|
| (1) See Add'l Data | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | 9 | 125 | | | 377,380,931 |
| b Total from continuation sheets to Part I | | | | | 42,118,472 |
| c Totals (add lines 3a and 3b) | 9 | 125 | | | 419,499,403 |

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. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | See Add'l Data | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

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

3 Enter total number of other organizations or entities ▶ _____

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

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐

Yes

☒

No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|---|
| Form 990, Schedule F, Part I, Line 2 | To ensure that donated goods and funds are used to fulfill our mission, AmeriCares tracks every donation as it enters and leaves our warehouses and requires reporting of each receiving partner organization, which include detailed confirmation of receipt and quarterly updates on distribution. Individual licensed health care providers receiving donations through our medical outreach program must provide a report detailing how the donation was used, number of patients treated and other information. Health partners that receive funding from AmeriCares are required to complete a grant application and a grant report, including data on how funds were used and, if applicable, the health outcome of the funded project or activity. AmeriCares staff also perform site visits to monitor partners' use of product donations and funding. Targeted health initiatives such as those described in the "ongoing" section above, may include baseline and final project assessments. |

Additional Data

Software ID:

Software Version:

EIN: 06-1008595

Name: AmeriCares Foundation Inc

Form 990 Schedule F Part I - Activities Outside The United States

| (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 for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| Central America and the Caribbean | 2 | 93 | Program Services | Disaster Relief/dvlpmt | 1,133,861 |
| East Asia and the Pacific | 1 | 5 | Program Services | Disaster Relief/dvlpmt | 1,640,404 |
| Europe (Including Iceland and Greenland) | | | Program Services | Disaster Relief/dvlpmt | 53,795 |

Form 990 Schedule F Part I - Activities Outside The United States

| (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 for region |
|---|-------------------------------------|---|--|---|-----------------------------------|
| Middle East and North Africa | | | Program Services | Disaster Relief/dvlpmt | 151,396 |
| North America | | | Program Services | Disaster Relief/dvlpmt | 2,722,025 |
| Russia and the Newly Independent States | | | Program Services | Disaster Relief/dvlpmt | 76,931 |

Form 990 Schedule F Part I - Activities Outside The United States

| (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 for region |
|--------------------|-------------------------------------|---|--|--|-----------------------------------|
| South America | 1 | 1 | Program Services | Disaster Relief/dvlpmt | 237,749 |
| South Asia | 1 | 11 | Program Services | Disaster Relief/dvlpmt | 49,215 |
| Sub-Saharan Africa | 4 | 15 | Program Services | Disaster Relief/dvlpmt | 1,876,127 |

Form 990 Schedule F Part I - Activities Outside The United States

| (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 for region |
|--|-------------------------------------|---|--|---|-----------------------------------|
| Central America and the Caribbean | | | Grantmaking | | 205,217,393 |
| East Asia and the Pacific | | | Grantmaking | | 29,539,598 |
| Europe (Including Iceland and Greenland) | | | Grantmaking | | 9,233,724 |

Form 990 Schedule F Part I - Activities Outside The United States

| (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 for region |
|---|-------------------------------------|---|--|--|-----------------------------------|
| Middle East and North Africa | | | Grantmaking | | 30,871,382 |
| North America | | | Grantmaking | | 1,619,968 |
| Russia and the Newly Independent States | | | Grantmaking | | 51,949,277 |

Form 990 Schedule F Part I - Activities Outside The United States

| (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 for region |
|--------------------|-------------------------------------|---|--|--|-----------------------------------|
| South America | | | Grantmaking | | 28,263,801 |
| South Asia | | | Grantmaking | | 12,744,285 |
| Sub-Saharan Africa | | | Grantmaking | | 42,118,472 |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|--|-----------------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Central America and the Caribbean | Border | 17,700 | Wire | | | |
| | | Central America and the Caribbean | Cholera | 55,874 | Wire | | | |
| | | Central America and the Caribbean | Drought | 30,000 | Wire | | | |
| | | Central America and the Caribbean | FY16 | 25,000 | Wire | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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|--------------------------|--|-----------------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Central America and the Caribbean | FY 16 | 10,000 | Wire | | | |
| | | Central America and the Caribbean | Tom's Shoes | 5,715 | Wire | | | |
| | | East Asia and the Pacific | Haiyan Health | 8,250 | Wire | | | |
| | | East Asia and the Pacific | Floods | 24,955 | Wire | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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|--------------------------|--|---------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | East Asia and the Pacific | Ped Nutrition | 135,000 | Wire | | | |
| | | East Asia and the Pacific | Toms | 14,412 | Wire | | | |
| | | East Asia and the Pacific | Special Proj | 13,575 | Wire | | | |
| | | East Asia and the Pacific | Special Proj | 10,720 | Wire | | | |

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|--------------------------|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Europe (Including Iceland and Greenland) | Med Care | 31,765 | Wire | | | |
| | | North America | Hurricane | 13,086 | Wire | | | |
| | | Russia and the Newly Independent States | Tom's | 9,329 | Wire | | | |
| | | Russia and the Newly Independent States | Tom's | 6,975 | Wire | | | |

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|--------------------------|---|---------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | South America | Earthquake | 18,888 | Wire | | | |
| | | South America | Zika | 32,796 | Wire | | | |
| | | South America | Deported | 16,458 | Wire | | | |
| | | South Asia | Earthquake | 325,261 | Wire | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|---|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | South Asia | Earthquake | 689,814 | Wire | | | |
| | | South Asia | Budget | 18,758 | Wire | | | |
| | | South Asia | Flooding | 215,000 | Wire | | | |
| | | South Asia | Flooding | 115,000 | Wire | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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|--------------------------|---|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | South Asia | Flooding | 250,000 | Wire | | | |
| | | South Asia | Community | 466,045 | Wire | | | |
| | | South Asia | Floods | 10,000 | Wire | | | |
| | | South Asia | Floods | 54,322 | Wire | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | South Asia | Floods | 7,038 | Wire | | | |
| | | South Asia | Floods | 10,000 | Wire | | | |
| | | South Asia | IOM SDCF | 27,794 | Wire | | | |
| | | South Asia | IOM SDCF | 329,828 | Wire | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | South Asia | Support | 37,076 | Wire | | | |
| | | South Asia | Support | 51,105 | Wire | | | |
| | | South Asia | Support | 27,529 | Wire | | | |
| | | South Asia | Support | 38,915 | Wire | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | South Asia | Support | 12,581 | Wire | | | |
| | | South Asia | Support | 21,108 | Wire | | | |
| | | South Asia | Support | 27,778 | Wire | | | |
| | | South Asia | Support | 28,869 | Wire | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | South Asia | Support | 54,046 | Wire | | | |
| | | South Asia | Support | 28,638 | Wire | | | |
| | | South Asia | Partner Support | 27,976 | Wire | | | |
| | | South Asia | Mobile Clinics | 13,259 | Wire | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | South Asia | Mobile Clinics | 11,642 | Wire | | | |
| | | South Asia | Mobile Clinics | 12,672 | Wire | | | |
| | | South Asia | Mobile Clinics | 16,161 | Wire | | | |
| | | South Asia | Mobile Clinics | 13,892 | Wire | | | |

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|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | South Asia | Mobile Clinics | 11,234 | Wire | | | |
| | | South Asia | Mobile Clinics | 9,585 | Wire | | | |
| | | South Asia | Mobile Clinics | 12,988 | Wire | | | |
| | | South Asia | Mobile Clinics | 19,543 | Wire | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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|--------------------------|---|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | South Asia | Mobile Clinics | 8,509 | Wire | | | |
| | | South Asia | Mobile Clinics | 12,097 | Wire | | | |
| | | South Asia | Humanities | 20,000 | Wire | | | |
| | | South Asia | Humanities | 20,000 | Wire | | | |

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| (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) |
|--------------------------|--|--------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Sub-Saharan Africa | Med Center | 13,587 | Wire | | | |
| | | Sub-Saharan Africa | Ebola | 5,500 | Wire | | | |
| | | Sub-Saharan Africa | Ebola | 5,500 | Wire | | | |
| | | Sub-Saharan Africa | Ebola | 8,678 | Wire | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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|--------------------------|--|-----------------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Sub-Saharan Africa | Ebola | 12,000 | Wire | | | |
| | | Sub-Saharan Africa | Ebola | 12,649 | Wire | | | |
| | | Central America and the Caribbean | EMERGENCY | | | 68,351 | MED SUPPL | FAIR MKT VAL |
| | | Central America and the Caribbean | EMERGENCY | | | 585,167 | MED SUPPL | FAIR MKT VAL |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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|--------------------------|--|-----------------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Central America and the Caribbean | EMERGENCY | | | 74,668 | MED SUPPL | FAIR MKT VAL |
| | | East Asia and the Pacific | EMERGENCY | | | 1,624,362 | MED SUPPL | FAIR MKT VAL |
| | | East Asia and the Pacific | EMERGENCY | | | 17,799 | MED SUPPL | FAIR MKT VAL |
| | | East Asia and the Pacific | EMERGENCY | | | 15,940 | MED SUPPL | FAIR MKT VAL |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | East Asia and the Pacific | EMERGENCY | | | 39,732 | MED SUPPL | FAIR MKT VAL |
| | | East Asia and the Pacific | EMERGENCY | | | 10,400 | MED SUPPL | FAIR MKT VAL |
| | | Europe (Including Iceland and Greenland) | EMERGENCY | | | 3,265,644 | MED SUPPL | FAIR MKT VAL |
| | | Europe (Including Iceland and Greenland) | EMERGENCY | | | 114,181 | MED SUPPL | FAIR MKT VAL |

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|--------------------------|--|------------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Middle East and North Africa | EMERGENCY | | | 1,773,032 | MED SUPPL | FAIR MKT VAL |
| | | South America | EMERGENCY | | | 2,105,548 | MED SUPPL | FAIR MKT VAL |
| | | South Asia | EMERGENCY | | | 19,189 | MED SUPPL | FAIR MKT VAL |
| | | South Asia | EMERGENCY | | | 24,000 | MED SUPPL | FAIR MKT VAL |

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|--------------------------|--|--------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | South Asia | EMERGENCY | | | 97,311 | MED SUPPL | FAIR MKT VAL |
| | | South Asia | EMERGENCY | | | 1,229,592 | MED SUPPL | FAIR MKT VAL |
| | | South Asia | EMERGENCY | | | 20,285 | MED SUPPL | FAIR MKT VAL |
| | | Sub-Saharan Africa | EMERGENCY | | | 136,343 | MED SUPPL | FAIR MKT VAL |

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|--------------------------|--|-----------------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Sub-Saharan Africa | EMERGENCY | | | 251,278 | MED SUPPL | FAIR MKT VAL |
| | | Central America and the Caribbean | EMERGENCY | | | 107,555 | MED SUPPL | FAIR MKT VAL |
| | | Central America and the Caribbean | ON-GOING | | | 31,840 | MED SUPPL | FAIR MKT VAL |
| | | Central America and the Caribbean | ON-GOING | | | 11,019,685 | MED SUPPL | FAIR MKT VAL |

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|--------------------------|--|-----------------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Central America and the Caribbean | ON-GOING | | | 14,401,484 | MED SUPPL | FAIR MKT VAL |
| | | Central America and the Caribbean | ON-GOING | | | 1,252,595 | MED SUPPL | FAIR MKT VAL |
| | | Central America and the Caribbean | ON-GOING | | | 7,001,269 | MED SUPPL | FAIR MKT VAL |
| | | Central America and the Caribbean | ON-GOING | | | 11,656,816 | MED SUPPL | FAIR MKT VAL |

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|--------------------------|--|-----------------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Central America and the Caribbean | ON-GOING | | | 55,846,635 | MED SUPPL | FAIR MKT VAL |
| | | Central America and the Caribbean | ON-GOING | | | 15,189 | MED SUPPL | FAIR MKT VAL |
| | | Central America and the Caribbean | ON-GOING | | | 31,601 | MED SUPPL | FAIR MKT VAL |
| | | Central America and the Caribbean | ON-GOING | | | 60,480 | MED SUPPL | FAIR MKT VAL |

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| (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) |
|--------------------------|--|-----------------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Central America and the Caribbean | ON-GOING | | | 16,689,442 | MED SUPPL | FAIR MKT VAL |
| | | Central America and the Caribbean | ON-GOING | | | 2,974,659 | MED SUPPL | FAIR MKT VAL |
| | | Central America and the Caribbean | ON-GOING | | | 33,131,070 | MED SUPPL | FAIR MKT VAL |
| | | Central America and the Caribbean | ON-GOING | | | 2,040,933 | MED SUPPL | FAIR MKT VAL |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|--|---------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | East Asia and the Pacific | ON-GOING | | | 837,651 | MED SUPPL | FAIR MKT VAL |
| | | East Asia and the Pacific | ON-GOING | | | 2,071,849 | MED SUPPL | FAIR MKT VAL |
| | | East Asia and the Pacific | ON-GOING | | | 7,279,260 | MED SUPPL | FAIR MKT VAL |
| | | East Asia and the Pacific | ON-GOING | | | 182,952 | MED SUPPL | FAIR MKT VAL |

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|--------------------------|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Europe (Including Iceland and Greenland) | ON-GOING | | | 203,364 | MED SUPPL | FAIR MKT VAL |
| | | Europe (Including Iceland and Greenland) | ON-GOING | | | 8,044,576 | MED SUPPL | FAIR MKT VAL |
| | | Middle East and North Africa | ON-GOING | | | 115,630 | MED SUPPL | FAIR MKT VAL |
| | | Middle East and North Africa | ON-GOING | | | 1,082,177 | MED SUPPL | FAIR MKT VAL |

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|--------------------------|---|---|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Middle East and North Africa | ON-GOING | | | 9,207,582 | MED SUPPL | FAIR MKT VAL |
| | | Middle East and North Africa | ON-GOING | | | 15,603,818 | MED SUPPL | FAIR MKT VAL |
| | | Russia and the Newly Independent States | ON-GOING | | | 5,987,095 | MED SUPPL | FAIR MKT VAL |
| | | Russia and the Newly Independent States | ON-GOING | | | 6,769,890 | MED SUPPL | FAIR MKT VAL |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|---|---|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Russia and the Newly Independent States | ON-GOING | | | 39,176,800 | MED SUPPL | FAIR MKT VAL |
| | | South America | ON-GOING | | | 9,299,588 | MED SUPPL | FAIR MKT VAL |
| | | South America | ON-GOING | | | 1,652,950 | MED SUPPL | FAIR MKT VAL |
| | | South America | ON-GOING | | | 7,208,033 | MED SUPPL | FAIR MKT VAL |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|--|--------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | South Asia | ON-GOING | | | 6,358,945 | MED SUPPL | FAIR MKT VAL |
| | | South Asia | ON-GOING | | | 2,411,520 | MED SUPPL | FAIR MKT VAL |
| | | South Asia | ON-GOING | | | 15,739 | MED SUPPL | FAIR MKT VAL |
| | | Sub-Saharan Africa | ON-GOING | | | 202,471 | MED SUPPL | FAIR MKT VAL |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|--|--------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Sub-Saharan Africa | ON-GOING | | | 1,169,412 | MED SUPPL | FAIR MKT VAL |
| | | Sub-Saharan Africa | ON-GOING | | | 694,072 | MED SUPPL | FAIR MKT VAL |
| | | Sub-Saharan Africa | ON-GOING | | | 707,921 | MED SUPPL | FAIR MKT VAL |
| | | Sub-Saharan Africa | ON-GOING | | | 871,511 | MED SUPPL | FAIR MKT VAL |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|--|--------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Sub-Saharan Africa | ON-GOING | | | 4,705,126 | MED SUPPL | FAIR MKT VAL |
| | | Sub-Saharan Africa | ON-GOING | | | 29,691 | MED SUPPL | FAIR MKT VAL |
| | | Sub-Saharan Africa | ON-GOING | | | 4,104,823 | MED SUPPL | FAIR MKT VAL |
| | | Sub-Saharan Africa | ON-GOING | | | 1,187,828 | MED SUPPL | FAIR MKT VAL |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|--|--------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Sub-Saharan Africa | ON-GOING | | | 22,925 | MED SUPPL | FAIR MKT VAL |
| | | Sub-Saharan Africa | ON-GOING | | | 438,082 | MED SUPPL | FAIR MKT VAL |
| | | Sub-Saharan Africa | ON-GOING | | | 463,555 | MED SUPPL | FAIR MKT VAL |
| | | Sub-Saharan Africa | | | | 5,703,267 | med suppl | fair mkt val |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
AmeriCares Foundation Inc

Supplemental Information Regarding
Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number
06-1008595

Part I Fundraising Activities.

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| 1 DONOR SERVICES Group 6715 Sunset Boulevard Hollywood, CA 90028 | Profess Solicitor | | No | 1,821,379 | 444,615 | 1,376,764 |
| 2 Mal Warwick Associates Inc 2550 Ninth Street Ste 103 Berkeley, CA 94710 | Fundraising Counsel | | No | 5,454,574 | 602,198 | 4,852,376 |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total ▶ | | | | 7,275,953 | 1,046,813 | 6,229,140 |

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

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

Part II Fundraising Events.

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

| Revenue | | (a)Event #1 | (b)Event #2 | (c)Other events | (d) |
|-----------------|--|---------------------------------|--------------|---------------------|--|
| | | Airlift Benefit (event type) | (event type) | 0 (total number) | Total events (add col (a) through col (c)) |
| | 1 Gross receipts | 2,475,604 | | | 2,475,604 |
| | 2 Less Contributions | 2,349,904 | | | 2,349,904 |
| | 3 Gross income (line 1 minus line 2) | 125,700 | | | 125,700 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 30,158 | | | 30,158 |
| | 7 Food and beverages | 332,490 | | | 332,490 |
| | 8 Entertainment | 220,762 | | | 220,762 |
| | 9 Other direct expenses | 8,182 | | | 8,182 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 591,592 |
| | 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | -465,892 |

Part III Gaming.

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in

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

14

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

Name ▶

Address ▶

15a

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

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

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

Part IV

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

| Return Reference | Explanation |
|--|--|
| Schedule G, Part I - Fundraising Consultants | The amounts paid by Americares to the fundraising consultants listed in Schedule G are reported (as required by the Form 990) on a fiscal year basis. These consultants may be represented in Part VII, Section B as top highly paid independent contractors. The amounts reported in Part VII are reported on a calendar-year basis, therefore they may differ from amounts reported on schedule G per all contracts, expenses are budgeted and approved separately from consulting fees. In fiscal year 2016, in addition to the consulting fees listed in Schedule G, Part I, AmeriCares paid other non-consulting fundraising expenses to Donor Servces Group of \$12,075 and Mal Warwick & Associates, Inc. of \$428,345. |

Schedule G (Form 990 or 990-EZ) 2015

OMB No 1545-0047

2015

Open to Public Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
AmeriCares Foundation Inc

| | |
|--------------------------------|--|
| Employer identification number | |
|--------------------------------|--|

06-1008595

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

☒ Yes ☐ No

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

[illegible]

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **566**

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

Part III

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

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV

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

| Return Reference | Explanation |
|------------------------------|--|
| form 990, schedule i, part I | GRANTS AND ASSISTANCE LINE 2 - Americares Monitoring Activities TO ENSURE THAT DONATED GOODS AND FUNDS ARE USED TO FULFILL OUR MISSION, AMERICARES TRACKS EVERY DONATION AS IT ENTERS AND LEAVES OUR WAREHOUSES AND REQUIRES REPORTING OF EACH RECEIVING PARTNER ORGANIZATION, WHICH INCLUDE DETAILED CONFIRMATION OF RECEIPT AND QUARTERLY UPDATES ON DISTRIBUTION INDIVIDUAL LICENSED HEALTH CARE PROVIDERS RECEIVING DONATIONS THROUGH OUR MEDICAL OUTREACH PROGRAM MUST PROVIDE A REPORT DETAILING HOW THE DONATION WAS USED, NUMBER OF PATIENTS TREATED AND OTHER INFORMATION HEALTH PARTNERS THAT RECEIVE FUNDING FROM AMERICARES ARE REQUIRED TO COMPLETE A GRANT APPLICATION AND A GRANT REPORT, INCLUDING DATA ON HOW FUNDS WERE USED AND, IF APPLICABLE, THE HEALTH OUTCOME OF THE FUNDED PROJECT OR ACTIVITY AMERICARES STAFF ALSO PERFORM SITE VISITS TO MONITOR PARTNERS' USE OF PRODUCT DONATIONS AND FUNDING TARGETED HEALTH INITIATIVES SUCH AS THOSE DESCRIBED IN THE "ONGOING" SECTION ABOVE, MAY INCLUDE BASELINE AND FINAL PROJECT ASSESSMENTS |

Additional Data

Software ID:
Software Version:
EIN: 06-1008595
Name: AmeriCares Foundation Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|---|---|---|
| A COMMUNITY CLINIC INC 344 MARKET STREET SUNBURY,PA 17801 | 20-4051982 | 501(c)(3) | | 162,392 | FMV | Medical Supplies | |
| A PROMISE TO HELP 1332 WINOLA LANE BIRMINGHAM,AL 35235 | 26-4401185 | 501(c)(3) | | 227,372 | FMV | Medical Supplies | ON-GOING |
| ABILENE-TAYLOR COUNTY PUBLIC HEALTH DISTRICT 850 N 6TH STREET ABILENE,TX 79601 | 75-6000440 | Other | | 946,469 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ACS COMMUNITY LIFT MEDICAL SERVICES 5045 WEST 1ST AVE DENVER, CO 80219 | 52-0643036 | 501(c)(3) | | 35,420 | FMV | Medical Supplies | ON-GOING |
| ADVANTAGE BEHAVIORAL HEALTH SYSTEMS 250 NORTH AVENUE ATHENS, GA 30601 | 58-2112427 | Other | | 780,356 | FMV | Medical Supplies | ON-GOING |
| AFRICAN SERVICES COMMITTEE 429 WEST 127TH ST NEW YORK, NY 10027 | 13-3749744 | 501(c)(3) | | 8,859 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AGAPE CLINIC 4105 JUNIUS STREET DALLAS, TX 75246 | 14-1847977 | 501(c)(3) | | 4,174,922 | FMV | Medical Supplies | ON-GOING |
| ALABAMA FREE CLINIC 212 COURTHOUSE SQUARE BAY MINETTE, AL 36507 | 63-1247879 | 501(c)(3) | | 125,554 | FMV | Medical Supplies | ON-GOING |
| AMERICARES FREE CLINIC OF BRIDGEPORT 115 HIGHLAND AVENUE BRIDGEPORT, CT 06604 | 06-1422741 | 501(c)(3) | | 152,327 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AMERICARES FREE CLINIC OF DANBURY 76 WEST STREET DANBURY, CT 06810 | 06-1008595 | 501(c)(3) | | 19,555 | FMV | Medical Supplies | ON-GOING |
| AMERICARES FREE CLINIC OF NORWALK 98 SOUTH MAIN STREET NORWALK, CT 06854 | 06-1008595 | 501(c)(3) | | 259,312 | FMV | Medical Supplies | ON-GOING |
| AMERICARES FREE CLINIC OF STAMFORD 88 HAMILTON AVENUE STAMFORD, CT 06902 | 06-1422741 | 501(c)(3) | | 12,749 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AMISTAD COMMUNITY HEALTH CENTER 1533 S BROWNLEE CORPUS CHRISTI, TX 78404 | 20-3008507 | 501(c)(3) | | 10,144 | FMV | Medical Supplies | ON-GOING |
| ANDERSON FREE CLINIC 414 N FANT ST ANDERSON, SC 29621 | 57-0787584 | 501(c)(3) | | 139,408 | FMV | Medical Supplies | ON-GOING |
| ANGELS COMMUNITY CLINIC 1005 POPLAR STREET MURRAY, KY 42071 | 62-1777249 | 501(c)(3) | | 602,888 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ARLINGTON COUNTY DHSBHD 2120 WASHINGTON BLVD ARLINGTON, VA 22204 | 54-6001123 | 501(c)(3) | | 59,740 | FMV | Medical Supplies | ON-GOING |
| ARLINGTON FREE CLINIC 2921 SOUTH 11TH STREET ARLINGTON, VA 22204 | 54-1671883 | 501(c)(3) | | 248,237 | FMV | Medical Supplies | ON-GOING |
| ARTHUR NAGEL COMMUNITY CLINIC 1116 12TH STREET UNIT 3 BANDERA, TX 78003 | 77-0697361 | 501(c)(3) | | 184,941 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ASPIRE INDIANA HEALTH 9615 EAST 148TH STREET NOBLESVILLE, IN 46060 | 47-4391083 | 501(c)(3) | | 594,626 | FMV | Medical Supplies | ON-GOING |
| ATHENS NURSES CLINIC 496 REESE STREET ATHENS, GA 30601 | 58-2490925 | 501(c)(3) | | 165,923 | FMV | Medical Supplies | ON-GOING |
| AVENAL COMMUNITY HEALTH CENTER 405 WEST D ST LEMOORE, CA 93245 | 77-0425496 | 501(c)(3) | | 15,939 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AVICENNA COMMUNITY HEALTH CENTER 819 BLOOMINGTON ROAD CHAMPAIGN, IL 61820 | 27-0267757 | 501(c)(3) | | 59,410 | FMV | Medical Supplies | ON-GOING |
| AVITA COMMUNITY PARTNERS 4331 THURMON TANNER PKWY FLOWERY BRANCH, GA 30542 | 58-2109706 | Other | | 446,983 | FMV | Medical Supplies | ON-GOING |
| AZZARELLI OUTREACH CLINIC 341 N ST JOSEPH AVE KANKAKEE, IL 60901 | 36-2312493 | 501(c)(3) | | 91,359 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BAPTIST MISSION CENTER 2125 EXCHANGE AVE OKLAHOMA CITY, OK 73108 | 73-0644143 | 501(c)(3) | | 1,552,658 | FMV | Medical Supplies | ON-GOING |
| BARTZ-ALTADONNA COMMUNITY HEALTH CENTER 43322 GINGHAM AVE LANCASTER, CA 93535 | 27-3261289 | 501(c)(3) | | 293,714 | FMV | Medical Supplies | ON-GOING |
| BATON ROUGE PRIMARY CARE COLLABORATIVE INC 2013 CENTRAL ROAD BATON ROUGE, LA 70807 | 41-2114148 | 501(c)(3) | | 388,453 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BAYOUCLINIC INC 13833 TAPIA LANE BAYOU LA BATRE, AL 365092515 | 63-1270951 | 501(c)(3) | | 558,659 | FMV | Medical Supplies | ON-GOING |
| BEAR LAKE COMMUNITY HEALTH CENTER 325 W LOGAN HWY GARDEN CITY, UT 84028 | 81-0587644 | 501(c)(3) | | 120,583 | FMV | Medical Supplies | ON-GOING |
| BECKLEY HEALTH RIGHT INC 111 RANDOLPH STREET BECKLEY, WV 25801 | 55-0774466 | 501(c)(3) | | 84,492 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BEHAVIORAL HEALTH SERVICES OF SOUTH GEORGIA 3120 B N OAK ST EXT SUITE C VALDOSTA,GA 31602 | 58-2107483 | Other | | 922,530 | FMV | Medical Supplies | ON-GOING |
| BETHESDA COMMUNITY CLINIC INC 107 MOUNTAIN BROOK DR STE 100 CANTON,GA 30115 | 27-4923001 | 501(c)(3) | | 444,337 | FMV | Medical Supplies | ON-GOING |
| BETHESDA HEALTH CLINIC 409 WEST FERGUSON TYLER,TX 75702 | 26-0036674 | 501(c)(3) | | 1,161,346 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BETTER WAY OF MIAMI INC 800 NW 28 STREET MIAMI, FL 33127 | 59-2462933 | 501(c)(3) | | 27,461 | FMV | Medical Supplies | ON-GOING |
| BLACK HAWK GRUNDY MENTAL HEALTH CENTER 3251 WEST 9TH STREET WATERLOO, IA 50702 | 42-0733463 | 501(c)(3) | | 365,415 | FMV | Medical Supplies | ON-GOING |
| BLUEGRASS COMMUNITY HEALTH CENTER 1306 VERSAILLES ROAD LEXINGTON, KY 40504 | 61-1131682 | 501(c)(3) | | 16,247 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BREAD OF HEALING CLINIC 1821 N 16TH ST MILWAUKEE, WI 53205 | 81-0669867 | 501(c)(3) | | 1,079,015 | FMV | Medical Supplies | ON-GOING |
| BRIDGES TO HEALTH 1251 W KEM ROAD MARION, IN 46952 | 20-5405181 | 501(c)(3) | | 165,587 | FMV | Medical Supplies | ON-GOING |
| BROAD STREET CLINIC 534 N 35TH STREET SUITE K MOREHEAD CITY, NC 28557 | 56-1853604 | 501(c)(3) | | 43,693 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BROCK HUGHES FREE CLINIC INC 450 W MONROE ST WYTHEVILLE, VA 24382 | 20-2353144 | 501(c)(3) | | 560,488 | FMV | Medical Supplies | ON-GOING |
| BROWARD COMMUNITY & FAMILY HEALTH CENTERS 168 N POWERLINE RD POMPANO BEACH, FL 33069 | 59-3489664 | 501(c)(3) | | 872,177 | FMV | Medical Supplies | ON-GOING |
| BROWARD HEALTH NORTH HOSPITAL 201 E SAMPLE ROAD DEERFIELD BEACH, FL 33064 | 59-6012065 | 501(c)(3) | | 19,308 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BROWNSVILLE COMMUNITY HEALTH CENTER 191 EAST PRICE ROAD BROWNSVILLE, TX 78521 | 74-2176836 | 501(c)(3) | | 134,329 | FMV | Medical Supplies | ON-GOING |
| BUDDIST TZU CHI MEDICAL CENTER 1000 S GARFIELD ALHAMBRA, CA 91801 | 95-4457939 | 501(c)(3) | | 83,836 | FMV | Medical Supplies | ON-GOING |
| CHANGE 37 KNOLLWOOD DRIVE SHREWSBURY, MA 01545 | 22-2905321 | 501(c)(3) | | 1,287,689 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CABRINI CLINIC 1234 PORTER STREET DETROIT, MI 48226 | 38-3129349 | 501(c)(3) | | 700,362 | FMV | Medical Supplies | ON-GOING |
| CACHE VALLEY COMMUNITY HEALTH CENTER 1515 N 400 E SUITE 104 NLOGAN, UT 84341 | 81-0587644 | Other | | 55,035 | FMV | Medical Supplies | ON-GOING |
| CACHE VALLEY COMMUNITY HEALTH CENTER - LOGAN 944 S STATE HWY 91 LOGAN, UT 84321 | 81-0587644 | 501(c)(3) | | 127,593 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CAMILLUS HEALTH CONCERN 336 NW 5TH ST MIAMI, FL 33128 | 65-0063921 | 501(c)(3) | | 20,352 | FMV | Medical Supplies | ON-GOING |
| CAMILLUS HEALTH CONCERN 336 NW 5TH ST MIAMI, FL 33128 | 65-0063921 | 501(c)(3) | | 28,221 | FMV | Medical Supplies | ON-GOING |
| CAMPBELL UNIVERSITY COMMUNITY CARE CLINIC CAMPBELL SCHOOL OF MEDICINE LILLINGTON, NC 27546 | 68-0620773 | 501(c)(3) | | 28,510 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CANYON COUNTY COMMUNITY CLINIC 524 CLEVELAND BLVD CALDWELL, ID 83605 | 26-4195171 | 501(c)(3) | | 201,654 | FMV | Medical Supplies | ON-GOING |
| CAPE FEAR CLINIC INC 1605 DOCTORS CIRCLE WILMINGTON, NC 28401 | 56-1984630 | 501(c)(3) | | 109,655 | FMV | Medical Supplies | ON-GOING |
| CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER PO BOX 1839 CAPE GIRARDEAU, MO 63702 | 43-1426014 | Other | | 83,443 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CAPE VOLUNTEERS IN MEDICINE INC 423 NORTH ROUTE 9 CAPE MAY COURT HOUSE, NJ 08210 | 52-2257585 | 501(c)(3) | | 177,777 | FMV | Medical Supplies | ON-GOING |
| CAPITAL AREA HEALTHNETWORK 719 N 25TH STREET RICHMOND,VA 23223 | 54-1884190 | 501(c)(3) | | 32,659 | FMV | Medical Supplies | ON-GOING |
| CAPITAL CITY RESCUE MISSION FREE CLINIC 259 SOUTH PEARL ST ALBANY, NY 12202 | 56-2663290 | 501(c)(3) | | 403,275 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CARIDAD CENTER 8645 W BOYNTON BEACH BOULEVARD BOYNTON BEACH, FL 33472 | 65-0149423 | 501(c)(3) | | 1,101,620 | FMV | Medical Supplies | ON-GOING |
| CARIN CLINIC 5150 ALLISON ST ARVADA, CO 80002 | 84-1331444 | 501(c)(3) | | 23,308 | FMV | Medical Supplies | ON-GOING |
| CARING PLACE CLINIC 901 W BROAD ST MANSFIELD, TX 76063 | 27-0537258 | 501(c)(3) | | 54,724 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CARROLL COUNTY HEALTH DEPARTMENT 101 WEST MAIN ST DELPHI, IN 46923 | 35-6000130 | 501(c)(3) | | 887,022 | FMV | Medical Supplies | ON-GOING |
| CARRROLL COUNTY HEALTH DEPARTMENT 101 WEST MAIN ST DELPHI, IN 46923 | 35-6000130 | 501(c)(3) | | 14,096 | FMV | Medical Supplies | ON-GOING |
| CASA EL BUEN SAMARITANO PO BOX 20487 HOUSTON, TX 77225 | 37-1546805 | 501(c)(3) | | 35,056 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CATHERINE MCAULEY CLINIC 5530 HOHMAN AVENUE HAMMOND, IN 46320 | 35-1835133 | 501(c)(3) | | 323,935 | FMV | Medical Supplies | ON-GOING |
| CEDAR COUNTY PUBLIC HEALTH 400 CEDAR STREET TIPTON, IA 52772 | 42-6005281 | Other | | 10,270 | FMV | Medical Supplies | ON-GOING |
| CENTER FOR FAMILY HEALTH AND EDUCATION 8727 VAN NUYS BLVD PANORAMA CITY, CA 91402 | 27-0224623 | 501(c)(3) | | 51,744 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CENTER FOR PHARMACY CARE 1000 FIFTH AVENUE PITTSBURGH, PA 15282 | 25-1035663 | 501(c)(3) | | 35,768 | FMV | Medical Supplies | ON-GOING |
| CENTRE VOLUNTEERS IN MEDICINE 2520 GREEN TECH DR STE D STATE COLLEGE, PA 16803 | 25-1897969 | 501(c)(3) | | 82,517 | FMV | Medical Supplies | ON-GOING |
| CENTRO SAN VICENTE 8061 ALAMEDA AVE EL PASO, TX 79915 | 74-2505561 | 501(c)(3) | | 236,806 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHARITABLE PHARMACY OF CENTRAL OHIO 200 EAST LIVINGSTON AVE COLUMBUS, OH 43215 | 27-0147099 | 501(c)(3) | | 53,892 | FMV | Medical Supplies | ON-GOING |
| CHARLES TOWN HEALTH RIGHT INC 1212 N MILDRED ST RANSON, WV 25438 | 55-0778553 | 501(c)(3) | | 12,197 | FMV | Medical Supplies | ON-GOING |
| CHCGDEAST DAYTON HEALTH CENTER 2132 E THIRD ST DAYTON, OH 45403 | 26-1253235 | 501(c)(3) | | 37,789 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHILDREN AND COMMUNITY HEALTH CENTER 120 S CENTRAL EXPRESSWAY MCKINNEY, TX 75070 | 20-0637782 | 501(c)(3) | | 57,655 | FMV | Medical Supplies | ON-GOING |
| CHIPPEWA VALLEY FREE CLINIC 816 PORTER AVE SUITE 200 EAU CLAIRE, WI 54701 | 39-1840231 | 501(c)(3) | | 75,470 | FMV | Medical Supplies | ON-GOING |
| CHI-ST VINCENT INTERFAITH CLINIC 830 NORTH CREEK CONWAY, AR 72032 | 71-0830696 | 501(c)(3) | | 720,950 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHRIST CLINIC 25722 KINGSLAND BLVDSUITE 101 KATY, TX 77494 | 90-0789318 | 501(c)(3) | | 635,573 | FMV | Medical Supplies | ON-GOING |
| CHRISTIAN COMMUNITY ACTION 200 SOUTH MILL STREET LEWISVILLE, TX 75057 | 23-7319371 | 501(c)(3) | | 302,572 | FMV | Medical Supplies | ON-GOING |
| CHRISTIAN FREE CLINIC IN BOTETOURT PO BOX 890 DALEVILLE, VA 24083 | 20-4342697 | 501(c)(3) | | 55,045 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHRISTIAN HEALTH CENTER 1115 FAIRVIEW CAMDEN, AR 71701 | 71-0804142 | 501(c)(3) | | 739,584 | FMV | Medical Supplies | ON-GOING |
| CHURCH HILL FREE CLINIC PO BOX 166 CHURCH HILL, TN 37642 | 62-1391365 | 501(c)(3) | | 404,193 | FMV | Medical Supplies | ON-GOING |
| CITY ON A HILL MINISTRIES HEALTH CLINIC 100 S PINE ST SUITE 140 ZEELAND, MI 49464 | 20-3901260 | 501(c)(3) | | 30,763 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CITY SQUARE 2835 GRAND AVE DALLAS, TX 75215 | 79-2332948 | 501(c)(3) | | 261,196 | FMV | Medical Supplies | ON-GOING |
| CLAY BEHAVIORAL HEALTH CENTER 1726 KINGSLEY AVENUE SUITE 1 ORANGE PARK, FL 32073 | 59-2219317 | 501(c)(3) | | 162,665 | FMV | Medical Supplies | ON-GOING |
| CLEARWATER FREE CLINIC 707 N FT HARRISON AVE CLEARWATER, FL 33755 | 59-1852871 | 501(c)(3) | | 169,123 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CLEVELAND COUNTY HEALTH DEPARTMENT 200 S POST RD SHELBY, NC 28152 | 56-6000288 | Other | | 323,646 | FMV | Medical Supplies | ON-GOING |
| CLINIC BY THE BAY 4877 MISSION STREET SAN FRANCISCO, CA 94112 | 26-2593712 | 501(c)(3) | | 6,456 | FMV | Medical Supplies | ON-GOING |
| C MAP EXPRESS 1101 4TH STREET SUITE 101-A ALEXANDRIA, LA 71301 | 02-0751416 | 501(c)(3) | | 26,484 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COACHELLA VALLEY VOLUNTEERS IN MEDICINE 82915 AVENUE 48 INDIO, CA 92201 | 26-3312826 | 501(c)(3) | | 128,873 | FMV | Medical Supplies | ON-GOING |
| COASTAL FAMILY HEALTH CENTER 1046 DIVISION STREET BILOXI, MS 39530 | 64-0592416 | 501(c)(3) | | 5,896 | FMV | Medical Supplies | ON-GOING |
| COMMUNITY CARE CENTER FOR FORSYTH CO INC 2135 NEW WALKERTOWN RD WINSTON SALEM, NC 27101 | 58-1403699 | 501(c)(3) | | 638,699 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY CARE CLINIC 608 E GARFIELD AVE GETTYSBURG, SD 57442 | 46-0396683 | 501(c)(3) | | 135,368 | FMV | Medical Supplies | ON-GOING |
| COMMUNITY CARE CLINIC OF HIGHLAND-CASHIERS INC 52 AUNT DORA DRIVE HIGHLANDS, NC 28741 | 65-1251915 | 501(c)(3) | | 246,405 | FMV | Medical Supplies | ON-GOING |
| COMMUNITY CLINIC OF SHELBYVILLE BEDFORD CO 200 DOVER ST SUITE 203 SHELBYVILLE, TN 37160 | 34-1974609 | 501(c)(3) | | 8,479 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY FREE CLINIC INC 249 MILL STREET HAGERSTOWN, MD 21740 | 52-1772594 | 501(c)(3) | | 1,134,545 | FMV | Medical Supplies | ON-GOING |
| COMMUNITY HEALTH AND SOCIAL SERVICES CENTER 5635 W FORT ST DETROIT, MI 482093154 | 38-3094394 | 501(c)(3) | | 58,438 | FMV | Medical Supplies | ON-GOING |
| COMMUNITY HEALTH CARE 3 BROADWAY CAPE MAY COURTHOUSE, NJ 08210 | 22-2763588 | 501(c)(3) | | 430,028 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY HEALTH CARE CLINIC 902 N FRANKLIN NORMAL, IL 61761 | 37-1316328 | 501(c)(3) | | 152,700 | FMV | Medical Supplies | ON-GOING |
| COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS 3011 N MICHIGAN ST PITTSBURG KS, KS 66762 | 75-3003364 | 501(c)(3) | | 455,491 | FMV | Medical Supplies | ON-GOING |
| COMMUNITY HEALTH CENTER OF THE BLACK HILLS 350 PINE ST RAPID CITY, SD 57701 | 46-0418932 | 501(c)(3) | | 263,644 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY HEALTH CENTERS INC 12716 NE 36TH STREET SPENCER, OK 73084 | 73-0930123 | 501(c)(3) | | 539,328 | FMV | Medical Supplies | ON-GOING |
| COMMUNITY HEALTH CLINIC OF HARDIN & LARUE CTY 114 E MEMORIAL DR ELIZABETH TOWN, KY 42701 | 30-0042070 | 501(c)(3) | | 676,443 | FMV | Medical Supplies | ON-GOING |
| COMMUNITY HEALTH SERVICE INC 701 W 6TH STREET GRAFTON, ND 58237 | 41-1000060 | 501(c)(3) | | 89,786 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY HEALTH SERVICES OF UNION COUNTY INC 1338-C EAST SUNSET DRIVE MONROE, NC 28112 | 46-0495947 | 501(c)(3) | | 145,630 | FMV | Medical Supplies | ON-GOING |
| COMMUNITY HEALTHWORX 1543 MCGINNIS STREET ALEXANDRIA, LA 71301 | 72-1444312 | 501(c)(3) | | 92,979 | FMV | Medical Supplies | ON-GOING |
| COMMUNITY HELPING HANDS HEALTH CLINIC 34-C COURTHOUSE SQUARE CLEVELAND, GA 30528 | 64-0950194 | 501(c)(3) | | 739,235 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY MEDICAL CLINIC OF AIKEN COUNTY 244 GREENVILLE ST NW AIKEN, SC 29801 | 57-1063263 | 501(c)(3) | | 77,641 | FMV | Medical Supplies | ON-GOING |
| COMMUNITY MEDICAL CLINIC OF KERSHAW COUNTY 110 C EAST DEKALB STREET CAMDEN, SC 29020 | 57-1074191 | Other | | 147,658 | FMV | Medical Supplies | ON-GOING |
| COMMUNITY MEDICINE FOUNDATION 1131 SALUDA STREET ROCK HILL, SC 297305776 | 57-0891008 | 501(c)(3) | | 1,111,559 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY VOLUNTEERS IN MEDICINE 300B LAWRENCE DRIVE WEST CHESTER, PA 19380 | 23-2944553 | 501(c)(3) | | 1,522,829 | FMV | Medical Supplies | ON-GOING |
| COMMUNITYHEALTH 2611 W CHICAGO AVE CHICAGO, IL 60622 | 36-3931793 | 501(c)(3) | | 17,168 | FMV | Medical Supplies | ON-GOING |
| COMMUNTIY HEALTH FREE CLINIC 947 14TH AVE SE CEDAR RAPIDS, IA 52401 | 13-4228071 | 501(c)(3) | | 22,403 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMPASSION CONNECT INC 18040 SW ALEXANDER ST BEAVERTON, OR 97006 | 26-2304524 | 501(c)(3) | | 88,852 | FMV | Medical Supplies | ON-GOING |
| COMPASSIONATE CARE OF SHELBY COUNTY INC 124 N OHIO AVE SIDNEY, OH 45365 | 20-8479583 | 501(c)(3) | | 2,939,647 | FMV | Medical Supplies | ON-GOING |
| CONWAY INTERFAITH CLINIC 830 NORTH CREEK CONWAY, AR 72032 | 71-0830696 | 501(c)(3) | | 538,075 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COORDINATED HEALTH SERVICES INC 2110 BROAD STREET AUGUSTA,GA 30904 | 58-2060572 | 501(c)(3) | | 231,857 | FMV | Medical Supplies | ON-GOING |
| COOS COUNTY FAMILY HEALTH SERVICES CCFHS BERLIN,NH 03570 | 02-0350051 | Other | | 28,331 | FMV | Medical Supplies | ON-GOING |
| COVENANT COMMUNITY CARE 559 WEST GRAND BLVD DETROIT,MI 48216 | 38-3533998 | 501(c)(3) | | 72,398 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COVENANT COMMUNITY CARE 559 WEST GRAND BLVD DETROIT, MI 48216 | 38-3533998 | 501(c)(3) | | 423,436 | FMV | Medical Supplies | ON-GOING |
| COVENANT COMMUNITY CARE 559 WEST GRAND BLVD DETROIT, MI 48216 | 38-3533998 | 501(c)(3) | | 760,310 | FMV | Medical Supplies | ON-GOING |
| COVENANT HOUSE TEXAS 1111 LOVETT BLVD HOUSTON, TX 77006 | 76-0050882 | 501(c)(3) | | 55,556 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CREEKS BEHAVIORAL HEALTH SERVICES 323 W 6TH OKMULGEE, OK 74447 | 73-1108774 | 501(c)(3) | | 33,481 | FMV | Medical Supplies | ON-GOING |
| CRISIS CONTROL MINISTRY 200 EAST 10TH STREET WINSTONSALEM, NC 27101 | 23-7348168 | 501(c)(3) | | 7,633 | FMV | Medical Supplies | ON-GOING |
| CROSS AND CROWN CLINIC 1008 N MCKINLEY STREET OKLAHOMA CITY, OK 73108 | 73-1608071 | 501(c)(3) | | 528,817 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CROSSINGS COMMUNITY CLINIC 10255 N PENN AVE OKLAHOMA CITY, OK 73120 | 86-1115863 | 501(c)(3) | | 608,078 | FMV | Medical Supplies | ON-GOING |
| CROSSOVER MINISTRY 108 COWARDIN AVE RICHMOND, VA 23224 | 54-1371067 | 501(c)(3) | | 1,540,620 | FMV | Medical Supplies | ON-GOING |
| CROSSROADS MEDICAL MISSION INC 300 WEST VALLEY DRIVE BRISTOL, VA 24201 | 54-2038877 | 501(c)(3) | | 63,725 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DADE COUNTY HEALTH DEPARTMENT 413 W WATER STREET GREENFIELD, MO 65661 | 43-1266535 | Other | | 205,695 | FMV | Medical Supplies | ON-GOING |
| DAMIAN FAMILY CARE CENTERS INC 138-02 QUEENS BLVD BRIARWOOD, NY 11435 | 22-3433831 | 501(c)(3) | | 67,409 | FMV | Medical Supplies | ON-GOING |
| DAVID LAWRENCE CENTER 6075 BATHEY LANE BUILDING B-3 NAPLES, FL 34116 | 59-2206025 | 501(c)(3) | | 432,828 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DAVIDSON MEDICAL MINISTRIES 420 N SALISBURY ST LEXINGTON, NC 27292 | 56-1746266 | 501(c)(3) | | 444,766 | FMV | Medical Supplies | ON-GOING |
| DELTA HEALTH ALLIANCE LELAND MEDICAL CLINIC PO BOX 277 STONEVILLE, MS 38776 | 64-0892954 | 501(c)(3) | | 153,037 | FMV | Medical Supplies | ON-GOING |
| DIVINE GRACE MEDICAL MISSIONARIES 10600 FONDREN RD HOUSTON, TX 77096 | 27-4000666 | 501(c)(3) | | 1,401,448 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DOCTORS WITHOUT WALLS - SBSM 19 E MICHELTORENA ST SANTA BARBARA, CA 93101 | 33-1210731 | 501(c)(3) | | 13,126 | FMV | Medical Supplies | ON-GOING |
| DOWNTOWN CLINIC 611 SOUTH SECOND STREET LARAMIE, WY 82070 | 83-0326354 | 501(c)(3) | | 31,162 | FMV | Medical Supplies | ON-GOING |
| DR GARY BURNSTEIN COMMUNITY HEALTH CLINIC 45580 WOODWARD AVE PONTIAC, MI 48341 | 32-0015321 | 501(c)(3) | | 200,414 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DRJOEL & CAROL BOWER SCHOOL BASED HEALTH CTR 400 PALO VERDE DR HENDERSON, NV 89015 | 88-0464591 | 501(c)(3) | | 77,788 | FMV | Medical Supplies | ON-GOING |
| DUFFY HEALTH CENTER INC 94 MAIN STREET HYANNIS, MA 02601 | 04-3373741 | 501(c)(3) | | 793,545 | FMV | Medical Supplies | ON-GOING |
| EAST BAY COMMUNITY ACTION PROGRAM 6 JOHN H CHAFEE BLVD NEWPORT, RI 02840 | 05-0310024 | 501(c)(3) | | 123,127 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| EDWARD R LEAHY JR CTR CLINIC FOR THE UNINSURE 800 LINDEN STREET SCRANTON, PA 18510 | 24-0795495 | 501(c)(3) | | 117,872 | FMV | Medical Supplies | ON-GOING |
| ELLENTON HEALTH CLINIC PUBLIC HEALTH DST 8-2 185 NORTH BAKER STREET ELLENTON, GA 31747 | 23-7379607 | 501(c)(3) | | 76,331 | FMV | Medical Supplies | ON-GOING |
| ERIE COUNTY HEALTH DEPARTMENT 608 WILLIAM ST BUFFALO, NY 14206 | 16-6002558 | Other | | 8,575 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ETOWAH BAPTIST CHARITY PHARMACY POBOX 571 NOBLE,OK 73068 | 73-1637087 | 501(c)(3) | | 77,154 | FMV | Medical Supplies | ON-GOING |
| ETOWAH FREE COMMUNITY CLINIC 423 S 3RD STREET GADSDEN,AL 35901 | 82-0562064 | 501(c)(3) | | 624,429 | FMV | Medical Supplies | ON-GOING |
| EUNICE COMMUNITY HEALTH CENTER 450 MOOSA BLVD STE E EUNICE,LA 70535 | 27-0213992 | 501(c)(3) | | 470,975 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| EXCELTH INC FQHC 4422 GENERAL MEYER NEW ORLEANS, LA 70131 | 72-1193464 | Other | | 2,626,804 | FMV | Medical Supplies | ON-GOING |
| FAIR HAVEN COMMUNITY HEALTH CLINIC INC 374 GRAND AVENUE NEW HAVEN, CT 06513 | 06-0883545 | 501(c)(3) | | 270,368 | FMV | Medical Supplies | ON-GOING |
| FAITH COMMUNITY PHARMACY (ST VINCENT DE PAUL) 7033 BURLINGTON PIKE FLORENCE, KY 41042 | 61-1378914 | 501(c)(3) | | 362,588 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FAMILY CARE HEALTH CENTERS 401 HOLLY HILLS AVE SAINT LOUIS, MO 63111 | 23-7076112 | 501(c)(3) | | 20,415 | FMV | Medical Supplies | ON-GOING |
| FAMILY HEALTH SERVICES 794 EASTLAND TWIN FALLS, ID 83301 | 82-0371093 | 501(c)(3) | | 77,428 | FMV | Medical Supplies | ON-GOING |
| FAN FREE CLINIC 1010 NORTH THOMPSON STREET RICHMOND, VA 23230 | 54-0927792 | 501(c)(3) | | 16,394 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FEED MY SHEEP 116 W AVENUE G TEMPLE, TX 76504 | 74-2724033 | 501(c)(3) | | 14,858 | FMV | Medical Supplies | ON-GOING |
| FERNCARE FREE CLINIC INC 459 E NINE MILE ROAD FERNDAL, MI 48220 | 32-0246843 | 501(c)(3) | | 75,815 | FMV | Medical Supplies | ON-GOING |
| FIRST BAPTIST CHURCH MEDICAL DENTAL CLINIC 1607 CHERRY STREET VICKSBURG, MS 39180 | 64-0356253 | 501(c)(3) | | 417,323 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FIRST REFUGE MINISTRIES MEDICAL CLINIC 1701 BROADWAY STREET DENTON, TX 76201 | 45-5606427 | 501(c)(3) | | 1,550,462 | FMV | Medical Supplies | ON-GOING |
| FIRSTMED HEALTH AND WELLNESS CENTER 3343 S EASTERN AVENUE LAS VEGAS, NV 89169 | 27-0759056 | 501(c)(3) | | 615,896 | FMV | Medical Supplies | ON-GOING |
| FISH RIVER RURAL HEALTH 10 CARTER STREET EAGLE LAKE, ME 04739 | 01-0452749 | 501(c)(3) | | 526,727 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FLAGLER COUNTY FREE CLINIC 703 EAST MOODY BLVD BUNNELL, FL 32137 | 20-5036975 | 501(c)(3) | | 1,454,383 | FMV | Medical Supplies | ON-GOING |
| FA HOSPITAL WATERMAN COMMUNITY HEALTH CLINIC 2300 KURT STREET EUSTIS, FL 32726 | 59-3140669 | 501(c)(3) | | 200,593 | FMV | Medical Supplies | ON-GOING |
| FOUNDATION FOR HIV AND KIDNEY DIALYSIS INC 14 ZIRKEL AVENUE PISCATAWAY, NJ 08854 | 43-2024266 | 501(c)(3) | | 560,081 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FOUR HOLES INDIAN ORGANIZATION DBA EIFC 1125 RIDGE RD RIDGEVILLE, SC 29472 | 57-0570165 | 501(c)(3) | | 553,398 | FMV | Medical Supplies | ON-GOING |
| FREE CLINIC OF CENTRAL VIRGINIA 1016 MAIN STREET LYNCHBURG, VA 24504 | 54-1420756 | 501(c)(3) | | 52,347 | FMV | Medical Supplies | ON-GOING |
| FREE CLINIC OF CULPEPER 610 LAUREL STREET CULPEPER, VA 22701 | 52-1366700 | 501(c)(3) | | 440,015 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FREE CLINIC OF OUR TOWNS ADA JENKINS CENTER PO BOX 1842 DAVIDSON, NC 28036 | 56-1927067 | 501(c)(3) | | 20,854 | FMV | Medical Supplies | ON-GOING |
| FREE CLINIC OF PULASKI COUNTY INC 25 FOURTH ST NW PULASKI, VA 24301 | 52-1318621 | 501(c)(3) | | 721,973 | FMV | Medical Supplies | ON-GOING |
| FREE CLINIC SUSSEX COUNTY 67 HIGH STREET NEWTON, NJ 07860 | 45-4224214 | 501(c)(3) | | 462,201 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FREE MEDICAL CLINIC 47 W LONG AVENUE DUBOIS, PA 15801 | 25-1804763 | 501(c)(3) | | 235,760 | FMV | Medical Supplies | ON-GOING |
| FREE MEDICAL CLINIC OF DARLINGTON COUNTY 203 GROVE STREET DARLINGTON, SC 29532 | 58-2445265 | 501(c)(3) | | 9,850 | FMV | Medical Supplies | ON-GOING |
| FREE MEDICAL CLINIC OF OAK RIDGE 116 E DIVISION RD OAK RIDGE, TN 37830 | 90-0715369 | 501(c)(3) | | 7,026 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FUNDACION MANOS JUNTAS 1330 NORTH CLASSEN BLVD SUITE OKLAHOMA CITY, OK 73106 | 73-1523135 | 501(c)(3) | | 947,619 | FMV | Medical Supplies | ON-GOING |
| GAIN INC (GREATER ASSISTANCE TO THOSE IN NEED) 712 W 3RD STREET LITTLE ROCK, AR 72201 | 71-0763418 | 501(c)(3) | | 142,176 | FMV | Medical Supplies | ON-GOING |
| GATEWAY FOUNDATION - CASEYVILLE 600W LINCOLN AVENUE CASEYVILLE, IL 62232 | 36-2670036 | 501(c)(3) | | 1,170,034 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GATEWAY FOUNDATION - CHICAGO WEST 55 E JACKSON CHICAGO, IL 60604 | 36-2670036 | 501(c)(3) | | 741,225 | FMV | Medical Supplies | ON-GOING |
| GATEWAY FOUNDATION - SPRINGFIELD AND PEKIN 55 E JACKSON CHICAGO, IL 60604 | 37-1394445 | 501(c)(3) | | 134,141 | FMV | Medical Supplies | ON-GOING |
| GATEWAY FOUNDATION LAKE VILLA 55 E JACKSON CHICAGO, IL 60604 | 36-2670036 | 501(c)(3) | | 77,492 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GEORGIA FARMWORKER HEALTH PROGRAM 920 SOUTH WEST ST BAINBRIDGE, GA 39819 | 58-6000359 | 501(c)(3) | | 144,643 | FMV | Medical Supplies | ON-GOING |
| GEORGIA HIGHLANDS MEDICAL SERVICES INC 260 ELM ST CUMMING, GA 30040 | 58-1338038 | 501(c)(3) | | 1,135,353 | FMV | Medical Supplies | ON-GOING |
| GEORGIA REHABILITATION OUTREACH INC 1777 WASHINGTON ROAD EAST POINT, GA 30344 | 58-2379911 | 501(c)(3) | | 376,770 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GET UP PROJECT 12221 RENFERT WAY AUSTIN, TX 78758 | 45-4931906 | 501(c)(3) | | 57,237 | FMV | Medical Supplies | ON-GOING |
| GLENDALE COMMUNITY FREE HEALTH CLINIC 134 N KENWOOD ST GLENDALE, CA 91206 | 87-0732681 | 501(c)(3) | | 7,506 | FMV | Medical Supplies | ON-GOING |
| GLOUCESTER MATHEWS FREE CLINIC 6031 INDUSTRIAL DR GLOUCESTER, VA 23061 | 54-1875619 | 501(c)(3) | | 29,905 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GOOCHLAND FREE CLINIC AND FAMILY SERVICES 1800 SANDY HOOK RD GOOCHLAND, VA 23063 | 54-1967650 | 501(c)(3) | | 315,545 | FMV | Medical Supplies | ON-GOING |
| GOOD HEALTH CLINIC INC 91555 OVERSEAS HWY TAVERNIER, FL 33070 | 04-3745805 | 501(c)(3) | | 6,092 | FMV | Medical Supplies | ON-GOING |
| GOOD NEWS MINISTRIESGOOD SAMARITAN 11 EASTERN AVE INDIANAPOLIS, IN 46201 | 35-0999233 | 501(c)(3) | | 40,968 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GOOD SAMARITAN CLINIC 4704 AUGUSTA RD GARDEN CITY,GA 31408 | 58-2288758 | Other | | 224,498 | FMV | Medical Supplies | ON-GOING |
| GOOD SAMARITAN HEALTH & WELLNESS 175 SAMARITAN DRIVE JASPER,GA 30143 | 58-2576315 | 501(c)(3) | | 5,768 | FMV | Medical Supplies | ON-GOING |
| GOOD SAMARITAN HEALTH AND WELLNESS CENTER 209 WEST STATE LINE ROAD S FULTON,TN 38257 | 45-3745315 | 501(c)(3) | | 1,987,581 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GOOD SAMARITAN HEALTH CLINIC 401 ARNOLD STREET NE CULLMAN, AL 35055 | 20-0149215 | 501(c)(3) | | 310,548 | FMV | Medical Supplies | ON-GOING |
| GOOD SAMARITAN HEALTH CLINIC OF PASCO INC 5334 ASPEN ST NEW PORT RICHEY, FL 34652 | 59-3072334 | 501(c)(3) | | 672,664 | FMV | Medical Supplies | ON-GOING |
| GOOD SAMARITAN HOSPITAL DBA SAMARITAN HOMELESS 2261 PHILADELPHIA DRIVE DAYTON, OH 45406 | 45-0914398 | 501(c)(3) | | 17,203 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GOOD SAMARITAN HOUSE FREE COMMUNITY HEALTH CTR 213 N MAIN ST DEARING,GA 30808 | 32-0126528 | Other | | 574,163 | FMV | Medical Supplies | ON-GOING |
| GOOD SAMARITAN MEDICAL CLINIC 139 CHURCH ST CHESTER,SC 297062904 | 82-0549226 | 501(c)(3) | | 422,152 | FMV | Medical Supplies | ON-GOING |
| GOOD SAMARITAN PHARMACY & HEALTH SERVICES INC 2502 TAMIAMI TRAIL NORTH NOKOMIS,FL 34275 | 26-2295558 | 501(c)(3) | | 402,617 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GOOD SHEPHERD CLINIC PO BOX 6 MORROW, GA 30260 | 58-2578581 | 501(c)(3) | | 1,730,352 | FMV | Medical Supplies | ON-GOING |
| GOOD SHEPHERD HEALTCARE CLINC OF MUSKOGEE OKLA GOOD SHEPHERD HEALTH CARE CLIN MUSKOGEE, OK 74401 | 73-1581613 | 501(c)(3) | | 1,651,400 | FMV | Medical Supplies | ON-GOING |
| GOOD SHEPHERD MINISTRIES OF OKLAHOMA INC 222 NW 12TH STREET OKLAHOMA CITY, OK 73103 | 20-0526892 | 501(c)(3) | | 515,880 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GOODWIN COMMUNITY HEALTH CENTER INC DBA CMAP 2605 PARKWOOD DR BRUNSWICK,GA 31520 | 01-0576945 | 501(c)(3) | | 934,019 | FMV | Medical Supplies | ON-GOING |
| GRACE CLINIC 800 WEST CANAL DRIVE KENNEWICK,WA 99336 | 77-0592408 | Other | | 25,653 | FMV | Medical Supplies | ON-GOING |
| GRACE MEDICAL CLINIC 211 S 8TH ST MAYFIELD,KY 42066 | 61-1351519 | 501(c)(3) | | 112,578 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GRACE MEDICAL HOME 51 PENNSYLVANIA ST ORLANDO, FL 32806 | 26-1817966 | Other | | 736,724 | FMV | Medical Supplies | ON-GOING |
| GRAPEVINE RELIEF AND COMMUNITY EXCHANGE (GRACE) 837 E WALNUT STREET GRAPEVINE, TX 76051 | 75-2195702 | 501(c)(3) | | 59,167 | FMV | Medical Supplies | ON-GOING |
| GTR GREENWOOD UNITED MINISTRY FREE MEDICAL CLI 1404 EDGEFIELD STREET GREENWOOD, SC 29646 | 57-1012393 | 501(c)(3) | | 19,726 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GREATER HICKORY COOPERATIVE CHRISTIAN MINISTRY 31 1ST AVE SE HICKORY, NC 28602 | 56-0934855 | 501(c)(3) | | 749,373 | FMV | Medical Supplies | ON-GOING |
| GREATER KILLEEN FREE CLINIC 718 N 2ND STREET STE A KILLEEN, TX 76541 | 74-2724725 | 501(c)(3) | | 3,769,207 | FMV | Medical Supplies | ON-GOING |
| GREATER TEXOMA HEALTH CLINIC 900 N ARMSTRONG AVE DENISON, TX 75020 | 81-0584983 | 501(c)(3) | | 1,489,880 | FMV | Medical Supplies | ON-GOING BE ABLE TO AFFORD THEM |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GREENVILLE FREE MEDICAL CLINIC PO BOX 8993 GREENVILLE, SC 29604 | 57-0855205 | 501(c)(3) | | 74,361 | FMV | Medical Supplies | ON-GOING |
| GUADALUPE CLINIC 940 S SAINT FRANCIS WICHITA, KS 67211 | 20-1285208 | Other | | 218,007 | FMV | Medical Supplies | ON-GOING |
| GUIDANCECARE CENTER INC 3000 41ST STREET OCEAN MARATHON, FL 33050 | 59-1458324 | 501(c)(3) | | 484,498 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GULF COAST HEALTH CENTER INC 2548 MEMORIAL BLVD PORT ARTHUR, TX 77640 | 76-0289927 | 501(c)(3) | | 296,358 | FMV | Medical Supplies | ON-GOING |
| HALEY CENTER 122 WEST CENTRAL AVE WINTER HAVEN, FL 33880 | 59-0766974 | 501(c)(3) | | 161,662 | FMV | Medical Supplies | ON-GOING |
| HANDS CLINIC OF ST LUCIE COUNTY 3855 S US HWY 1 FORT PIERCE, FL 34982 | 26-3945016 | 501(c)(3) | | 15,225 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HANDS OF HOPE CLINIC INC 1010 HOSPITAL DRIVE BLDG B STOCKBRIDGE,GA 30281 | 42-1591970 | 501(c)(3) | | 38,513 | FMV | Medical Supplies | ON-GOING |
| HARMONY HEALTH CLINIC 201 E ROOSEVELT LITTLE ROCK,AR 72206 | 20-5691313 | 501(c)(3) | | 73,151 | FMV | Medical Supplies | ON-GOING |
| HARRISONBURG ROCKINGHAM FREE CLINIC 25 WEST WATER STREET HARRISONBURG,VA 22801 | 54-1568909 | 501(c)(3) | | 7,121 | FMV | Medical Supplies | ON-GOING Support, USA NY-AmeriCares Mobile Clinic Hurricane Sandy Support II |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HAVEN FREE CLINIC FAIR HAVEN COMMUNITY HEALTH NEW HAVEN, CT 06513 | 06-0646973 | 501(c)(3) | | 305,502 | FMV | Medical Supplies | ON-GOING |
| HEALING BRIDGE CLINIC 215 WILLOWBEND RD PEACHTREE CITY, GA 30269 | 26-3555799 | 501(c)(3) | | 124,276 | FMV | Medical Supplies | ON-GOING |
| HEALING HANDS HEALTH CENTER 245 MIDWAY MEDICAL PARK BRISTOL, TN 37620 | 62-1677000 | 501(c)(3) | | 245,816 | FMV | Medical Supplies | ON-GOING |

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| HEALING HANDS MINISTRIES INC 8515 GREENVILLE AVENUE N-112 DALLAS, TX 75243 | 65-1259379 | 501(c)(3) | | 226,704 | FMV | Medical Supplies | ON-GOING USA NY-Hurrican Sandy Relief |
| HEALTH ACCESS INC 489 WASHINGTON AVENUE CLARKSBURG, WV 26301 | 55-0715066 | 501(c)(3) | | 33,859 | FMV | Medical Supplies | ON-GOING |
| HEALTH AND HOPE CLINIC INC 1718 E OLIVE RD PENSACOLA, FL 32514 | 26-4336638 | 501(c)(3) | | 279,072 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY ROAD 25A TROY, OH 45373 | 31-1596731 | 501(c)(3) | | 162,435 | FMV | Medical Supplies | ON-GOING |
| HEALTH PARTNERS OF WESTERN OHIO 441 E 8TH ST LIMA, OH 45804 | 56-2330309 | 501(c)(3) | | 24,504 | FMV | Medical Supplies | ON-GOING |
| HEALTH PARTNERS INC 3070 CRAIN HIGHWAY WALDORF, MD 20601 | 52-1767044 | 501(c)(3) | | 40,626 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HEALTH UNIT ON DAVISON AVENUE CLNIC 13240 WOODROW WILSON ST DETROIT, MI 48238 | 37-1490937 | 501(c)(3) | | 298,725 | FMV | Medical Supplies | ON-GOING |
| HEALTHNET OF ROCK COUNTY INC 23 W MILWAUKEE STREET JANESVILLE, WI 53548 | 39-1778804 | 501(c)(3) | | 252,302 | FMV | Medical Supplies | ON-GOING |
| HEALTHQUEST OF UNION COUNTY 415 E FRANKLIN STREET MONROE, NC 28112 | 56-2117596 | 501(c)(3) | | 223,108 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| HEALTHREACH COMMUNITY CLINIC 400 EAST STATESVILLE AVE MOORESVILLE, NC 28115 | 20-1020941 | 501(c)(3) | | 341,732 | FMV | Medical Supplies | ON-GOING |
| HEART MINISTRY CENTER 2222 BINNEY STREET OMAHA, NE 68110 | 81-0614816 | 501(c)(3) | | 76,491 | FMV | Medical Supplies | ON-GOING CARD S), USA NY-2012 Hurricane Sandy- Staten Island Case Management |
| HEARTBRIGHT FOUNDATION INC 2923 SOUTH TRYON SUITE 200 CHARLOTTE, NC 28203 | 45-0496759 | 501(c)(3) | | 290,317 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HEARTLAND HEALTH CENTERS 3048 N WILTON CHICAGO, IL 60657 | 36-3843377 | 501(c)(3) | | 8,575 | FMV | Medical Supplies | ON-GOING |
| HEARTS AND HANDS CLINIC 127 NORTH COLLEGE STREET STATESBORO, GA 30458 | 26-4597700 | 501(c)(3) | | 100,366 | FMV | Medical Supplies | ON-GOING USA 2012 Hurricane Sandy - Free Service to the Uninsured |
| HELPING HAND CLINIC 507 NORTH STEELE ST SANFORD, NC 27330 | 56-1752295 | 501(c)(3) | | 79,908 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HELPING HANDS CLINIC INC 810 HARPER AVE LENOIR, NC 28645 | 56-2076541 | 501(c)(3) | | 301,850 | FMV | Medical Supplies | ON-GOING |
| HELPING KIDS HEALTH ACCESS WITHOUT WALLS 968 E SAHARA LAS VEGAS, NV 89104 | 20-5552699 | 501(c)(3) | | 10,458 | FMV | Medical Supplies | ON-GOING |
| HEMOPHILIA TREATMENT CENTER OF NEVADA 3121 S MARYLAND PARKWAY LAS VEGAS, NV 89109 | 26-0286469 | 501(c)(3) | | 139,418 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HENRY J AUSTIN HEALTH CENTER INC 321 NORTH WARREN STREET TRENTON, NJ 08618 | 22-2682708 | 501(c)(3) | | 5,458 | FMV | Medical Supplies | ON-GOING |
| HIS HANDS FREE MEDICAL CLINIC 400 12TH ST SE CEDAR RAPIDS, IA 52403 | 39-1878606 | 501(c)(3) | | 995,418 | FMV | Medical Supplies | ON-GOING |
| HOLLAND FREE HEALTH CLINIC 99 WEST 26TH ST HOLLAND, MI 49423 | 30-0072620 | 501(c)(3) | | 16,081 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| HOPE CLINIC PO BOX 4025 BARTLESVILLE, OK 74006 | 46-4417141 | 501(c)(3) | | 53,931 | FMV | Medical Supplies | ON-GOING Disabled , USA NY - Procurement, Distribution & Installation of Wheelchairs & Ramps |
| HOPE CLINIC 203 NORTH STREET BAYBORO, NC 28515 | 56-2114681 | 501(c)(3) | | 723,387 | FMV | Medical Supplies | ON-GOING |
| HOPE CLINIC OF GARLAND 800 S 6TH STREET SUITE 100 GARLAND, TX 75040 | 75-2960314 | 501(c)(3) | | 192,750 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| HOPE HEALTH CLINIC 1025 SANIBEL WAY LAGRANGE, KY 40031 | 46-5509958 | 501(c)(3) | | 89,048 | FMV | Medical Supplies | ON-GOING |
| HOPE MEDICAL CLINIC HOPE MEDICAL CLINIC YPSILANTI, MI 48197 | 38-2469007 | 501(c)(3) | | 182,561 | FMV | Medical Supplies | ON-GOING |
| HOPE MEDICAL CLINIC 10101 60TH STREET LEXINGTON, OK 73051 | 73-1338039 | Other | | 757,171 | FMV | Medical Supplies | ON-GOING Rockaway, Coney Island and Red Hook, USA Medical Support for Sandy Survivors in Staten Island, USA NY - Operating Support for PNHP-NY Metro Hurricane Sandy |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| HOPE MEDICAL DENTAL CLINIC 111 MEADOWVIEW DRIVE CLEBURNE, TX 76033 | 75-2953856 | 501(c)(3) | | 355,666 | FMV | Medical Supplies | ON-GOING |
| HOPE HEALTH MANNING FAMILY PRACTICE 12 WEST SOUTH STREET MANNING, SC 29102 | 57-0984427 | 501(c)(3) | | 468,676 | FMV | Medical Supplies | ON-GOING |
| HOPE LIGHT MEDICAL CLINIC 1351 COLLYER ST LONGMONT, CO 80501 | 46-4657471 | 501(c)(3) | | 655,398 | FMV | Medical Supplies | ON-GOING Disabilities, USA OK- Replacement of Durable Medical Equipment |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HOUSTON COUNTY VOLUNTEER MEDICAL CLINIC 125 RUSSELL PARKWAY WARNER ROBINS, GA 310886164 | 20-1859450 | 501(c)(3) | | 444,176 | FMV | Medical Supplies | ON-GOING |
| HOWARD BROWN HEALTH CENTER 4025 N SHERIDAN RD CHICAGO, IL 60613 | 36-2894128 | 501(c)(3) | | 10,021 | FMV | Medical Supplies | ON-GOING |
| I CARE SAN ANTONIO 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207 | 74-2690192 | 501(c)(3) | | 76,180 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| IBN SINA FOUNDATION 11226 S WILCREST DR HOUSTON, TX 77099 | 76-0698464 | 501(c)(3) | | 111,680 | FMV | Medical Supplies | ON-GOING |
| IBN SINA FOUNDATION 11226 S WILCREST DR HOUSTON, TX 77099 | 76-0698464 | 501(c)(3) | | 1,860,489 | FMV | Medical Supplies | ON-GOING |
| ILIULIUK FAMILY AND HEALTH SERVICES 34 LAVELLE COURT UNALASKA, AK 99685 | 92-0041961 | 501(c)(3) | | 245,142 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| INTERFAITH COMMUNITY CLINIC 101 PINE MANOR DRIVE OAK RIDGE NORTH, TX 77385 | 75-2634623 | 501(c)(3) | | 323,703 | FMV | Medical Supplies | ON-GOING |
| ISLAMIC ASSOCIATION OF NORTH TEXAS 840 ABRAMS ROAD RICHARDSON, TX 75081 | 23-7181345 | 501(c)(3) | | 24,648 | FMV | Medical Supplies | ON-GOING |
| JEFFERSON CENTER FOR MENTAL HEALTH 4851 INDEPENDENCE ST WHEAT RIDGE, CO 80033 | 84-0474717 | 501(c)(3) | | 537,486 | FMV | Medical Supplies | ON-GOING Hurricane Sandy Emergency Food Pantry Response Response |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| JEFFERSON COUNTY FOURTH STREET HEALTH CENTER ONE ROSS PARK STE 202 STEUBENVILLE, OH 43952 | 20-3924355 | 501(c)(3) | | 96,321 | FMV | Medical Supplies | ON-GOING |
| JOHNSTOWN FREE MEDICAL CLINIC 340 MAIN STREET JOHNSTOWN, PA 15901 | 23-2922409 | 501(c)(3) | | 1,047,491 | FMV | Medical Supplies | ON-GOING USA NY- Muck out/Mold Remediation for Rockaways |
| JUST KIDS DENTAL 1313 FAIRGROUNDS ROAD TWO HARBORS, MN 55616 | 27-2311353 | 501(c)(3) | | 10,290 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| KATAHDIN VALLEY HEALTH CENTER 30 HOULTON ST PATTEN, ME 04747 | 23-7411014 | Other | | 555,275 | FMV | Medical Supplies | ON-GOING |
| KATALLASSO FAMILY HEALTH CENTER 38 SOUTH BELVIDERE AVENUE YORK, PA 17401 | 45-3170905 | 501(c)(3) | | 9,258 | FMV | Medical Supplies | ON-GOING |
| KEVINS COMMUNITY CENTER 153 S MAIN STREET NEWTOWN, CT 06470 | 61-1436909 | 501(c)(3) | | 1,441,762 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| KIDS COME FIRST COMMUNITY HEALTH CENTER 1556 S SULTANA AVE ONTARIO, CA 91761 | 33-0969025 | 501(c)(3) | | 55,996 | FMV | Medical Supplies | ON-GOING |
| KIDS FIRST HEALTH CARE 4675 E 69TH AVENUE COMMERCE CITY, CO 80022 | 84-0799374 | 501(c)(3) | | 39,297 | FMV | Medical Supplies | ON-GOING |
| KITSAP PUBLIC HEALTH DISTRICT 345 6TH ST STE 300 BREMERTON, WA 98337 | 42-1689063 | Other | | 13,055 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LA CLINICA CRISTIANA 1915 AVALON AVENUE MUSCLE SHOALS, AL 35661 | 20-1624284 | 501(c)(3) | | 65,407 | FMV | Medical Supplies | ON-GOING |
| LA CLINICA DE LA ESPERANZA 3200 GRAND AVENUE DES MOINES, IA 50312 | 42-0680452 | 501(c)(3) | | 199,451 | FMV | Medical Supplies | ON-GOING |
| LA CROSSE CTY MENTAL HLTH OUTPATIENT CLINIC 300 FOURTH ST NORTH LA CROSSE, WI 54601 | 39-6005709 | Other | | 32,717 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LABIOMED WOMENS HEALTH CARE CLINIC OEP 130 E COMPTON BLVD COMPTON, CA 90220 | 95-2138184 | 501(c)(3) | | 42,147 | FMV | Medical Supplies | ON-GOING |
| LAFAYETTE COMMUNITY HEALTH CARE CLINIC 1317 JEFFERSON STREET LAFAYETTE, LA 705017921 | 72-1221982 | 501(c)(3) | | 492,073 | FMV | Medical Supplies | ON-GOING |
| LAKE AREA FREE CLINIC 856B ARMOUR RD OCONOMOWOC, WI 53066 | 39-2006388 | 501(c)(3) | | 15,030 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LAKE COUNTY FREE CLINIC 54 SOUTH STATE ST SUITE 302 PAINESVILLE, OH 44077 | 34-1081191 | 501(c)(3) | | 100,588 | FMV | Medical Supplies | ON-GOING |
| LAKE NORMAN COMMUNITY HEALTH CLINIC 14230 HUNTERS RD HUNTERSVILLE, NC 28078 | 04-3723062 | 501(c)(3) | | 9,703 | FMV | Medical Supplies | ON-GOING |
| LAKEVIEW CENTER INC 1221 W LAKEVIEW AVE PENSACOLA, FL 32501 | 59-0737872 | 501(c)(3) | | 206,838 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LEBANON VALLEY VOLUNTEERS IN MEDICINE 711 S 8TH ST LEBANON, PA 17042 | 26-3915958 | 501(c)(3) | | 13,429 | FMV | Medical Supplies | ON-GOING |
| LEFLORE COUNTY HEALTH CENTER 706 HWY 82 WEST GREENWOOD, MS 38930 | 20-0069223 | 501(c)(3) | | 523,085 | FMV | Medical Supplies | ON-GOING |
| LEWIS & CLARK BEHAVIORIAL HEALTH SERVICES INC 1028 WALNUT STREET YANKTON, SD 57078 | 16-1900308 | 501(c)(3) | | 397,062 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LIFESPRING HEALTH SYSTEMS 460 SPRING STREET JEFFERSONVILLE, IN 47130 | 35-1097350 | 501(c)(3) | | 336,173 | FMV | Medical Supplies | ON-GOING |
| LIFESTREAM BEHAVIORAL CENTER 515 MAIN STREET LEESBURG, FL 34748 | 59-1561501 | 501(c)(3) | | 430,129 | FMV | Medical Supplies | ON-GOING |
| LIGHT OF THE WORLD CLINIC INC 5333 N DIXIE HWY OAKLAND PARK, FL 33334 | 65-0266070 | 501(c)(3) | | 1,323,806 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LIVINGSTON COUNTY PUBLIC HEALTH DPT 310 E TORRANCE AVE PONTIAC, IL 61764 | 37-6001248 | 501(c)(3) | | 18,042 | FMV | Medical Supplies | ON-GOING |
| LLOYD F MOSS FREE CLINIC 1301 SAM PERRY BOULEVARD FREDERICKSBURG, VA 22401 | 54-1677934 | 501(c)(3) | | 54,919 | FMV | Medical Supplies | ON-GOING |
| LORAIN COUNTY FREE CLINIC 3323 PEARL AVE LORAIN, OH 44055 | 34-1506180 | 501(c)(3) | | 153,927 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LUKE SOCIETY PO BOX 16194 GALVESTON, TX 77552 | 74-2211973 | 501(c)(3) | | 95,075 | FMV | Medical Supplies | ON-GOING |
| MACON VOLUNTEER CLINIC 376 ROGERS AVE MACON, GA 31204 | 74-3055376 | 501(c)(3) | | 1,161,643 | FMV | Medical Supplies | ON-GOING |
| MALIHEH FREE CLINIC 415 EAST 3900 SOUTH SALT LAKE CITY, UT 84115 | 20-2313461 | 501(c)(3) | | 121,767 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MAMOU HEALTH RESOURCES INC 300 SOUTH STREET MAMOU, LA 70554 | 72-0949444 | 501(c)(3) | | 119,456 | FMV | Medical Supplies | ON-GOING |
| MARICOPA CTY HEALTH CARE FOR THE HOMELESS 220 S 12TH AVE PHOENIX, AZ 85007 | 14-5454000 | Other | | 6,374 | FMV | Medical Supplies | ON-GOING |
| MARION COUNTY PUBLIC HEALTH 2003 N LINCOLN KNOXVILLE, IA 50138 | 42-6004844 | Other | | 211,856 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MARTIN LUTHER KING HEALTH CENTER 865 OLIVE STREET SHREVEPORT, LA 71104 | 72-1079721 | 501(c)(3) | | 212,444 | FMV | Medical Supplies | ON-GOING |
| MATAGORDA EPISCOPAL HEALTH OUTREACH PRGM MEHOP BAY CITY, TX 77414 | 20-0537948 | 501(c)(3) | | 293,866 | FMV | Medical Supplies | ON-GOING |
| MATTHEW 25 HEALTH AND DENTAL CLINIC 413 E JEFFERSON BLVD FORT WAYNE, IN 46802 | 35-1484951 | 501(c)(3) | | 260,039 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MATTHEW WALKER COMPREHENSIVE HEALTH CENTER 1035 14TH AVENUE NORTH NASHVILLE, TN 37208 | 62-1035426 | 501(c)(3) | | 268,116 | FMV | Medical Supplies | ON-GOING |
| MCHENRY COUNTY DEPARTMENT OF HEALTH 2200 N SEMINARY AVE WOODSTOCK, IL 60098 | 36-6006623 | Other | | 17,695 | FMV | Medical Supplies | ON-GOING |
| MCINTOSH TRAIL CSB 1435 NORTH EXPRESSWAY GRIFFIN, GA 30223 | 58-2098758 | Other | | 2,492,037 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MCKINNEY MEDICAL CENTER 218 QUARTERMAN STREET WAYCROSS,GA 31501 | 58-2101260 | 501(c)(3) | | 8,708 | FMV | Medical Supplies | ON-GOING |
| MEDICAL MISSION ADVENTURE 11540 BONHAM AVE SYLMAR,CA 91342 | 04-3661520 | 501(c)(3) | | 138,429 | FMV | Medical Supplies | ON-GOING |
| MEDICAL OUTREACH MINISTRIES 1401 E SOUTH BOULEVARD MONTGOMERY,AL 36116 | 63-1204645 | 501(c)(3) | | 286,602 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MEDICAL SERVICE BUREAU INC 1530 S OLIVER WICHITA, KS 67218 | 48-0891620 | 501(c)(3) | | 17,252 | FMV | Medical Supplies | ON-GOING |
| MEDLINK GEORGIA INC 11 CHARLIE MORRIS ROAD COLBERT, GA 30628 | 58-1394645 | 501(c)(3) | | 151,803 | FMV | Medical Supplies | ON-GOING |
| MEL LEAMAN FREE CLINIC 601 RADIO HILL RD MARION, VA 24354 | 54-1993876 | 501(c)(3) | | 149,401 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MERCI CLINIC 1315 TATUM DRIVE NEW BERN, NC 28560 | 56-2034052 | 501(c)(3) | | 925,723 | FMV | Medical Supplies | ON-GOING |
| MERCY HEALTH CENTER INC 700 OGLETHORPE AVE ATHENS, GA 30606 | 58-2603523 | 501(c)(3) | | 16,413 | FMV | Medical Supplies | ON-GOING |
| MERCY MEDICAL CLINIC 615 WASHINGTON STREET SHELBYVILLE, KY 40065 | 61-1211189 | 501(c)(3) | | 640,044 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MERCY MISSION SVC DBA ST JOHN BOSCO CLINIC 3661 S MIAMI AVENUE MIAMI, FL 33133 | 65-0435764 | 501(c)(3) | | 80,651 | FMV | Medical Supplies | ON-GOING |
| MERIDIAN BEHAVIORAL HEALTHCARE INC 4300 SW 13TH STREET GAINESVILLE, FL 32608 | 59-1906214 | 501(c)(3) | | 651,594 | FMV | Medical Supplies | ON-GOING |
| METROCREST COMMUNITY CLINIC ONE MEDICAL PARKWAY FARMERS BRANCH, TX 75234 | 75-2616002 | 501(c)(3) | | 189,856 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MHRC FACT TEAM 10550 DEERWOOD PARK BLVD 600 JACKSONVILLE, FL 32256 | 59-1905344 | 501(c)(3) | | 173,991 | FMV | Medical Supplies | ON-GOING |
| MIAMI RESCUE MISSION CLINIC INC 2015 NW 1ST AVE MIAMI, FL 33127 | 45-1481860 | 501(c)(3) | | 353,665 | FMV | Medical Supplies | ON-GOING |
| MIDDLE PENINSULA NORTHERN NECK CSB PO BOX 2468 GLOUCESTER, VA 23061 | 54-0958505 | 501(c)(3) | | 559,898 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MILAN PUSKAR HEALTH RIGHT 341 SPRUCE STREET MORGANTOWN, WV 26507 | 31-1118673 | 501(c)(3) | | 56,830 | FMV | Medical Supplies | ON-GOING |
| MINISTRIES OF JESUS 1100 E I-35 FRONTAGE ROAD EDMOND, OK 73034 | 73-1622804 | 501(c)(3) | | 850,673 | FMV | Medical Supplies | ON-GOING |
| MISSION ARLINGTON MEDICAL CLINIC 210 W SOUTH ARLINGTON, TX 76010 | 75-2724385 | 501(c)(3) | | 1,078,124 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MISSION MEDICAL CLINIC 2125 E LASALLE STREET COLORADO SPRINGS, CO 80909 | 68-0506812 | 501(c)(3) | | 113,888 | FMV | Medical Supplies | ON-GOING |
| MISSION OF MERCY 22 SOUTH MARKET ST SUITE 6D FREDERICK, MD 21701 | 86-0704883 | 501(c)(3) | | 1,385,378 | FMV | Medical Supplies | ON-GOING |
| MISSION OF MERCY- ARIZONA 821 W WARNER ROAD CHANDLER, AZ 85225 | 86-0704883 | 501(c)(3) | | 210,799 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MISSION WACO HEALTH CLINIC 1315 N 15TH ST WACO, TX 76707 | 74-2605621 | 501(c)(3) | | 182,539 | FMV | Medical Supplies | ON-GOING |
| MODESTO GOSPEL MISSION 1400 YOSEMITE BLVD MODESTO, CA 95354 | 94-6102833 | 501(c)(3) | | 81,461 | FMV | Medical Supplies | ON-GOING |
| MOORE FREE CARE CLINIC INC 211 TRIMBLE PLANT RD SUITE C SOUTHERN PINES, NC 28387 | 01-0781234 | 501(c)(3) | | 9,034 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MORTON COMPREHENSIVE SERVICES 1334 N LANSING AVE TULSA, OK 74106 | 73-1177858 | 501(c)(3) | | 7,750 | FMV | Medical Supplies | ON-GOING |
| M-POWER MINISTRIES HEALTH CENTER 4022 4TH AVE SOUTH BIRMINGHAM, AL 35222 | 31-1639601 | 501(c)(3) | | 82,122 | FMV | Medical Supplies | ON-GOING |
| MUSLIM COMMUNITY CTR FOR HUMAN SERVICES 7600 GLENVIEW DRIVE RICHLAND HILLS, TX 76180 | 75-2580088 | 501(c)(3) | | 437,625 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NTL CENTER FOR BEHAVIORAL HEALTH SOLUTIONS 3031 IH 10 W SAN ANTONIO, TX 78201 | 47-0857847 | 501(c)(3) | | 108,695 | FMV | Medical Supplies | ON-GOING |
| NTL CENTER FOR BEHAVIORAL HEALTH SOLUTIONS 3031 IH 10 W SAN ANTONIO, TX 78201 | 47-0857847 | 501(c)(3) | | 123,829 | FMV | Medical Supplies | ON-GOING |
| NTL CENTER FOR BEHAVIORAL HEALTH SOLUTIONS 3031 IH 10 WEST SAN ANTONIO, TX 78201 | 47-0857847 | 501(c)(3) | | 244,719 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NTL CENTER FOR BEHAVIORAL HEALTH SOLUTIONS 3031 IH 10 WEST SAN ANTONIO, TX 78201 | 47-0857847 | 501(c)(3) | | 398,476 | FMV | Medical Supplies | ON-GOING |
| NTL CENTER FOR BEHAVIORAL HEALTH SOLUTIONS 3031 IH 10 WEST SAN ANTONIO, TX 78201 | 47-0857847 | 501(c)(3) | | 662,835 | FMV | Medical Supplies | ON-GOING |
| NTL CENTER FOR BEHAVIORAL HEALTH SOLUTIONS 3031 IH 10 SAN ANTONIO, TX 78201 | 47-0857847 | 501(c)(3) | | 1,639,528 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NAVAJO COUNTY PUBLIC HEALTH 600 N 9TH PLACE SHOW LOW, AZ 85901 | 86-6000541 | Other | | 21,170 | FMV | Medical Supplies | ON-GOING |
| NEIGHBOR FOR NEIGHBOR 505 E 36TH ST N TULSA, OK 74106 | 73-0776404 | 501(c)(3) | | 1,281,992 | FMV | Medical Supplies | ON-GOING |
| NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE RD N NAPLES, FL 34102 | 59-3546884 | 501(c)(3) | | 417,600 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NEIGHBORHOOD SERVICE ORGANIZATION NSO TUMAINI CENTER DETROIT, MI 48201 | 38-1561624 | 501(c)(3) | | 57,331 | FMV | Medical Supplies | ON-GOING |
| NEVADA OBSTETRICAL CHARITY CLINIC 1950 PINTO LANE LAS VEGAS, NV 89106 | 26-4834603 | 501(c)(3) | | 227,299 | FMV | Medical Supplies | ON-GOING |
| NEW ORLEANS DREAM CENTER 1137 SAINT CHARLES AVENUE NEW ORLEANS, LA 70130 | 46-1935367 | 501(c)(3) | | 368,968 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NEWHOPE CLINIC 41 S COURT STREET OWINGSVILLE, KY 40360 | 61-1363437 | 501(c)(3) | | 29,731 | FMV | Medical Supplies | ON-GOING |
| NHAN HOA COMPREHENSIVE HEALTH CARE CLINIC 7761 GARDEN GROVE BLVD GARDEN GROVE, CA 92841 | 33-0477323 | 501(c)(3) | | 47,136 | FMV | Medical Supplies | ON-GOING |
| NORTH BROWARD HOSPITAL DISTRICT 200 NORTHWEST 7TH AVENUE FORT LAUDERDALE, FL 33311 | 59-6012065 | 501(c)(3) | | 1,142,399 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| N BROWARD HOSPITAL DISTRICT DBA BROWARD HEAL 303 SE 17TH STREET SUITE 309 FORT LAUDERDALE, FL 33316 | 59-6012065 | 501(c)(3) | | 235,037 | FMV | Medical Supplies | ON-GOING |
| NORTH COUNTRY HEALTHCARE 2920 N 4TH STREET FLAGSTAFF, AZ 86004 | 86-0663432 | 501(c)(3) | | 24,395 | FMV | Medical Supplies | ON-GOING |
| NORTH HUDSON COMMUNITY ACTION CORPORATION 714-31ST STREET UNION CITY, NJ 07087 | 22-1818699 | 501(c)(3) | | 3,377,093 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NORTHLAND COMMUNITY HEALTH CENTER 104 N MAIN TURTLE LAKE, ND 58575 | 33-1029318 | 501(c)(3) | | 107,394 | FMV | Medical Supplies | ON-GOING |
| NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS 715 PYLE DR KINGSFORD, MI 49802 | 38-3210490 | 501(c)(3) | | 294,688 | FMV | Medical Supplies | ON-GOING |
| NORTHSHORE SCOTTSDALE PHARMACY 3564 SCOTTSDALE ST PORTAGE, IN 46368 | 35-2028588 | 501(c)(3) | | 3,956,971 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NORTHWEST HUMAN SERVICES INC 681 CENTER STREET NE SALEM, OR 97301 | 93-0605570 | 501(c)(3) | | 117,506 | FMV | Medical Supplies | ON-GOING |
| NORTHWEST MICHIGAN HEALTH SERVICES 10767 TRAVERSE HIGHWAY TRAVERSE CITY, MI 49684 | 38-1958790 | 501(c)(3) | | 174,704 | FMV | Medical Supplies | ON-GOING |
| OKLAHOMA MENTAL HEALTH COUNCIL 4400 N LINCOLN BLVD OKLAHOMA CITY, OK 73105 | 73-6111618 | 501(c)(3) | | 16,133 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ONE STOP CLINIC 701 17TH AVE W BRADENTON, FL 34205 | 59-3340921 | 501(c)(3) | | 310,026 | FMV | Medical Supplies | ON-GOING |
| OPEN ARMS CLINIC 109 BIG A ROAD TOCCOA, GA 30577 | 20-3296577 | 501(c)(3) | | 334,624 | FMV | Medical Supplies | ON-GOING |
| OPEN ARMS HEALTH CLINIC 3921 W GREEN OAKS BLVD ARLINGTON, TX 76017 | 45-0621201 | 501(c)(3) | | 419,699 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| OPEN CITIES HEALTH CENTER 409 N DUNLAP STREET ST PAUL, MN 55104 | 36-3381598 | 501(c)(3) | | 30,140 | FMV | Medical Supplies | ON-GOING |
| OPEN DOOR HEALTH CENTER 151 NW 11TH STREET SUITE W201 HOMESTEAD, FL 33030 | 83-0375996 | 501(c)(3) | | 214,139 | FMV | Medical Supplies | ON-GOING |
| OPERATION SAFETY NET 903 WATSON PITTSBURGH, PA 15219 | 25-1604115 | 501(c)(3) | | 18,395 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ORANGE COUNTY FREE CLINIC PO BOX 441 ORANGE, VA 22960 | 25-1922019 | 501(c)(3) | | 7,878 | FMV | Medical Supplies | ON-GOING |
| ORANGEBURG-CALHOUN FREE MEDICAL CLINIC 141 CENTRE STREET ORANGEBURG, SC 29115 | 26-3762573 | 501(c)(3) | | 200,849 | FMV | Medical Supplies | ON-GOING |
| PALMETTO HEALTH COUNCIL INC 643 MAIN STREET PALMETTO, GA 30268 | 58-1307597 | 501(c)(3) | | 5,643,085 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PARKVIEW MEDICAL CLINIC 1205 DR MARTIN L KING JR WAY HAINES CITY, FL 33844 | 01-0790991 | 501(c)(3) | | 224,520 | FMV | Medical Supplies | ON-GOING |
| PAUTE INDIAN TRIBE OF UTAH 440 NORTH PAIUTE DRIVE CEDAR CITY, UT 84721 | 87-0365095 | Other | | 1,074,100 | FMV | Medical Supplies | ON-GOING |
| PEOPLES CLINIC 3111 ELECTRIC AVE PORT HURON, MI 48060 | 38-3274342 | Other | | 265,233 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PITT COUNTY CARE INC BRODY BLDG 2N-45 GREENVILLE, NC 27834 | 56-2097183 | 501(c)(3) | | 185,221 | FMV | Medical Supplies | ON-GOING |
| PLANO CHILDRENS MEDICAL CLINIC 1407 14TH STREET PLANO, TX 75074 | 75-2252866 | Other | | 57,122 | FMV | Medical Supplies | ON-GOING |
| POCATELLO FREE CLINIC 429 WASHINGTON POCATELLO, ID 83201 | 82-0351133 | 501(c)(3) | | 2,645,143 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| POLK COUNTY HEALTH CENTER 1317 W BROADWAY BOLIVAR, MO 65613 | 43-1268665 | Other | | 31,490 | FMV | Medical Supplies | ON-GOING |
| PORTSMOUTH COMMUNITY HEALTH CENTER 664 LINCOLN STREET PORTSMOUTH, VA 23704 | 54-1626757 | 501(c)(3) | | 6,281 | FMV | Medical Supplies | ON-GOING |
| PRAIRIE COMMUNITY HEALTH 208 MAIN MCINTOSH, SD 57641 | 46-0348705 | 501(c)(3) | | 30,014 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PRESBYTERIAN MEDICAL CARE MISSION 1857 PINE ST STE 100 ABILENE, TX 79601 | 75-1910600 | 501(c)(3) | | 2,733,746 | FMV | Medical Supplies | ON-GOING |
| PRIMARY CARE & HOPE CLINIC 1453 HOPE WAY MURFREESBORO, TN 37129 | 62-1482091 | 501(c)(3) | | 302,905 | FMV | Medical Supplies | ON-GOING |
| RAPHA CLINIC OF WEST GEORGIA INC RAPHA CLINIC OF WEST GEORGIA TEMPLE, GA 30179 | 27-1188932 | 501(c)(3) | | 740,963 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RAPHAEL COMMUNITY FREE CLINIC INC 1807 WATER STREET KERRVILLE, TX 78028 | 74-2819628 | 501(c)(3) | | 341,146 | FMV | Medical Supplies | ON-GOING |
| REACH OUT OF MONTGOMERY COUNTY 25 E FORAKER DAYTON, OH 45409 | 31-1434282 | 501(c)(3) | | 84,497 | FMV | Medical Supplies | ON-GOING |
| REFUGE CLINIC 2349 RICHMOND RD LEXINGTON, KY 40502 | 37-1547506 | 501(c)(3) | | 42,316 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| REMOTE AREA MEDICAL 2200 STOCK CREEK BLVD ROCKFORD, TN 37853 | 62-1650446 | 501(c)(3) | | 1,089,181 | FMV | Medical Supplies | ON-GOING |
| RENEWED HOPE HEALTH CLINIC 894 MARSHALL ALLEGAN, MI 49010 | 16-1760734 | 501(c)(3) | | 80,613 | FMV | Medical Supplies | ON-GOING |
| RICHMOND AREA HIGH BLOOD PRESSURE CENTER 1200 WEST CARY STREET RICHMOND, VA 23220 | 52-1303481 | 501(c)(3) | | 620,843 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RILEY MEDICAL CLINIC FIRST BAPTIST CHURCH JONESBORO 147 CHURCH STREET JONESBORO, GA 30236 | 58-0685903 | 501(c)(3) | | 61,736 | FMV | Medical Supplies | ON-GOING |
| RIVER HILLS COMMUNITY HEALTH CENTER 201 SOUTH MARKET STREET OTTUMWA, IA 52501 | 42-1489471 | 501(c)(3) | | 312,403 | FMV | Medical Supplies | ON-GOING |
| RIVER VALLEY CHRISTIAN CLINIC 1714 STATE HWY 22 DARDANELLE, AR 72834 | 20-5193973 | 501(c)(3) | | 13,890 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RIVER VALLEY FAMILY HEALTH CENTER 308 MAIN STREET OLATHE, CO 81425 | 27-3757444 | Other | | 234,099 | FMV | Medical Supplies | ON-GOING |
| ROANOKE CHOWAN COMMUNITY HEALTH CENTER (RCCHC) 120 HEALTH CENTER DRIVE AHOSKIE, NC 27910 | 42-1638714 | 501(c)(3) | | 27,429 | FMV | Medical Supplies | ON-GOING |
| ROCK SPRINGS CLINIC 211 ROCK SPRINGS ROAD MILNER, GA 30257 | 26-4485460 | 501(c)(3) | | 564,425 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ROSA CLARK MEDICAL CLINIC 210 SOUTH OAK ST SENECA, SC 29678 | 58-6076010 | 501(c)(3) | | 36,183 | FMV | Medical Supplies | ON-GOING |
| ROSE GARDEN CENTER FOR HOPE AND HEALING 2020 MADISON AVE COVINGTON, KY 41014 | 27-2425177 | 501(c)(3) | | 7,095 | FMV | Medical Supplies | ON-GOING |
| ROTACARE INC 875 JERUSALEM AVE UNIONDALE, NY 11530 | 11-3135331 | 501(c)(3) | | 342,878 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RURAL HEALTH CLINIC OF THE CUMBERLANDS 9400 SPARTA HIGHWAY CROSSVILLE, TN 38572 | 20-5562191 | 501(c)(3) | | 7,993 | FMV | Medical Supplies | ON-GOING |
| RURAL HEALTH NETWORK OF MONROE COUNTY 3706 N ROOSEVELT BLVD SUITED KEY WEST, FL 33040 | 65-0474953 | 501(c)(3) | | 20,793 | FMV | Medical Supplies | ON-GOING |
| RUTHS PLACE 1411 CRAWFORD AVENUE GRANBURY, TX 76048 | 20-4594680 | 501(c)(3) | | 431,822 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RUTLAND FREE CLINIC 145 STATE STREET RUTLAND, VT 05701 | 83-0427544 | 501(c)(3) | | 235,084 | FMV | Medical Supplies | ON-GOING |
| SACRED HEART COMMUNITY CLINIC 620 ROUND ROCK WEST DR ROUND ROCK, TX 78681 | 27-2901548 | 501(c)(3) | | 182,751 | FMV | Medical Supplies | ON-GOING |
| SAFE HARBOR FREE CLINIC 7209 265TH ST NW 203/204 STANWOOD, WA 98292 | 26-3825107 | 501(c)(3) | | 177,857 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SALINA FAMILY HEALTHCARE CENTER 651 EAST PRESCOTT ROAD SALINA, KS 67401 | 48-0858197 | 501(c)(3) | | 20,926 | FMV | Medical Supplies | ON-GOING |
| SAMARITAN HEALTH CLINIC OF PICKENS COUNTY 303 DACUSVILLE HIGHWAY EASLEY, SC 29640 | 57-0947115 | 501(c)(3) | | 169,295 | FMV | Medical Supplies | ON-GOING |
| SAMARITAN HOUSE 114 5TH AVE REDWOOD CITY, CA 94063 | 23-7416272 | 501(c)(3) | | 324,239 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SAMARITAN REGIONAL HEALTH CLINIC 937 BROADWAY CAPE GIRARDEAU, MO 63701 | 27-5427837 | 501(c)(3) | | 1,384,361 | FMV | Medical Supplies | ON-GOING |
| SAMARITANS TOUCH CARE CENTER 3015 HERING AVE SEBRING, FL 33870 | 02-0773338 | 501(c)(3) | | 239,373 | FMV | Medical Supplies | ON-GOING |
| SAMUEL DIXON FAMILY HEALTH CENTERS INC 25115 AVENUE STANFORD A104 VALENCIA, CA 91355 | 95-4278726 | 501(c)(3) | | 442,179 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SAN FRANCISCO FREE CLINIC 4900 CALIFORNIA ST SAN FRANCISCO, CA 94118 | 94-3186248 | 501(c)(3) | | 137,341 | FMV | Medical Supplies | ON-GOING |
| SAN JOSE CLINIC 2615 FANNIN ST SUITE 2703 HOUSTON, TX 77002 | 76-0373703 | 501(c)(3) | | 39,804 | FMV | Medical Supplies | ON-GOING |
| SAN JOSE CLINIC 2615 FANNIN ST SUITE 2703 HOUSTON, TX 77002 | 76-0373703 | 501(c)(3) | | 319,123 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SANTA MARIAS CHILDREN AND FAMILY CENTER 9209 COLIMA RD SUITE 4400 WHITTIER, CA 90605 | 27-1879748 | 501(c)(3) | | 163,611 | FMV | Medical Supplies | ON-GOING |
| SANTA ROSA COMMUNITY HEALTH CENTERS 3569 ROUND BARN CR SANTA ROSA, CA 95403 | 68-0365296 | 501(c)(3) | | 25,998 | FMV | Medical Supplies | ON-GOING |
| SCHUYLER COUNSELING AND HEALTH SERVICES 127 S LIBERTY RUSHVILLE, IL 62681 | 37-0923523 | 501(c)(3) | | 126,617 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SCOTLAND COMMUNITY HEALTH CLINIC 1405-B WEST BLVD LAURINBURG, NC 28353 | 20-2841940 | 501(c)(3) | | 81,114 | FMV | Medical Supplies | ON-GOING |
| SCOTT COUNTY HEALTH DEPARTMENT 1471 N GARDNER ST SCOTTSBURG, IN 47170 | 00-3118924 | Other | | 234,869 | FMV | Medical Supplies | ON-GOING |
| SEAGER MEMORIAL CLINIC PO BOX 150143 OGDEN, UT 844150143 | 46-0711300 | 501(c)(3) | | 373,568 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SEATTLE KING COUNTY CLINIC 305 HARRISON STREET SEATTLE, WA 98109 | 91-1003385 | 501(c)(3) | | 24,764 | FMV | Medical Supplies | ON-GOING |
| SEMO HEALTH NETWORK 421 SEMO DRIVE NEW MADRID, MO 63869 | 43-1253101 | 501(c)(3) | | 4,116,455 | FMV | Medical Supplies | ON-GOING |
| SET FAMILY MEDICAL CLINICS 2864 S CIRCLE DRIVE SUITE 450 COLORADO SPRINGS, CO 80906 | 84-1183335 | 501(c)(3) | | 110,335 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SETON CENTRAL OUTPATIENT PHARMACY 601 E 15TH STREET AUSTIN, TX 78701 | 74-1109643 | 501(c)(3) | | 150,100 | FMV | Medical Supplies | ON-GOING |
| SHELBY COMMUNITY HEALTH CENTER 1640 E STATE RD 44 STE B SHELBYVILLE, IN 46176 | 30-0174146 | 501(c)(3) | | 777,648 | FMV | Medical Supplies | ON-GOING |
| SHEPHERDS CLINIC 2800 KIRK AVE BALTIMORE, MD 21218 | 52-1739001 | 501(c)(3) | | 37,075 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SHIFA CLINIC 1092 JOHNNIE DODDS BLVD MT PLEASANT, SC 29464 | 04-3810161 | 501(c)(3) | | 812,233 | FMV | Medical Supplies | ON-GOING |
| SHREVEPORT BOSSIER RESCUE MISSION MEDICAL CLINIC 901 MCNEIL STREET SHREVEPORT, LA 71101 | 23-7050551 | 501(c)(3) | | 6,752 | FMV | Medical Supplies | ON-GOING |
| SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204 | 58-1867940 | 501(c)(3) | | 212,141 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SMITH MEDICAL CLINIC INC 116 BASKERVILL DRIVE PAWLEYS ISLAND, SC 29585 | 57-0786699 | 501(c)(3) | | 613,321 | FMV | Medical Supplies | ON-GOING |
| SMITHVILLE COMMUNITY CLINIC 800 BURLESON ST SMITHVILLE, TX 78957 | 20-4515999 | 501(c)(3) | | 60,657 | FMV | Medical Supplies | ON-GOING |
| SNAKE RIVER COMMUNITY CLINIC 215 10TH STREET LEWISTON, ID 83501 | 31-1726460 | 501(c)(3) | | 437,155 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SOCIAL WELFARE BOARD 904 S 10TH SUITE A ST JOSEPH, MO 64503 | 44-6000455 | Other | | 171,564 | FMV | Medical Supplies | ON-GOING |
| SOUTH CENTRAL MISSOURI COMMUNITY HEALTH CENTER 1050 WEST 10TH STREET ROLLA, MO 65401 | 26-2522083 | 501(c)(3) | | 664,200 | FMV | Medical Supplies | ON-GOING |
| SOUTH ROUTT MEDICAL CENTER HEALTH SERVICE DISTRICT PO BOX 8 OAK CREEK, CO 80467 | 84-6032810 | Other | | 785,976 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SOUTHEAST INC 16 WEST LONG STREET COLUMBUS, OH 43215 | 31-0940189 | 501(c)(3) | | 1,713,574 | FMV | Medical Supplies | ON-GOING |
| SOUTHEAST MENTAL HEALTH SERVICES 711 BARNES AVENUE LA JUNTA, CO 81050 | 84-0519607 | 501(c)(3) | | 230,488 | FMV | Medical Supplies | ON-GOING |
| SOUTHSIDE COMMUNITY HEALTH SERVICES INC 324 EAST 35TH STREET MINNEAPOLIS, MN 55409 | 23-7113799 | 501(c)(3) | | 40,663 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SOUTHWEST BOULEVARD FAMILY HEALTH CLINIC 300 SW BOULEVARD KANSAS CITY, KS 66102 | 48-1067752 | 501(c)(3) | | 600,905 | FMV | Medical Supplies | ON-GOING |
| SOUTHWEST IOWA MENTAL HEALTH CENTER 1500 EAST 10TH STREET ATLANTIC, IA 50022 | 42-0928938 | 501(c)(3) | | 17,598 | FMV | Medical Supplies | ON-GOING |
| SOUTHWEST MISSOURI AREA COALITION 11 TERRACE LN BUFFALO, MO 65622 | 27-3253482 | 501(c)(3) | | 30,858 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SPACE COAST VOLUNTEERS IN MEDICINE 2555 JUDGE FRAN JAMIESON WAY VIERA, FL 32940 | 27-2135914 | 501(c)(3) | | 99,829 | FMV | Medical Supplies | ON-GOING |
| SPRING BRANCH COMMUNITY HEALTH CENTER 800 W SAM HOUSTON PARKWAY S HOUSTON, TX 77042 | 30-0198705 | 501(c)(3) | | 865,157 | FMV | Medical Supplies | ON-GOING |
| ST LUKES FAMILY HEALTH CENTER 4251 RIVER CENTER COURT NE CEDAR RAPIDS, IA 52402 | 54-0504780 | 501(c)(3) | | 18,815 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST VINCENT DE PAUL CHARITABLE PHARMACY 1125 BANK ST CINCINNATI, OH 45214 | 30-0272954 | 501(c)(3) | | 922,766 | FMV | Medical Supplies | ON-GOING |
| ST CLARE HEALTH CLINIC 1121 S INDIANA AVE CROWN POINT, IN 46307 | 35-1330472 | Other | | 213,468 | FMV | Medical Supplies | ON-GOING |
| ST CLARE MEDICAL OUTREACH 1407 YORK ROAD LUTHERVILLE, MD 21093 | 52-1681044 | 501(c)(3) | | 1,438,971 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST JOESPHS NEIGHBORHOOD CENTER ST JOSEPHS NEIGHBORHOOD CTR ROCHESTER, NY 14620 | 46-1176792 | 501(c)(3) | | 243,776 | FMV | Medical Supplies | ON-GOING |
| ST JOHN BOSCO CLINIC INC 3661 S MIAMI AVENUE MIAMI, FL 33133 | 65-0435764 | 501(c)(3) | | 70,474 | FMV | Medical Supplies | ON-GOING |
| ST JOSEPH HEALTH CENTER 510 W ADAMS ST PLYMOUTH, IN 46563 | 35-1142669 | 501(c)(3) | | 725,995 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST LUKES FREE MEDICAL CLINIC PO BOX 3466 SPARTANBURG, SC 29304 | 57-0943232 | 501(c)(3) | | 177,805 | FMV | Medical Supplies | ON-GOING |
| ST MARTINS HEALTHCARE INC 1359 SOUTH RANDOLPH STREET GARRETT, IN 46738 | 20-8609620 | 501(c)(3) | | 88,067 | FMV | Medical Supplies | ON-GOING |
| ST MARYS HEALTH WAGON 5626 PATRIOT DRIVE WISE, VA 24293 | 04-3739083 | 501(c)(3) | | 1,504,424 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST MARYS LEGACY CLINIC 805 S NORTHSORE DR KNOXVILLE, TN 37919 | 46-2331706 | 501(c)(3) | | 55,248 | FMV | Medical Supplies | ON-GOING |
| ST MARYS HEALTH CENTER 1302 DRAYTON ST SAVANNAH, GA 31401 | 58-2282758 | 501(c)(3) | | 106,002 | FMV | Medical Supplies | ON-GOING |
| ST MICHAELS COMMUNITY SERVICES INC 1005 W 18TH STREET ANNISTON, AL 36201 | 63-0974974 | 501(c)(3) | | 403,706 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST THOMAS CLINIC 600 PAUL HAND BOULEVARD FRANKLIN, IN 46131 | 35-1449379 | 501(c)(3) | | 13,086 | FMV | Medical Supplies | ON-GOING |
| ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER 1501 IMPERIAL AVENUE SAN DIEGO, CA 92101 | 33-0492302 | 501(c)(3) | | 179,875 | FMV | Medical Supplies | ON-GOING |
| ST VINCENT DEPAUL COMMUNITY PHARMACY 502 GRAMMONT ST MONROE, LA 71201 | 90-0014479 | 501(c)(3) | | 341,339 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST VINCENTS STUDENT FREE CLINIC 2817 POST OFFICE ST GALVESTON, TX 77550 | 74-1384864 | 501(c)(3) | | 403,720 | FMV | Medical Supplies | ON-GOING |
| STMARYS DINING ROOM 545 WSONORA ST STOCKTON, CA 95203 | 94-2687280 | 501(c)(3) | | 2,373,812 | FMV | Medical Supplies | ON-GOING |
| STAYWELL HEALTH CENTER 80 PHOENIX AVENUE WATERBURY, CT 06702 | 22-3160873 | 501(c)(3) | | 65,987 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| STEHOUWER FREE CLINIC 201 N MITCHELL CADILLAC, MI 49601 | 61-1401888 | 501(c)(3) | | 139,366 | FMV | Medical Supplies | ON-GOING |
| STEPS INC 1033 N PINE HILLS ROAD ORLANDO, FL 32808 | 63-0839630 | 501(c)(3) | | 29,730 | FMV | Medical Supplies | ON-GOING |
| STILLWATER COMMUNITY HEALTH CENTER 1321 W 7TH AVE STE29 STILLWATER, OK 74074 | 73-1502192 | 501(c)(3) | | 15,891 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SUMPTER FREE HEALTH CLINIC 1083 HWY 35 SAINT STEPHEN, SC 29479 | 27-1097304 | 501(c)(3) | | 58,424 | FMV | Medical Supplies | ON-GOING |
| SUMPTER FREE MDCL CLINIC DBA SUMPTER FREE HEALT 1083 HWY 35 SAINT STEPHEN, SC 29479 | 27-1097304 | 501(c)(3) | | 171,231 | FMV | Medical Supplies | ON-GOING |
| SURRY MEDICAL MINISTRIES PO BOX 349 MOUNT AIRY, NC 27030 | 56-1829347 | 501(c)(3) | | 422,716 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TACOMA-PIERCE COUNTY HEALTH DEPARTMENT 3629 SO D ST TACOMA, WA 98418 | 91-1488160 | Other | | 14,970 | FMV | Medical Supplies | ON-GOING |
| TALBOT HOUSE MINISTRIES OF LAKE LAND INC 814 NORTH KENTUCKY AVE LAKE LAND, FL 33801 | 85-8012641 | 501(c)(3) | | 1,633,696 | FMV | Medical Supplies | ON-GOING |
| TARZANA TREATMENT CENTERS INC 18646 OXNARD STREET TARZANA, CA 91356 | 94-2219349 | 501(c)(3) | | 461,675 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TEMPLE COMMUNITY CLINIC 1905 CURTIS B ELLIOT DRIVE TEMPLE, TX 76501 | 74-2634500 | 501(c)(3) | | 60,270 | FMV | Medical Supplies | ON-GOING |
| THE CARE CLINIC 239 ROBESON STREET FAYETTEVILLE, NC 28301 | 56-1837010 | 501(c)(3) | | 123,824 | FMV | Medical Supplies | ON-GOING |
| THE CLINIC 143 CHURCH ST PHOENIXVILLE, PA 19460 | 23-3072363 | 501(c)(3) | | 552,068 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE COMMUNITY FREE CLINIC 528 A LAKE CONCORD RD CONCORD, NC 28025 | 58-2131301 | 501(c)(3) | | 111,697 | FMV | Medical Supplies | ON-GOING |
| THE COMMUNITY FREE CLINIC OF NEWPORT NEWS 727 25TH STREET NEWPORT NEWS, VA 23607 | 27-3510814 | 501(c)(3) | | 99,269 | FMV | Medical Supplies | ON-GOING |
| THE FLOATING HOSPITAL 4140 27TH ST LONG ISLAND CITY, NY 11101 | 13-1624169 | 501(c)(3) | | 530,469 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE FREE CLINIC 2707 34TH STREET LUBBOCK, TX 79410 | 75-2668014 | Other | | 11,110 | FMV | Medical Supplies | ON-GOING |
| THE FREE CLINICS OF HENDERSON COUNTY 841 CASE STREET HENDERSONVILLE, NC 28792 | 56-2212024 | 501(c)(3) | | 19,139 | FMV | Medical Supplies | ON-GOING |
| THE FREE MEDICAL CLINIC 1875 HARDEN STREET COLUMBIA, SC 29204 | 57-0779279 | 501(c)(3) | | 47,767 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE FREE MEDICAL CLINIC OF GREATER CLEVELAND 12201 EUCLID AVE CLEVELAND, OH 44106 | 23-7078501 | 501(c)(3) | | 379,990 | FMV | Medical Supplies | ON-GOING |
| THE FRIENDSHIP CLINIC 704 LATAH BOISE, ID 83705 | 20-0184266 | 501(c)(3) | | 121,067 | FMV | Medical Supplies | ON-GOING |
| THE GOOD SAMARITAN CENTER 140 INDUSTRIAL LOOP STE 100 FREDERICKSBURG, TX 78624 | 91-2129853 | 501(c)(3) | | 518,052 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE GOOD SAMARITAN CLINIC OF JACKSON COUNTY 293 HOSPITAL ROAD SUITE B SYLVA, NC 28779 | 56-2266536 | 501(c)(3) | | 14,944 | FMV | Medical Supplies | ON-GOING |
| THE GRTR HUDSON VALLEY FAMILY HEALTH CENTER INC 2570 ROUTE 9W CORNWALL, NY 12518 | 06-1036715 | 501(c)(3) | | 191,094 | FMV | Medical Supplies | ON-GOING |
| THE LA FREE CLINIC DBA SABAN COMMUNITY CLINIC 8405 BEVERLY BLVD LOS ANGELES, CA 90048 | 95-2539105 | 501(c)(3) | | 24,716 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE MEDINA HEALTH MINISTRY 970 E WASHINGTON STREET MEDINA, OH 44256 | 30-0092944 | 501(c)(3) | | 382,599 | FMV | Medical Supplies | ON-GOING |
| THE NTL CENTER FOR BEHAVIORAL HEALTH SOLUTION 3031 IH 10 SAN ANTONIO, TX 78201 | 47-0857847 | 501(c)(3) | | 789,873 | FMV | Medical Supplies | ON-GOING |
| THE NTL CENTER FOR BEHAVIORAL HEALTH SOLUTION 3031 IH 10 W SAN ANTONIO, TX 78201 | 47-0857847 | 501(c)(3) | | 1,348,465 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE NEIGHBORHOOD CHRISTIAN CLINIC 1929 W FILLMORE PHOENIX, AZ 85009 | 86-0839580 | 501(c)(3) | | 78,014 | FMV | Medical Supplies | ON-GOING |
| THE OLYMPIA FREE CLINIC 108 STATE AVE NW OLYMPIA, WA 98501 | 27-1606329 | 501(c)(3) | | 7,336 | FMV | Medical Supplies | ON-GOING |
| THE OPEN DOOR CLINIC 130 W CENTRAL CHIPPEWA FALLS, WI 54729 | 20-3673759 | 501(c)(3) | | 13,895 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE RESCUE MISSION FREE CLINIC 402 4TH STREET SE ROANOKE, VA 24013 | 54-0573900 | 501(c)(3) | | 125,048 | FMV | Medical Supplies | ON-GOING |
| THE ROAD HOME COMMUNITY WINTER SHELTER 315 N 900 EAST KAYSVILLE, UT 84037 | 87-0212465 | 501(c)(3) | | 8,729 | FMV | Medical Supplies | ON-GOING |
| THE SALVATION ARMY 10291 MCGREGOR BLVD FT MYERS, FL 33919 | 58-0660607 | 501(c)(3) | | 21,503 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE TEXAS INTL INSTITUTE OF HEALTH PROFESSIONS 2615 STRAWBERRY ROAD PASADENA, TX 77502 | 46-1267820 | 501(c)(3) | | 2,118,445 | FMV | Medical Supplies | ON-GOING |
| THE VILLAGE SOUTH WESTCARE 169 EFLAGER STREET MIAMI, FL 33131 | 59-1452736 | 501(c)(3) | | 1,175,830 | FMV | Medical Supplies | ON-GOING |
| THE WAY FREE MEDICAL CLINIC INC 479 HOUSTON ST GREEN COVE SPRINGS, FL 32043 | 76-0828154 | 501(c)(3) | | 447,177 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE WRIGHT CENTERCOMMUNITY HEALTH HUB 640 MADISON AVE SCRANTON,PA 18510 | 27-3582779 | 501(c)(3) | | 133,556 | FMV | Medical Supplies | ON-GOING |
| THRESHOLDS INC 4101 N RAVENSWOOD CHICAGO,IL 60613 | 36-2518901 | 501(c)(3) | | 10,860 | FMV | Medical Supplies | ON-GOING |
| TRI CITY HEALTH PARTNERSHIP 318 WALNUT STREET SAINT CHARLES,IL 60174 | 36-4475369 | 501(c)(3) | | 7,698 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|---|---|---|
| TRILOGY INC 1400 WEST GREENLEAF AVE CHICAGO,IL 60626 | 36-2795409 | 501(c)(3) | | 22,966 | FMV | Medical Supplies | ON-GOING |
| TRINITY CLINIC 507 4TH STREET CALVIN,OK 74531 | 73-1325401 | 501(c)(3) | | 306,276 | FMV | Medical Supplies | ON-GOING |
| UNION COUNTY HEALTH DEPARTMENT 940 LONDON AVE STE 1100 MARYSVILLE,OH 43040 | 31-6400087 | Other | | 10,083 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNION GOSPEL MISSION CLINIC UNION GOSPEL MISSION DALLAS, TX 75232 | 75-6003612 | 501(c)(3) | | 54,010 | FMV | Medical Supplies | ON-GOING |
| UNISON BEHAVIORAL HEALTH 1007 MARY STREET WAYCROSS, GA 31501 | 58-2107877 | Other | | 886,480 | FMV | Medical Supplies | ON-GOING |
| UNIVERSITY OF LOUISVILLE WINGS CLINIC 550 S JACKSON STREET LOUISVILLE, KY 40202 | 61-1029626 | 501(c)(3) | | 39,053 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNIVERSITY OF MIAMI 1601 NW 12 AVE 4067 MIAMI, FL 33136 | 59-0624458 | 501(c)(3) | | 81,627 | FMV | Medical Supplies | ON-GOING |
| UW OSHKOSH LIVING HEALTHY CLI 845 ALGOMA BLVD OSHKOSH, WI 54901 | 39-6076856 | 501(c)(3) | | 103,638 | FMV | Medical Supplies | ON-GOING |
| URBAN CMTY ACTION PJCTS DBA HEALTH TO HOPE 2880 HULEN PLACE RIVERSIDE, CA 92507 | 04-3656147 | 501(c)(3) | | 26,496 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| URBAN HEALTH AND WELLNESS 645 GRANT ST SE ATLANTA,GA 30312 | 27-0000606 | 501(c)(3) | | 74,232 | FMV | Medical Supplies | ON-GOING |
| URBAN MINISTRIES OF WAKE COUNTY INC 1390 CAPITAL BLVD RALEIGH,NC 27603 | 58-1422700 | 501(c)(3) | | 201,671 | FMV | Medical Supplies | ON-GOING |
| UTH GULF STATES HEMOPHILIA AND THROMBOPHILIA CTR 6655 TRAVIS ST SUITE 400 HOUSTON,TX 77030 | 76-0459500 | Other | | 44,837 | FMV | Medical Supplies | ON-GOING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VALLEY COMMUNITY CLINIC 6801 COLDWATER CYN 2A NORTH HOLLYWOOD, CA 91605 | 23-7050082 | 501(c)(3) | | 67,355 | FMV | Medical Supplies | ON-GOING |
| VALLEY COMMUNITY HEALTH CENTERS 212 SOUTH 4TH STREET GRAND FORKS,ND 58201 | 27-0056777 | 501(c)(3) | | 294,957 | FMV | Medical Supplies | ON-GOING |
| VALLEY FAMILY HEALTH CARE 1441 NE 10TH AVE PAYETTE,ID 83661 | 82-0371383 | 501(c)(3) | | 1,049,212 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VARIETY CARE 201 W 1ST ST GRANDFIELD, OK 73546 | 73-1088577 | Other | | 1,437,291 | FMV | Medical Supplies | ON-GOING |
| VERA FRENCH COMMUNITY MENTAL HEALTH CENTER 1441 W CENTRAL PARK DAVENPORT, IA 52804 | 42-0716337 | 501(c)(3) | | 218,870 | FMV | Medical Supplies | ON-GOING |
| VIRGINIA BANDES VOLUNTEER COMMUNITIY CLINIC 21297 OLEAN BLVD PORT CHARLOTTE, FL 33952 | 65-0958642 | 501(c)(3) | | 2,775,047 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VNAPOTTAWATTAMIE COUNTY PUBLIC HEALTH DPT 822 S MAIN ST STE 102 COUNCIL BLUFFS, IA 51534 | 42-6004433 | 501(c)(3) | | 267,473 | FMV | Medical Supplies | ON-GOING |
| VOLUNTEER HEALTH CORPS OF BATON ROUGE 4655 SHERWOOD COMMON BLVD BATON ROUGE, LA 70816 | 20-4852337 | 501(c)(3) | | 29,894 | FMV | Medical Supplies | ON-GOING |
| VOLUNTEERS IN MEDICINE VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND, SC 29926 | 57-0959206 | 501(c)(3) | | 21,368 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VOLUNTEERS IN MEDICINE 190 N PENNSYLVANIA AVE WILKES BARRE, PA 18702 | 20-3531527 | 501(c)(3) | | 91,486 | FMV | Medical Supplies | ON-GOING |
| VOLUNTEERS IN MEDICINE 640 MADISON AVE SCRANTON, PA 18510 | 27-3582779 | 501(c)(3) | | 258,839 | FMV | Medical Supplies | ON-GOING |
| VOLUNTEERS IN MEDICINE CLINIC 2260 MARCOLA ROAD SPRINGFIELD, OR 97477 | 93-1276816 | 501(c)(3) | | 444,654 | FMV | Medical Supplies | ON-GOING |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VOLUNTEERS IN MEDICINE CLINIC 417 SE BALBOA AVENUE STUART, FL 34994 | 65-1115793 | 501(c)(3) | | 701,249 | FMV | Medical Supplies | ON-GOING |
| VOLUNTEERS IN MEDICINE OF THE OLYMPICS PO BOX 639 PORT ANGELES, WA 98362 | 01-0590704 | 501(c)(3) | | 10,355 | FMV | Medical Supplies | ON-GOING |
| VOLUNTEERS IN MEDICINE INC 1039 S DUCHESNE ST CHARLES, MO 63301 | 43-1791543 | 501(c)(3) | | 444,247 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VOLUSIA VOLUNTEERS IN MEDICINE 113 LOCKHART STREET DAYTONA BEACH, FL 32114 | 47-1005976 | 501(c)(3) | | 45,722 | FMV | Medical Supplies | ON-GOING |
| WAIMANLO HEALTH CENTER WAIMANALO HEALTH CENTER WAIMANALO, HI 967951247 | 99-0273205 | Other | | 177,525 | FMV | Medical Supplies | ON-GOING |
| WALWORTH COUNTY DEPT OF HEALTH & HUMAN SVC W4051 COUNTY ROAD NN ELKHORN, WI 53121 | 39-6005752 | Other | | 5,675 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WASATCH HOMELESS HEALTH CARE INC 409 WEST 400 SOUTH SALT LAKE CITY, UT 84101 | 87-0569356 | 501(c)(3) | | 6,370 | FMV | Medical Supplies | ON-GOING |
| WATER STREET HEALTH SERVICES 210 S PRINCE STREET LANCASTER, PA 17603 | 23-2798318 | 501(c)(3) | | 5,149 | FMV | Medical Supplies | ON-GOING |
| WEBSTER CITY FREE CLINIC 820 JAMES STREET WEBSTER CITY, IA 50595 | 42-1428706 | 501(c)(3) | | 42,084 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WEBSTER COUNTY HEALTH UNIT 233 E WASHINGTON MARSHFIELD, MO 65706 | 43-1533477 | Other | | 5,989 | FMV | Medical Supplies | ON-GOING |
| WESLEY CHURCH HEALTH CENTER INC 410 SOUTH PITTSBURGH STREET CONNELLSVILLE, PA 15425 | 25-1844565 | 501(c)(3) | | 72,553 | FMV | Medical Supplies | ON-GOING |
| WESLEY HEALTH CENTER 1300 S 10TH ST PHOENIX, AZ 85034 | 86-0133770 | 501(c)(3) | | 11,229 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WEST CENTRAL DISTRICT HEALTH DEPARTMENT 111 N DEWEY ST NORTH PLATTE, NE 69101 | 47-0879835 | Other | | 30,101 | FMV | Medical Supplies | ON-GOING |
| WEST HAWAII COMMUNITY HEALTH CENTER 75-5751 KUAKINI HWY KAILUAKONA, HI 96740 | 20-0495394 | 501(c)(3) | | 226,884 | FMV | Medical Supplies | ON-GOING |
| WEST PLAINS CHRISTIAN CLINIC 1117 ALASKA STREET WEST PLAINS, MO 65775 | 27-1307333 | 501(c)(3) | | 79,722 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WESTCARE GULFCAOST FLORIDA INC 100 2ND AVE SOUTH SUITE 901 S ST PETERSBURG, FL 33701 | 59-3714627 | 501(c)(3) | | 1,596,345 | FMV | Medical Supplies | ON-GOING |
| WESTMINSTER FREE CLINIC 5560 NAPOLEON DRIVE OAK PARK, CA 91377 | 77-0563241 | 501(c)(3) | | 233,659 | FMV | Medical Supplies | ON-GOING |
| WESTSIDE SAMARITANS CLINIC 10000 W NEWBERRY RD GAINESVILLE, FL 32606 | 90-0786544 | 501(c)(3) | | 13,477 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WHEELING HEALTH RIGHT INC 61-29TH ST WHEELING,WV 26003 | 31-1149085 | 501(c)(3) | | 38,686 | FMV | Medical Supplies | ON-GOING |
| WILL COUNTY COMMUNITY HEALTH CENTER (WCCHC) 1106 NEAL AVE JOLIET,IL 604332548 | 36-3971168 | Other | | 93,219 | FMV | Medical Supplies | ON-GOING |
| WILL-GRUNDY MEDICAL CLINIC 213 EAST CASS STREET JOLIET,IL 60432 | 36-3492306 | 501(c)(3) | | 5,126 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WOMENS HEALTH CONNECTIONS 205 E BARAZOS ST PALESTINE, TX 75801 | 20-0776090 | 501(c)(3) | | 60,067 | FMV | Medical Supplies | ON-GOING |
| WORLD REACH INC DBA BETHESDA HEALTH CENTER 133 STETSON DR CHARLOTTE, NC 28262 | 56-2015959 | 501(c)(3) | | 224,096 | FMV | Medical Supplies | ON-GOING |
| WV HEALTH RIGHT INC 1520 WASHINGTON ST CHARLESTON, WV 25311 | 31-1066881 | 501(c)(3) | | 184,733 | FMV | Medical Supplies | ON-GOING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WV HEALTH RIGHT INC 1520 WASHINGTON ST CHARLESTON, WV 25311 | 31-1066881 | 501(c)(3) | | 337,776 | FMV | Medical Supplies | ON-GOING |
| ZUFALL HEALTH CENTER 18 W BLACKWELL STREET DOVER, NJ 07801 | 22-3125397 | Other | | 12,401 | FMV | Medical Supplies | ON-GOING |
| COMMUNITY HEALTH CARE CLINIC 902 N FRANKLIN NORMAL, IL 61761 | 37-1316328 | 501(c)(3) | 10,000 | | | Medical Supplies | Hypertension Project |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY HEALTH NFP 2611 W CHICAGO AVE CHICAGO, IL 60622 | 36-3831793 | 501(c)(3) | 10,000 | | | Medical Supplies | Hypertension Project |
| FAMILY HEALTH PARTNERSHIP 401 E CONGRESS PARKWAY CRYSTAL LAKE, IL 60014 | 36-4277029 | 501(c)(3) | 10,000 | | | Medical Supplies | Hypertension Project |
| WILL-GRUNDY MEDICAL CLINIC 213 EAST CASS STREET JOLIET, IL 60432 | 36-3492306 | 501(c)(3) | 10,000 | | | Medical Supplies | Hypertension Project |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TRI CITY HEALTH PARTNERSHIP 318 WALNUT STREET SAINT CHARLES, IL 60174 | 36-4475369 | 501(c)(3) | 10,000 | | | Medical Supplies | Hypertension Project |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AmenCares Foundation Inc

Employer identification number
06-1008595

Part I

Questions Regarding Compensation

| | Yes | No |
|--|-----|----|
| <div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div> <div> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use </div> <div> <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence </div> <div> <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees </div> <div> <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </div> </div> | | |
| <div>b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div> | 1b | |
| <div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div> | 2 | |
| <div>3</div> <div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div> <div> <div> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract </div> <div> <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study </div> <div> <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </div> </div> | | |
| <div>4</div> <div>During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div> | | |
| <div>a</div> <div>Receive a severance payment or change-of-control payment?</div> | 4a | No |
| <div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div> | 4b | No |
| <div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div> | 4c | No |
| <div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div> | | |
| <div></div> <div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div> | | |
| <div>5</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div> | | |
| <div>a</div> <div>The organization?</div> | 5a | No |
| <div>b</div> <div>Any related organization?</div> | 5b | No |
| <div></div> <div>If "Yes," on line 5a or 5b, describe in Part III.</div> | | |
| <div>6</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div> | | |
| <div>a</div> <div>The organization?</div> | 6a | No |
| <div>b</div> <div>Any related organization?</div> | 6b | No |
| <div></div> <div>If "Yes," on line 6a or 6b, describe in Part III.</div> | | |
| <div>7</div> <div>For persons listed on 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.</div> | 7 | No |
| <div>8</div> <div>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div> | 8 | No |
| <div>9</div> <div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div> | 9 | |

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

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

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

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred on prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | |

Part III **Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Additional Data

Software ID:

Software Version:

EIN: 06-1008595

Name: AmeriCares Foundation Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1Michael J Nyenhuus President & CEO | (i) | 363,186 | | | 15,750 | 18,612 | 397,548 | |
| | (ii) | - | - | - | - | - | - | - |
| 1Kevin Allan THRU 1215 Senior V P , Development | (i) | 196,449 | | | 11,825 | 14,422 | 222,696 | |
| | (ii) | - | - | - | - | - | - | - |
| 2Kevin Gilrain Senior V P , Human resources | (i) | 188,871 | | | 11,458 | 18,888 | 219,217 | |
| | (ii) | - | - | - | - | - | - | - |
| 3Rachel Granger V P Int'l Partnrshps&Programs | (i) | 154,170 | | | 9,270 | 7,762 | 171,202 | |
| | (ii) | - | - | - | - | - | - | - |
| 4Garrett Ingoglia V P , Emergency Response | (i) | 137,498 | | | 8,343 | 9,075 | 154,916 | |
| | (ii) | - | - | - | - | - | - | - |
| 5Geoff Kneisel V P , Corp Relations | (i) | 117,205 | | | 7,261 | 26,153 | 150,619 | |
| | (ii) | - | - | - | - | - | - | - |
| 6Gary LeedsV P , Finance | (i) | 160,590 | | | 9,866 | 20,538 | 190,994 | |
| | (ii) | - | - | - | - | - | - | - |
| 7Diana Maguire V P , Institutional Relations | (i) | 123,522 | | | 7,656 | 26,952 | 158,130 | |
| | (ii) | - | - | - | - | - | - | - |
| 8Lee Weiner V P , Direct Response | (i) | 142,237 | | | | 24,402 | 166,639 | |
| | (ii) | - | - | - | - | - | - | - |
| 9Melissa Woolford V P , Leadership Gifts | (i) | 132,900 | | | 7,930 | 546 | 141,376 | |
| | (ii) | - | - | - | - | - | - | - |
| 10Martha kennard V P , operations | (i) | 129,560 | | | 7,751 | 546 | 137,857 | |
| | (ii) | - | - | - | - | - | - | - |
| 11Anne Peterson MD MPH Senior V P , Programs | (i) | 192,289 | | | 11,613 | 8,292 | 212,194 | |
| | (ii) | - | - | - | - | - | - | - |
| 12Richard K Trowbridge Jr CFO & Senior V P , Operations | (i) | 251,420 | | | 14,340 | 24,730 | 290,490 | |
| | (ii) | - | - | - | - | - | - | - |
| 13Jed Selkowitz CMO & SVP, COMMUNICATIONS | (i) | 139,808 | | | 8,400 | 4,528 | 152,736 | |
| | (ii) | - | - | - | - | - | - | - |

SCHEDULE M

(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

| | |
|---|--|
| Name of the organization AmeriCares Foundation Inc | Employer identification number 06-1008595 |
|---|--|

Part I

Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------------|--|---|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 92 | 747,576 | fair market value |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | X | 1 | 3,300,000 | fair market value |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 14,655 | 88,682 | cost/wholesale price |
| 20 Drugs and medical supplies | X | 29,932,232 | 868,287,998 | COST/WHOLESALE PRICE |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (HYGIENE ITEMS) | X | 1,852,292 | 6,436,573 | COST/WHOLESALE PRICE |
| 26 Other ▶ (Apparel) | X | 245,032 | 1,578,628 | COST/WHOLESALE PRICE |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

| | | | | |
|-----|--|-----|-----|----|
| 29 | Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | 29 | 199 | |
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | 30a | Yes | No |
| b | If "Yes," describe the arrangement in Part II | | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | 31 | Yes | |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | 32a | Yes | |
| b | If "Yes," describe in Part II | | | |
| 33 | If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II | | | |

Part II

Supplemental Information.

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

| Return Reference | Explanation |
|----------------------------------|---|
| Form 990, Schedule M, Line 32(b) | To the extent that Americares receives non-cash contributions in the form of donated securities, americares will use its own investment broker to sell those donated securities |

**SCHEDULE O
(Form 990 or
990-EZ)**Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
AmerCares Foundation Inc**Employer identification number**

06-1008595

**Return
Reference****Explanation**990 Review
Process

Form 990, Part VI, Line 11 The Form 990 was prepared by a nationally renowned accounting firm in conjunction with the organization's financial department. Before filing, the Form 990 is reviewed by management and distributed to the Board of Directors for review and comment.

| Return Reference | Explanation |
|-----------------------------|---|
| Conflict of Interest Policy | <p>Form 990, Part VI, Line 12 If a Director or Executive Officer believes that he or she may have a conflict of interest with respect to any particular transaction, he or she shall promptly and fully disclose the potential conflict to the Chief Executive Officer ("CEO") and the Chair of the Governance Committee and the latter shall then promptly notify all members of the Governance Committee A If the Governance Committee determines that there is in fact a conflict with respect to 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 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</p> |

| Return Reference | Explanation |
|--|---|
| Process for determining compensation | <p>Form 990, Part VI, Line 15 The Board of Directors determines compensation of the CEO The organization's Chief Executive determines the compensation of the other senior staff and may utilize available market data, salary survey results and other available tools to substantiate decisions At least bi-annually, the organization participate in the InsideNGO Salary and Benefits Survey This survey provides compensation data for the President/CEO/Executive Director level position, among others, based on responses from over 140 participating organizations All participants are engaged in international development or relief work This information is shared at an annual meeting of the Compensation Committee of the Board of Directors (January), and in combination with data collected from peer organization Form 990's, the CEO's salary is evaluated against the marketplace</p> |

| Return Reference | Explanation |
|--------------------------------|---|
| Public disclosure of documents | Form 990, Part VI, Line 19 The foundation makes its Form 990 available to the public by retaining a copy at its place of business and on its website The Form 990 is likewise published on the internet at www.guidestar.org The organization's financial statements are summarized in its annual report, which is available on its website and by request, full financial statements are available upon request The governing documents and conflict of interest policy are not ordinarily made available to the public, but, if requested, will be provided at management's discretion |

| Return Reference | Explanation |
|-----------------------|---|
| Form 990, Part VII | Chief development officer and SVP, Christine Squires, commenced employment with AmeriCares in Calendar year May of 2016, accordingly, no compensation is reported on Part VII since compensation was not received in calendar year 2015 During fiscal 2016, the board limited the list of corporate officers to include only the heads of the largest departments, and select others as required Other changes in net assets Form 990, Part XI, Line 9 Split-interest agreement \$465,951 |

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AmenCares Foundation Inc

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

► Attach to Form 990. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

06-1008595

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1)AmenCares Free Clinics Inc 88 Hamilton Avenue Stamford, CT 06902 06-1422741 | Health care | CT | 501(c)(3) | 7 | na | Yes | |
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end- of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
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Part V

Transactions With Related Organizations

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

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

1a

No

b Gift, grant, or capital contribution to related organization(s)

1b

Yes

c Gift, grant, or capital contribution from related organization(s)

1c

No

d Loans or loan guarantees to or for related organization(s)

1d

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

j Lease of facilities, equipment, or other assets to related organization(s)

1j

No

k Lease of facilities, equipment, or other assets from related organization(s)

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s)
.

1l

No

m Performance of services or membership or fundraising solicitations by related organization(s)

1m

No

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

No

o Sharing of paid employees with related organization(s)

1o

No

p Reimbursement paid to related organization(s) for expenses

1p

No

q Reimbursement paid by related organization(s) for expenses

1q

Yes

r Other transfer of cash or property to related organization(s)

1r

No

s Other transfer of cash or property from related organization(s)

1s

No

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| (1)AMERICARES FREE CLINICS INC | B | 443,944 | fmv (goods) |
| (2)AMERICARES FREE CLINICS INC | Q | 73,003 | Cost |
| | | | |
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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.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|