

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2012**  
**Open to Public Inspection**

**A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013**

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

**C Name of organization**  
 AmeriCares Foundation Inc

Doing Business As

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

City or town, state or country, and ZIP + 4  
 STAMFORD, CT 069023111

**D Employer identification number**  
 06-1008595

**E Telephone number**  
 (203) 658-9500

**G Gross receipts \$** 630,649,483

**F Name and address of principal officer**  
 Curtis R Welling Pres CEO  
 88 HAMILTON AVENUE  
 STAMFORD, CT 06902

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)

**I Tax-exempt status**  501(c)(3)  501(c) ( ) (Insert no )  4947(a)(1) or  527

**J Website:** WWW.AMERICARES.ORG

**K Form of organization**  Corporation  Trust  Association  Other

**L Year of formation** 1979 **M State of legal domicile** CT

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities AMERICARES IS A NONPROFIT GLOBAL HEALTH AND DISASTER RELIEF ORGANIZATION THAT DELIVERS MEDICINES, MEDICAL SUPPLIES AND HUMANITARIAN AID TO PEOPLE IN NEED AROUND THE WORLD AND IN THE U S		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	18
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	17
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	135
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	21
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	524,509,518	620,146,474
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	469,490	655,426
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	984,913	1,004,219
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	105,118	44,704
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	526,069,039	621,850,823
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	457,549,326	590,735,261
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	11,438,004	13,080,160
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>8,119,460</b>	627,048	108,450
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	50,486,805	56,236,621
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	520,101,183	660,160,492
<b>19</b> Revenue less expenses Subtract line 18 from line 12	5,967,856	-38,309,669	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	162,225,980	125,441,206
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	8,890,342	10,295,961
		153,335,638	115,145,245

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including 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

william post v p /treasurer  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name  
 Scott Thompsett

Preparer's signature

Firm's name **GRANT THORNTON LLP**

Firm's address **666 THIRD AVENUE**  
 NEW YORK, NY 100174057

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III  Yes  No

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

AmeriCares is a disaster relief and global health organization. Where there are shortages of medicine because of disaster, poverty or limited resources, we donate medicine, supplies and expertise to save lives and improve health. Simply put, our vision is to help many more people live longer, healthier lives. All of our activities and expenses support that goal. Since we began operations in 1982, AmeriCares has provided more than \$11 billion in aid to people in 164 countries. AmeriCares three areas of largest expense are Global Medical Assistance, Patient Assistance Program and our clinic in El Salvador, Clinical Integral de Familiar.

**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 \$ 517,473,381 including grants of \$ 462,752,933 ) (Revenue \$ 0 )

Global Medical Assistance. Our Global Medical Assistance program is our largest by far. In FY13, AmeriCares Global Medical Assistance donated enough medicine to fill 13.5 million prescriptions, as well as 36 million units of medical supplies, for people in need in 89 countries. The total value of all donations and financial assistance was more than \$462.5 million. Expenses occurred in these areas: Emergency preparedness, response and recovery. AmeriCares responded to 37 disasters in 25 countries, continued recovery work in four countries and funded disaster preparation projects in 10 countries. In total, we provided \$29 million in aid for victims of natural and manmade disasters across the continuum of preparedness, response and recovery. Our emergency response and recovery work included a comprehensive response to Hurricane Sandy, for which, in just the first six months, we donated enough aid to help 400,000 people, including 1.4 million relief items. For example, we donated 450,000 bottles of water, enough to provide a three-day supply to 75,000 people. To distribute aid effectively after Sandy, we partnered with 97 health care organizations and local relief groups, providing them with funding, supplies and medicine. For long-term relief, we donated durable medical goods and funding for maintenance, restoration and expansion of health services and case management in affected communities. Ongoing. In FY13, AmeriCares provided \$433.5 million in aid to our partner network in 83 countries (including the U.S.) to relieve shortages of medicines in low-resource communities. This included donation of enough medicine to fill 11.9 million prescriptions for people in need of cardiovascular medications, antibiotics, vaccines and other crucial medicines. Our support also included durable medical equipment, medical supplies and financial assistance. In the U.S. alone, AmeriCares delivered \$70.4 million in medicines to U.S. safety net organizations, enabling them to provide more than 1 million free prescriptions to low-income uninsured and underinsured patients in 50 states. In an October 2013 external evaluation of our U.S. Medical Assistance program, 95 percent of clinics responding to a survey strongly agreed or agreed that product donations from AmeriCares reduced out-of-pocket expenses for their patients and 56 percent strongly agreed or agreed that without AmeriCares donations, the organization would have to cut funds from other programs to purchase products. Through our Medical Outreach program, AmeriCares donated supplies to 919 volunteer health care teams traveling to 76 countries to provide skilled care in neglected communities. Based on reports AmeriCares requires at the completion of each trip, teams supported by AmeriCares saw 822,800 patients and performed 40,953 surgeries. In FY13, AmeriCares donations of medicines and supplies to these U.S.-licensed physicians and health care providers totaled \$41.3 million (medicines and supplies valued at \$9.6 million were for work in emergencies and are included in the Emergency Preparedness, Response and Recovery section above). These visits have a lasting effect. Most teams return to the same locations and a vast majority (80 percent) include training of local staff in their visit. In FY13, AmeriCares also finished phase one of a medical outreach best practices study with the goal of enhancing medical outreach teams' impact on patients and host institutions. AmeriCares is also participating in targeted health initiatives. Among our activities during FY13, we published the results of our Health Worker Safety Initiative in Tanzania, a joint project with BD, Merck & Co., Inc., and Bugando Medical Centre, which targeted 2,000 health workers and medical students at BMC to reduce risk and incidence of infections, especially hepatitis B, with Bristol-Myers Squibb and Peru-VIDA, began a project to educate and reduce risk for diabetes in 1,000 at-risk individuals and provide treatment for approximately 250 diabetic patients in a rural farming community in Peru, completed year six of a breast cancer initiative in Cambodia, which has screened more than 1,000 women for breast cancer, trained 604 peer educators and provided treatment for 385 cancer patients, and with the Abbott Fund, completed the 10th year of a pediatric nutrition program with the goal of improving nutrition and the health status of children ages 12 months to 5 years in some of the poorest rural regions of central and southern Vietnam. Over the past ten years, the project has succeeded in lowering the average malnutrition rate among the participating beneficiaries to less than 20 percent. Primary care. Through our partner in India, AmeriCares manages a mobile clinic program, the mobile clinic staff managed 38,265 patient visits, helping to relieve shortages of medicines and supplies and provide care for residents of slum communities in Mumbai.

**4b** (Code ) (Expenses \$ 129,524,719 including grants of \$ 127,982,095 ) (Revenue \$ 0 )

Patient Assistance Program. Since 1994, AmeriCares has been managing Patient Assistance Programs for individual pharmaceutical partners, with more than 3 million prescriptions filled since the program's inception. To accomplish this, AmeriCares partners with patient-facing vendors to screen applicants for eligibility, as well as with fulfillment pharmacies that dispense 24 brands of medication to approved patients in all 50 states. The total value of medicines donated through PAP in FY13 was nearly \$128 million, enough medicine to fill close to 494,000 prescriptions for patients who might not otherwise have access to these crucial medications. Medicines were shipped to patients in all 50 states, as well as Puerto Rico and the U.S. Virgin Islands.

**4c** (Code ) (Expenses \$ 1,360,978 including grants of \$ 233 ) (Revenue \$ 1,444,894 )

AmeriCares Clinical Integral de Familiar. In its 10th year of operation, AmeriCares El Salvador clinic provided health care to 26,569 patients who made a total of 68,470 visits to the facility. The clinic also has a robust health education program. More than 121,000 people in 187 communities attended health fairs that our clinic staff developed with local health leaders. At the clinic, staff offered 36 health education modules including prenatal and newborn care for expectant mothers, and self-care for diabetes and hypertension patients. Clinical Integral de Familiar is the first clinic in El Salvador to utilize electronic records and offers care in nine medical specialties, including pediatrics, obstetrics-gynecology and ophthalmology. Our clinic also serves as distribution hub for donations to other health and social service institutions in El Salvador. In FY13, AmeriCares El Salvador clinic donated \$2,834,023 worth of medicines and supplies to 25 health institutions and 98 social service institutions in 55 communities. The clinic currently has 77 employees. Our internal regulations are monitored by El Salvador's Department of Labor.

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

**4e Total program service expenses** 648,359,078

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III.</i>		No
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I.</i>		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV.</i>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII.</i>		No
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX.</i>		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	Yes	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	Yes	
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	Yes	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		No
<b>b</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)

<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes	
<b>22</b>	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	Yes	
<b>23</b>	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> . . . . .	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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> . . . . .	<b>25a</b>		No
<b>b</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> . . . . .	<b>25b</b>		No
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	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> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	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> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	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> . . . . .	<b>32</b>		No
<b>33</b>	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> . . . . .	<b>33</b>		No
<b>34</b>	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> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</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> . . . . .	<b>35b</b>		No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	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> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <b>1a</b> 61		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <b>1b</b> 0		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	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. <b>2a</b> 135		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? <b>4a</b> Yes	Yes	
<b>b</b>	If "Yes," enter the name of the foreign country: ES, CE, HA, IN, JA See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year. <b>7d</b>		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12. <b>10a</b>		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders. <b>11a</b>		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12a</b>		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. <b>13a</b>		
<b>13b</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. <b>13b</b>		
<b>13c</b>	Enter the amount of reserves on hand. <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? <b>14a</b>		No
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. <b>14b</b>		

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 to any question in this Part VI . . . . . [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (18); 1b Enter the number of voting members included in line 1a, above, who are independent (17); 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? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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 (Yes); b Other officers or key employees of the organization (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? (No); 16b 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?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI
- 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: [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: GARY L LEEDS VP CFO 88 HAMILTON AVENUE STAMFORD, CT (203) 658-9500

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

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

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

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

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

(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										

**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			
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							2,804,196	0	449,628	

**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 **19**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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>	Yes	
<b>5</b> 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>		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
MAIL AMERICA COMMUNICATIONS , 1174 ELKTON FARM ROAD PO BOX 870 FOREST VA 24551	FUNDRAISING	693,393
Brickmill Marketing Inc , 24 MILL BROOK ROAD WILTON NH 03086	direct mail	384,124
Donor Digital Inc , 2550 NINTH STREET STE 103 BERKELY CA 94710	Fundraising	369,113
Mal Warwick Associates , 2550 Ninth Street STE 103 BERKLEY CA 94710	Fundraising	266,875
Donor Services Group , 6715 Sunset Boulevard LOS ANGELES CA 90028	Fundraising	261,398

**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 **9**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question 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, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b> 225,419					
	<b>b</b> Membership dues . . . . . <b>1b</b>					
	<b>c</b> Fundraising events . . . . . <b>1c</b> 1,610,984					
	<b>d</b> Related organizations . . . . . <b>1d</b>					
	<b>e</b> Government grants (contributions) <b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> 618,310,071					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ 593,585,342					
	<b>h Total.</b> Add lines 1a-1f . . . . .		620,146,474			
<b>Program Service Revenue</b>	<b>2a</b> EL SALVADOR PATIENT VISIT REVENUE					
		Business Code 621400	604,488	604,488		
	<b>b</b> EL SALVADOR CAFETERIA INCOME	900099	43,493		43,493	
	<b>c</b> EL SALVADOR MISCELLANEOUS INCOME	900099	7,445		7,445	
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f . . . . .		655,426				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		985,301		985,301	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b> Royalties . . . . .		0			
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)	0	0		
	<b>d</b> Net rental income or (loss) . . . . .		0			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	7,896,934			
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses	7,878,016			
		<b>c</b> Gain or (loss)	18,918			
	<b>d</b> Net gain or (loss) . . . . .		18,918		18,918	
	<b>8a</b> Gross income from fundraising events (not including \$ 1,610,984 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	91,080			
		<b>b</b> Less direct expenses . . . . . <b>b</b>	329,682			
<b>c</b> Net income or (loss) from fundraising events . . . . .			-238,602		-238,602	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .		0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	789,468				
	<b>b</b> Less cost of goods sold . . . . . <b>b</b>	590,962				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		198,506		198,506	
Miscellaneous Revenue		Business Code				
<b>11a</b> MISCELLANEOUS	900099	84,800		84,800		
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		84,800				
<b>12 Total revenue.</b> See Instructions . . . . .		621,850,823	604,488		1,099,861	

**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 to any question in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	79,883,005	79,883,005		
<b>2</b>	Grants and other assistance to individuals in the United States. See Part IV, line 22	128,894,188	128,894,188		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	381,958,068	381,958,068		
<b>4</b>	Benefits paid to or for members	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees	2,657,305	988,447	970,306	698,552
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b>	Other salaries and wages	7,538,101	4,463,827	813,446	2,260,828
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	382,445	206,993	64,389	111,063
<b>9</b>	Other employee benefits	1,732,339	1,028,463	224,407	479,469
<b>10</b>	Payroll taxes	769,970	391,736	129,632	248,602
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management	749,580	534,005	94,488	121,087
<b>b</b>	Legal	13,192	10,632	2,560	
<b>c</b>	Accounting	158,336	15,234	143,102	
<b>d</b>	Lobbying	0			
<b>e</b>	Professional fundraising services. See Part IV, line 17	108,450			108,450
<b>f</b>	Investment management fees	49,888		49,888	
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,486,665	140,630	260,122	1,085,913
<b>12</b>	Advertising and promotion	1,009,530	49,333	60	960,137
<b>13</b>	Office expenses	87,065	59,098	15,655	12,312
<b>14</b>	Information technology	484,704	41,095	190,192	253,417
<b>15</b>	Royalties	0			
<b>16</b>	Occupancy	1,882,668	1,361,944	209,596	311,128
<b>17</b>	Travel	962,663	739,508	45,903	177,252
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b>	Conferences, conventions, and meetings	32,827	20,565	9,507	2,755
<b>20</b>	Interest	0			
<b>21</b>	Payments to affiliates	0			
<b>22</b>	Depreciation, depletion, and amortization	343,577	190,335	71,986	81,256
<b>23</b>	Insurance	232,953	88,249	97,116	47,588
<b>24</b>	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)				
<b>a</b>	INVENTORY WRITE-OFF	42,901,576	42,901,576		
<b>b</b>	POSTAGE AND FREIGHT	4,858,219	4,021,274	12,835	824,110
<b>c</b>	TELEPHONE	305,228	87,283	88,398	129,547
<b>d</b>	EQUIPMENT & SOFTWARE EQUIP	190,310	148,496	16,539	25,275
<b>e</b>	All other expenses	487,640	135,094	171,827	180,719
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	660,160,492	648,359,078	3,681,954	8,119,460
<b>26</b>	<b>Joint costs.</b> 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 to any question in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	4,393	<b>1</b>	3,402
	<b>2</b> Savings and temporary cash investments . . . . .	5,260,248	<b>2</b>	4,677,871
	<b>3</b> Pledges and grants receivable, net . . . . .	1,760,575	<b>3</b>	996,107
	<b>4</b> Accounts receivable, net . . . . .	99,140	<b>4</b>	89,504
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	120,659,106	<b>8</b>	88,460,919
	<b>9</b> Prepaid expenses and deferred charges . . . . .	492,977	<b>9</b>	559,400
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 5,598,256		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 2,421,305	2,528,072	<b>10c</b> 3,176,951
	<b>11</b> Investments—publicly traded securities . . . . .	27,713,381	<b>11</b>	23,724,016
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	23,837	<b>12</b>	26,155
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	3,684,251	<b>15</b>	3,726,881
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	162,225,980	<b>16</b>	125,441,206	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	4,112,992	<b>17</b>	5,144,420
	<b>18</b> Grants payable . . . . .	2,889,723	<b>18</b>	3,342,743
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	1,887,627	<b>25</b>	1,808,798
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	8,890,342	<b>26</b>	10,295,961
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	105,495,463	<b>27</b>	70,294,534
	<b>28</b> Temporarily restricted net assets . . . . .	43,465,893	<b>28</b>	40,437,661
	<b>29</b> Permanently restricted net assets . . . . .	4,374,282	<b>29</b>	4,413,050
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	153,335,638	<b>33</b>	115,145,245	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	162,225,980	<b>34</b>	125,441,206	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	621,850,823
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	660,160,492
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-38,309,669
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	153,335,638
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	253,164
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-133,888
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	115,145,245

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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		
<b>2a</b> 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>2b</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	
<b>2c</b> 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	
<b>3a</b> 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>3b</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	1 0	X								
Carol B Bauer Director	1 0	X								
Elizabeth F Frank Director	1 0	X								
C Robert Henrikson Director	1 0	X								
John L Kelly Director	1 0	X								
Paul J Kuehner Director	1 0	X								
Jerry P Leaman Director	1 0	X								
Robert G Leary Director	1 0	X								
Alma Jane Macauley Vice Chairman	1 0	X		X						
C Dean Maglaris Chairman	1 0	X		X						
Joseph W Merrill Director (thru 06/30/13)	1 0	X					0	0	0	
Beverly L Schuch Director	1 0	X								
Fred Weisman Director	1 0	X								
Stephen Winter MD Director	1 0	X								
Joseph J Rucci Jr Director and Secretary	1 0	X		X						
Curtis R Welling Director, President & C E O	40 0	X		X			272,296		43,254	
Samhita Jayanti Director	1 0	X					0	0	0	
Keith McAllister Director	1 0	X					0	0	0	
Alan Rwambuya Director	1 0	X					0	0	0	
Kevin Allan Senior V P - Development	40 0			X			86,968		14,177	
Kevin Gilrain Senior V P - Human Resources	40 0			X			169,056		28,573	
Christoph Gorder Senior V P (thru 10/05/12)	40 0			X			139,629		30,528	
Rachel Granger V P - post Emergency Response	40 0			X			123,940		15,366	
Ella Gudwin V P - Strategy & Prgm Dev	40 0			X			115,303		37,018	
Garrett Ingoglia V P - Emergency Response	40 0			X			90,935		11,989	

**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				
Geoff Kneisel V P - Corp Relations	40 0			X					106,928		34,864
Gary Leeds Vice President/Controller	40 0			X					141,060		17,639
Diana Maguire V P - Institutional Relations	40 0			X					121,211		14,207
William Post Vice President - Treasurer	30 0			X					82,352		7,926
Katherine Sears Senior V P Finance & Tech/CFO	40 0			X					215,133		35,197
Carol Shattuck Senior V P - Communications	40 0			X					208,066		30,710
Lee Weiner V P - Direct Response	40 0			X					131,025		25,243
Adam Zayan V P - Global Partnerships	40 0			X					145,831		32,842
Frank Bia Medical Director	40 0					X			180,560		39,894
Leslie Gianelli Director Communications	40 0					X			128,768		15,650
Steve Bardos IT Specialist	40 0					X			122,360		
Melissa Woolford Director leadership gifts	40 0					X			115,030		7,494
Martha Kennard Director GIK Process MGMT	40 0					X			107,745		7,057

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2012**

**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. ▶ See separate instructions.

Name of the organization  
AmeriCares Foundation Inc

Employer identification number  
06-1008595

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I   b  Type II   c  Type III - Functionally integrated   d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

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

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,194,350,712	794,563,561	662,889,899	524,509,518	620,146,474	3,796,460,164
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4 Total.</b> Add lines 1 through 3	1,194,350,712	794,563,561	662,889,899	524,509,518	620,146,474	3,796,460,164
<b>5</b> 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)						1,277,554,602
<b>6 Public support.</b> Subtract line 5 from line 4						2,518,905,562

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4	1,194,350,712	794,563,561	662,889,899	524,509,518	620,146,474	3,796,460,164
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,370,027	707,762	1,089,351	1,061,594	985,301	5,214,035
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	881,253	699,307	819,265	1,015,201	965,348	4,380,374
<b>11 Total support</b> (Add lines 7 through 10)						3,806,054,573
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	2,203,409
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	66 182 %
<b>15</b> Public support percentage for 2011 Schedule A, Part II, line 14	<b>15</b>	61 764 %
<b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

<b>Facts And Circumstances Test</b>
-------------------------------------

<b>Explanation</b>

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization AmeriCares Foundation Inc

Employer identification number

06-1008595

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed consent.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include purpose of easements, total number, acreage, and monitoring details.

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

Table with 2 columns: Description, Amount. Rows include elected not to report, elected to report, and amounts received or held for financial gain.

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

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

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

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

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

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

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

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	1,293,534	1,340,176	1,177,237	1,028,266	1,196,255
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses	169,991	-46,642	162,939	148,971	-167,989
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	1,463,525	1,293,534	1,340,176	1,177,237	1,028,266

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

- a** Board designated or quasi-endowment
  - b** Permanent endowment  83.800 %
  - c** Temporarily restricted endowment  16.200 %
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b> Yes	
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	No

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .		822,902	305,953	516,949
<b>c</b> Leasehold improvements . . . . .		2,118,187	828,633	1,289,554
<b>d</b> Equipment . . . . .		2,657,167	1,286,719	1,370,448
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,176,951

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

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

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
SPLIT INTEREST AGREEMENTS	1,808,798
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	1,808,798

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	623,355,106
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	253,164
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	464,363
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	-133,888
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	583,639
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	622,771,467
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	-920,644
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-920,644
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	621,850,823

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	661,545,499
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	464,363
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	920,644
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,385,007
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	660,160,492
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	660,160,492

**Part XIII Supplemental Information**

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

Identifier	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.
INCOME TAXES	FORM 990, SCHEDULE D, PART X	Americares recognizes a tax position based on a "more likely than not" threshold. This applies to positions taken or expected to be taken in a tax return. During fiscal 2013 and 2012, Americares evaluated its tax positions and concluded that it does not have any uncertain tax positions that meet the criteria under this standard. The tax years ending 2010, 2011, 2012, and 2013 are still open to audit for both federal and state purposes.
REVENUE ON BOOKS NOT ON RETURN	FORM 990, SCHEDULE D, PART XI, LINE 2d	CHANGES IN SPLIT INTEREST AGREEMENTS (\$133,888)
REVENUE ON RETURN NOT ON BOOKS	FORM 990, SCHEDULE D, PART XI, LINE 4B	SPECIAL EVENTS EXPENSE (\$329,682) COST OF GOODS SOLD (\$590,962) ----- TOTAL (\$920,644)
EXPENSES ON BOOKS NOT ON RETURN	FORM 990, SCHEDULE D, PART XII, LINE 2D	SPECIAL EVENTS EXPENSE \$329,682 COST OF GOODS SOLD \$590,962 ----- TOTAL \$920,644
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)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

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 the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds 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
See Add'l Data					
<b>3a</b> Sub-total	4	99			382,132,159
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)	4	99			382,132,159

**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.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
See Add'l Data								

- 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 . . . . . 188
- 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.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
Medical Outreach	Cent America/Caribbean	220			11,281,608	Medicine	Fair Mkt Val
Medical Outreach	East Asia/Pacific	69			4,120,119	Medicine	Fair Mkt Val
Medical Outreach	Europe/Iceland/Greenland	9			716,762	Medicine	Fair Mkt Val
Medical Outreach	Middle East/North Africa	4			335,193	Medicine	Fair Mkt Val
Medical Outreach	NORTH AMERICA	16			735,399	Medicine	Fair Mkt Val
Medical Outreach	RUSSIA AND THE NEWLY INDEPENDENT STATES	1			6,126	Medicine	Fair Mkt Val
Medical Outreach	SOUTH AMERICA	69			3,468,568	Medicine	Fair Mkt Val
Medical Outreach	SOUTH ASIA	26			941,082	Medicine	Fair Mkt Val
Medical Outreach	SUB-SAHARAN AFRICA	122			8,302,408	Medicine	Fair Mkt Val
Emergency Response	Cent America/Caribbean	99			8,332,246	Medicine	Fair Mkt Val
Emergency Response	Europe/Iceland/Greenland	6			326,514	Medicine	Fair Mkt Val
Emergency Response	Middle East/North Africa	12			922,720	Medicine	Fair Mkt Val

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*  Yes  No



## 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	94	Program Services	DISASTER RELIEF/DVLPMT	132,847,492
East Asia and the Pacific	1	2	Program Services	DISASTER RELIEF/DVLPMT	47,936,635
Europe (Including Iceland and Greenland)			Program Services	DISASTER RELIEF/DVLPMT	5,421,409

**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	35,478,547
North America			Program Services	DISASTER RELIEF/DVLPMT	768,317
Russia and the Newly Independent States			Program Services	DISASTER RELIEF/DVLPMT	31,907,277

**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			Program Services	DISASTER RELIEF/DVLPMT	62,127,258
South Asia	1	3	Program Services	DISASTER RELIEF/DVLPMT	8,694,264
Sub-Saharan Africa			Program Services	DISASTER RELIEF/DVLPMT	56,950,960

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/Pacific	BANGLADESH 2013 ER Global Disaster Pre-Positionin CHINA Establishing a Child Centered Emergency Rel INDIA 2012 Encephalitis Epidemic INDIA 2012 Assam Flooding INDIA 2012 ER Global Prepositioning II JAPAN GBV Care/Support Specialist Training JAPAN Mental Health Care Activities-Kamaishi City JAPAN Kindergarden Garden JAPAN Shinchi Debris Cleaning Team Celebration BBQ JAPAN Rikuzentakata City Psychosocial Support thru JAPAN - Toryo High School Counseling - Miyako JAPAN Ishinomaki Child-Rearing Support Services JAPAN Rio Grande Phase 2 - Project for Supporting JAPAN Reconstruction of Hachimaida workshop build JAPAN Health Promotion Through Gardening in Yunuki JAPAN Fureai Workshop Reconstruction for PWDs JAPAN Iwate Mobile Dental Units Phase II JAPAN Revitalization Through Farming 2012 ER Global Prepositioning Initiative Save Myan PAKISTAN 2013 ER Global Prepositioning Initiative PHILIPPINES 2012 Typhoon Bopha Emergency Relief PHILLIPPINES 2013 Typhoon Bopha IOM Emergency Hea S	15,000	Wire			
		East Asia/Pacific	CHINA Establishing a Child Centered Emergency Rel	100,000	Wire			
		East Asia/Pacific	INDIA 2012 Encephalitis Epidemic	10,000	Wire			
		East Asia/Pacific	INDIA 2012 Assam Flooding	10,000	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)
		East Asia/Pacific	INDIA 2012 ER Global Prepositioning II	10,000	Wire			
		East Asia/Pacific	JAPAN GBV Care/Support Specialist Training	127,999	Wire			
		East Asia/Pacific	JAPAN Mental Health Care Activities-Kamaishi City	40,161	Wire			
		East Asia/Pacific	JAPAN Kindergarden Garden	12,396	Wire			



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

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		East Asia/Pacific	JAPAN Shinchu Debris Cleaning Team Celebration BBQ	8,861	Wire			
		East Asia/Pacific	JAPAN Rikuzentakata City Psychosocial Support thru	66,958	Wire			
		East Asia/Pacific	JAPAN - Toryo High School Counseling - Miyako	11,482	Wire			
		East Asia/Pacific	JAPAN Ishinomaki Child-Rearing Support Services	86,136	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)
		East Asia/Pacific	JAPAN Rio Grande Phase 2 - Project for Supporting	91,000	Wire			
		East Asia/Pacific	JAPAN Reconstruction of Hachimaida workshop build	469,433	Wire			
		East Asia/Pacific	JAPAN Health Promotion Through Gardening in Yunuki	63,535	Wire			
		East Asia/Pacific	JAPAN Fureai Workshop Reconstruction for PWDs	514,337	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)
		East Asia/Pacific	JAPAN Iwate Mobile Dental Units Phase II	101,503	Wire			
		East Asia/Pacific	JAPAN Revitalization Through Farming	24,530	Wire			
		East Asia/Pacific	2012 ER Global Prepositioning Initiative Save Myan	30,000	Wire			
		East Asia/Pacific	PAKISTAN 2013 ER Global Prepositioning Initiative	15,000	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)
		East Asia/Pacific	PHILIPPINES 2012 Typhoon Bopha Emergency Relief	15,000	Wire			
		East Asia/Pacific	PHILLIPPINES 2013 Typhoon Bopha IOM Emergency Hea	60,000	Wire			
		East Asia/Pacific	Sri Lanka 2013 ER Global Prepositioning Initiativ	15,000	Wire			
		East Asia/Pacific	Vietnam Pediatric Nutrition Project 2012-2013 (Sep	180,000	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)
		Europe/Iceland/Greenland	ARMENIA Medication Procurement	21,284	Wire			
		Europe/Iceland/Greenland	ARMENIA Reimbursement for Local Distribution of Ch	12,960	Wire			
		Europe/Iceland/Greenland	Uzbekistan Reimbursement of Fees for Receipt of T	6,169	Wire			
		Europe/Iceland/Greenland	Uzbekistan Reimbursement of Fees for Receipt of T	16,776	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)
		Cent America/Caribbean	DR Clinic Procurement	9,000	Wire			
		Cent America/Caribbean	Dominican Republic 2012 ER Global Prepositioning	10,000	Wire			
		Cent America/Caribbean	2012 ER Global Prepositioning Order of Malta Guate	10,000	Wire			
		Cent America/Caribbean	GUATEMALA Operating & Intensive Care Unit Vital	10,000	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)
		Cent America/Caribbean	Guatemala Tom's Shoes Reimbursement	8,878	Wire			
		Cent America/Caribbean	HAITI Assistant Midwife Training and Intergration	15,555	Wire			
		Cent America/Caribbean	HAITI Mother/Child Health - Equipment Needs	8,157	Wire			
		Cent America/Caribbean	HAITI World Diabetes Day 2012 Caravan	27,772	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)
		Cent America/Caribbean	HAITI Hurricane Sandy Emergency Response	7,000	Wire			
		Cent America/Caribbean	HAITI Improving Health for Women and Adolescent G	125,638	Wire			
		Cent America/Caribbean	HAITI Maternity Center Construction	63,159	Wire			
		Cent America/Caribbean	HAITI Bayone Cholera Initiative	9,568	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)
		Cent America/Caribbean	HAITI Gonaive Visual Health Initiative	46,242	Wire			
		Cent America/Caribbean	HAITI Upper Artibonite Cholera Response	173,613	Wire			
		Cent America/Caribbean	HAITI Fight Against Cholera	122,601	Wire			
		Cent America/Caribbean	HAITI Moulen 7th Section Cholera Prevention	9,588	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)
		Cent America/Caribbean	HAITI Youth Diabetes Camp	15,786	Wire			
		Cent America/Caribbean	HAITI Insulin for Hopital Albert Schweitzer	7,000	Wire			
		Cent America/Caribbean	HAITI BRAC Limb and Brace Center	825,852	Wire			
		Cent America/Caribbean	HAITI School Cholera Prevention - Verrettes & Lac	175,551	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)
		Cent America/Caribbean	HAITI Construction/Renovation of Water & Sanitati	52,000	Wire			
		Cent America/Caribbean	HAITI Referral Centerfor Patients with Diabetes &	30,440	Wire			
		Cent America/Caribbean	PERU BMS Type II Diabetes Initiative	61,486	Wire			
		Middle East/North Africa	SYRIA 2012 Crisis - Emergency Health Care Support	15,000	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)
		Middle East/North Africa	SYRIA MERA	10,000	Wire			
		SUB-SAHARAN AFRICA	DRC Reimbursement of Trucking & Clearance Fees	5,900	Wire			
		SUB-SAHARAN AFRICA	Ghana One Child/One World Year 2	47,813	Wire			
		SUB-SAHARAN AFRICA	GHANA One Child, One World Year 2	31,200	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)
		SUB-SAHARAN AFRICA	MADAGASCAR 2013 ER Global Pre-Positioning Initiat	14,906	Wire			
		SUB-SAHARAN AFRICA	Malamulo Staff Housing	150,000	Wire			
		SUB-SAHARAN AFRICA	Sierra Leone Support to District Level Cholera Cas	27,540	Wire			
		SUB-SAHARAN AFRICA	Horn of Africa Cholera Outbreak Preparedness Init	90,146	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)
		SUB-SAHARAN AFRICA	Somalia Cholera Outbreak Prepared Initiative	7,720	Wire			
		SUB-SAHARAN AFRICA	SOUTH SUDAN Rehabilitation of Primary Health Care	25,000	Wire			
		SUB-SAHARAN AFRICA	TANZANIA Fistula Repair Initiative - 2013	43,650	Wire			
		Cent America/Caribbean	EMERGENCY			60,708	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)
		Cent America/Caribbean	EMERGENCY			40,042	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	EMERGENCY			35,698	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	EMERGENCY			30,556	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	EMERGENCY			29,576	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)
		Cent America/Caribbean	EMERGENCY			17,126	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	EMERGENCY			11,161	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	EMERGENCY			7,842	Med Suppl	Fair Mkt Val
		East Asia/Pacific	EMERGENCY			230,226	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/Pacific	EMERGENCY			141,521	Med Suppl	Fair Mkt Val
		East Asia/Pacific	EMERGENCY			31,091	Med Suppl	Fair Mkt Val
		East Asia/Pacific	EMERGENCY			15,730	Med Suppl	Fair Mkt Val
		Europe/Iceland/Greenland	EMERGENCY			42,332	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)
		Europe/Iceland/Greenland	EMERGENCY			18,813	Med Suppl	Fair Mkt Val
		Middle East/North Africa	EMERGENCY			938,673	Med Suppl	Fair Mkt Val
		Middle East/North Africa	EMERGENCY			124,153	Med Suppl	Fair Mkt Val
		Middle East/North Africa	EMERGENCY			116,044	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	EMERGENCY			846,958	Med Suppl	Fair Mkt Val
		SOUTH ASIA	EMERGENCY			315,295	Med Suppl	Fair Mkt Val
		SUB-SAHARAN AFRICA	EMERGENCY			244,201	Med Suppl	Fair Mkt Val
		SUB-SAHARAN AFRICA	EMERGENCY			182,114	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	EMERGENCY			159,983	Med Suppl	Fair Mkt Val
		SUB-SAHARAN AFRICA	EMERGENCY			134,555	Med Suppl	Fair Mkt Val
		SUB-SAHARAN AFRICA	EMERGENCY			108,519	Med Suppl	Fair Mkt Val
		SUB-SAHARAN AFRICA	EMERGENCY			93,354	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	EMERGENCY			91,213	Med Suppl	Fair Mkt Val
		SUB-SAHARAN AFRICA	EMERGENCY			78,031	Med Suppl	Fair Mkt Val
		SUB-SAHARAN AFRICA	EMERGENCY			74,661	Med Suppl	Fair Mkt Val
		SUB-SAHARAN AFRICA	EMERGENCY			52,252	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	EMERGENCY			50,334	Med Suppl	Fair Mkt Val
		SUB-SAHARAN AFRICA	EMERGENCY			39,732	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	ON-GOING			26,775,237	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	ON-GOING			23,425,898	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)
		Cent America/Caribbean	ON-GOING			18,767,160	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	ON-GOING			14,221,222	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	ON-GOING			11,960,211	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	ON-GOING			5,916,018	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)
		Cent America/Caribbean	ON-GOING			3,443,848	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	ON-GOING			2,232,698	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	ON-GOING			1,382,815	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	ON-GOING			214,328	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)
		Cent America/Caribbean	ON-GOING			159,790	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	ON-GOING			111,152	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	ON-GOING			54,675	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	ON-GOING			42,323	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/Pacific	ON-GOING			14,677,642	Med Suppl	Fair Mkt Val
		East Asia/Pacific	ON-GOING			10,098,918	Med Suppl	Fair Mkt Val
		East Asia/Pacific	ON-GOING			9,880,125	Med Suppl	Fair Mkt Val
		East Asia/Pacific	ON-GOING			3,374,243	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/Pacific	ON-GOING			3,114,096	Med Suppl	Fair Mkt Val
		East Asia/Pacific	ON-GOING			1,058,085	Med Suppl	Fair Mkt Val
		East Asia/Pacific	ON-GOING			539,961	Med Suppl	Fair Mkt Val
		East Asia/Pacific	ON-GOING			17,280	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/Pacific	ON-GOING			13,213	Med Suppl	Fair Mkt Val
		East Asia/Pacific	ON-GOING			13,165	Med Suppl	Fair Mkt Val
		Europe/Iceland/Greenland	ON-GOING			3,316,691	Med Suppl	Fair Mkt Val
		Europe/Iceland/Greenland	ON-GOING			883,856	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)
		Europe/Iceland/Greenland	ON-GOING			439,153	Med Suppl	Fair Mkt Val
		Middle East/North Africa	ON-GOING			15,593,338	Med Suppl	Fair Mkt Val
		Middle East/North Africa	ON-GOING			10,356,840	Med Suppl	Fair Mkt Val
		Middle East/North Africa	ON-GOING			5,557,887	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)
		Middle East/North Africa	ON-GOING			684,450	Med Suppl	Fair Mkt Val
		Middle East/North Africa	ON-GOING			354,653	Med Suppl	Fair Mkt Val
		NORTH AMERICA	ON-GOING			38,917	Med Suppl	Fair Mkt Val
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ON-GOING			25,256,204	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			7,540,469	Med Suppl	Fair Mkt Val
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ON-GOING			548,644	Med Suppl	Fair Mkt Val
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ON-GOING			161,460	Med Suppl	Fair Mkt Val
		RUSSIA AND THE NEWLY INDEPENDENT STATES	ON-GOING			147,627	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			6,919	Med Suppl	Fair Mkt Val
		SOUTH AMERICA	ON-GOING			40,668,859	Med Suppl	Fair Mkt Val
		SOUTH AMERICA	ON-GOING			14,190,752	Med Suppl	Fair Mkt Val
		SOUTH AMERICA	ON-GOING			1,743,273	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 AMERICA	ON-GOING			282,841	Med Suppl	Fair Mkt Val
		SOUTH AMERICA	ON-GOING			272,276	Med Suppl	Fair Mkt Val
		SOUTH ASIA	ON-GOING			2,129,059	Med Suppl	Fair Mkt Val
		SOUTH ASIA	ON-GOING			1,960,379	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			727,067	Med Suppl	Fair Mkt Val
		SOUTH ASIA	ON-GOING			541,888	Med Suppl	Fair Mkt Val
		SOUTH ASIA	ON-GOING			133,446	Med Suppl	Fair Mkt Val
		SOUTH ASIA	ON-GOING			46,716	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			30,919	Med Suppl	Fair Mkt Val
		SOUTH ASIA	ON-GOING			18,519	Med Suppl	Fair Mkt Val
		SOUTH ASIA	ON-GOING			10,792	Med Suppl	Fair Mkt Val
		SUB-SAHARAN AFRICA	ON-GOING			9,847,495	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			9,478,510	Med Suppl	Fair Mkt Val
		SUB-SAHARAN AFRICA	ON-GOING			6,909,092	Med Suppl	Fair Mkt Val
		SUB-SAHARAN AFRICA	ON-GOING			4,397,366	Med Suppl	Fair Mkt Val
		SUB-SAHARAN AFRICA	ON-GOING			4,277,904	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			3,669,248	Med Suppl	Fair Mkt Val
		SUB-SAHARAN AFRICA	ON-GOING			3,223,261	Med Suppl	Fair Mkt Val
		SUB-SAHARAN AFRICA	ON-GOING			1,595,272	Med Suppl	Fair Mkt Val
		SUB-SAHARAN AFRICA	ON-GOING			1,525,173	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			517,071	Med Suppl	Fair Mkt Val
		SUB-SAHARAN AFRICA	ON-GOING			393,281	Med Suppl	Fair Mkt Val
		SUB-SAHARAN AFRICA	ON-GOING			317,008	Med Suppl	Fair Mkt Val
		SUB-SAHARAN AFRICA	ON-GOING			241,908	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			73,545	Med Suppl	Fair Mkt Val
		SUB-SAHARAN AFRICA	ON-GOING			7,216	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY			53,428	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY			40,190	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)
		Cent America/Caribbean	POST-EMERGENCY			36,705	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY			33,205	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY			24,290	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY			24,204	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)
		Cent America/Caribbean	POST-EMERGENCY			23,831	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY			21,427	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY			19,632	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY			13,073	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)
		Cent America/Caribbean	POST-EMERGENCY			10,241	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY			10,218	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY			8,893	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY			8,476	Med Suppl	Fair Mkt Val

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

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		Cent America/Caribbean	POST-EMERGENCY			7,827	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY			7,306	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY			6,909	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY			6,543	Med Suppl	Fair Mkt Val

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

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		Cent America/Caribbean	POST-EMERGENCY			6,446	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY			6,410	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY			6,256	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY			6,136	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)
		Cent America/Caribbean	POST-EMERGENCY			5,874	Med Suppl	Fair Mkt Val
		Cent America/Caribbean	POST-EMERGENCY			5,257	Med Suppl	Fair Mkt Val
		East Asia/Pacific	POST-EMERGENCY			59,760	Med Suppl	Fair Mkt Val
		SUB-SAHARAN AFRICA	POST-EMERGENCY			283,254	Med Suppl	Fair Mkt Val

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization AmeriCares Foundation Inc

Employer identification number 06-1008595

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

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

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

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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. Rows include DONOR DIGITAL INC, DONOR SERVICES Group, Mal Warwick Associates, and a Total row.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Airlift Benefit</u> (event type)	<u></u> (event type)	<u>0</u> (total number)	(add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	1,702,064			1,702,064
	<b>2</b> Less Contributions . . . . .	1,610,984			1,610,984
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	91,080			91,080
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	184,792			184,792
	<b>7</b> Food and beverages . . . . .	93,195			93,195
	<b>8</b> Entertainment . . . . .	30,817			30,817
	<b>9</b> Other direct expenses . . . . .	20,878			20,878
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				(329,682)
<b>11</b> Net income summary Combine line 3, column (d), and line 10 . . . . . ▶				-238,602	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states? . . . . .  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 \_\_\_\_\_

.....

.....

Does the organization operate gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity operated in

<b>a</b> The organization's facility	<b>13a</b>	
<b>b</b> An outside facility	<b>13b</b>	

**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.** Complete this part to 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).

Identifier	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. Expenses in FY 2013 were Mal Warwick \$10,463 - Professional Fundraising Expenses Donor Digital \$189,191 - Professional fundraising Expenses Donor Services Group \$70,897 - Professional Fundraising Expenses. One vendor that was reported on the prior year Form 990 as a professional fundraiser, Brickmill Marketing, Inc, provided event production services to the Foundation in fiscal 2013. These services did not constitute fundraising activities and, accordingly, Brickmill is not disclosed on Schedule G (though it is reported as one of the Foundation's top five highest vendors in Schedule O).



Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
Attach to Form 990

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization: AmeriCares Foundation Inc

Employer identification number: 06-1008595

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

See Additional Data Table

Main data table grid with 8 columns corresponding to the headers in the previous block.

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Free Medicine to Patients	137861		127,550,104 FMV		Prescription Meds
(2) Medical Outreach in the United States	65		1,344,084 FMV		Medical Supplies

**Part IV Supplemental Information.**

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

Identifier	Return Reference	Explanation
GRANTS AND ASSISTANCE	FORM 990, SCHEDULE I, PART I	<p>LINE 2 - AmeriCares Monitoring Activities Monitoring and Reporting 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, numbers 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 (In FY13, AmeriCares funded 188 projects, providing \$6.9 million in support ) 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, include baseline and final project assessments</p>

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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Alliance for Disabled in Action Inc (DBA) Allian629 Amboy Avenue Edison, NJ 08837	22-3070650	501 (c)(3)	10,399				USA NJ-Emergency Preparedness for Persons with Di
American Red Cross Charlotte NC3411 Saint Vardell Lane Charlotte, NC 28217	53-0196605	501 (c)(3)	8,000				USA NY-Nassau Community College Shelter - Hurrigan

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AmeriCares Free Clinics88 Hamilton Ave Stamford, CT 06902	06-1422741	501 (c)(3)	34,767				USA NY - AmeriCares Mobile Clinic Hurricane Sandy
Caregivers of New Jersey1 AAA Drive Suite 203 Trenton, NJ 08691	13-4205044	501 (c)(3)	137,834				USA NJ- Disaster Case Management for Disabled and

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City University of New York (CUNY) School of Public Health at Hunter C Third Avenue, NY 10035	13-1988190	501 (c)(3)	6,707				USA NY - Moisture Meters for the Safe Rebuilding o
Community Health Action of Staten Island 56 Bay Street Staten Island, NY 10301	13-3263537	501 (c)(3)	17,300				USA Hurricane Sandy Senior Center Initiative, USA NY- Hurrigan Sandy Relief

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Coney Island Hospital - Ida G Israel Community He2601 Ocean Parkway Brooklyn, NY 11235	11-1704587	501 (c)(3)	168,000				USA 2012 Hurricane Sandy - Mobile Medical Van for
CPC Behavioral Health Care Inc10 Industrial Way E Eatontown, NJ 07724	21-0719369	501 (c)(3)	154,960				USA NJ-Psychiatric Services for Sandy Survivors an

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Floating Hospital Inc 25-15 Queens Plaza North Long Island City, NY 11101	13-1624169	501 (c)(3)	130,734				USA AmeriCares Hurricane Sandy Support to the Floa
Food First Inc 165 Conover Street Brooklyn, NY 11231	13-3135059	501 (c)(3)	20,000				USA NY-Hurricane Sandy Community Intervention

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HomeFront Inc88 Hamilton Avenue Stamford, CT 06902	30-0281085	501 (c)(3)	155,000				USA-CT-Sandy Home Repair (Grant #2)
Institute for Family Health16 East 16th Street New York, NY 10003	13-3273402	501 (c)(3)	16,318				USA NY-2012 Hurricane Sandy-Institute for Family H



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Jewish Community Center of Staten Island 1466 Manor Road Staten Island, NY 10314	13-5563356	501 (c)(3)	45,640				USA Staten Island - Connect to Recovery (GIFT CARDS), USA NY-2012 Hurricane Sandy- Staten Island Case Management
Jewish Family Services Atlantic County 607 North Jerome Avenue Margate, NJ 08402	22-2119902	501 (c)(3)	96,500				USA NJ-Sandy Relief Efforts

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Joseph P Addabbo Family Health Center 6200 Beach Channel Drive Arverne, NY 11692	06-1181226	501 (c)(3)	254,100				USA Addabbo Emergency Power Generators/Heaters, USA 2012 Hurricane Sandy - Free Service to the Un insured
Lacey United Methodist Church 203 West Lacey Road Forked River, NJ 08731	22-2279634	501 (c)(3)	38,000				USA-NJ-Muck Out and Home Repair on New Jersey Shor

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Long Beach Medical Center 455 E Bay Drive Long Beach, NY 11561	11-1635084	501 (c)(3)	250,000				USA NY - Family Care Center Operation Assistance
Long Beach Township Office of Emergency Management 6805 Long Beach Blvd Brant Beach, NJ 08008	21-6000805	501 (c)(3)	12,000				Sandy Response

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Long Island Communities of Practice PO Box 5013 44 South Elmwood Ave Montauk, NY 11954	26-4808931	501 (c)(3)	60,000				USA NY-Super Storm Sandy Outreach to the Disabled , USA NY - Procurement, Distribution & Installation of Wheelchairs & Ramps
MedCare United Charitable Pharmacy 711 Stanton L Young Blvd Suite 100 Oklahoma City, OK 73104	45-3361897	501 (c)(3)	7,053				USA OK- 2013 Oklahoma Tornadoes MedCare Prescriptio

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Newtown Youth and Family Services 15 Berkshire Road Sandy Hook, CT 06482	06-1082115	501 (c)(3)	10,000				USA CT-Newtown Post Traumatic Stress Syndrome Supp
Pediatric Disaster Coalition in Partnership with M977 48th Street Brooklyn, NY 11219	11-1635081	501 (c)(3)	174,570				USA NY - Pediatric Disaster Mental Health Interven

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Physicians for a National Health Program NY Metro Chapter 220 Fifth Avenue 2 New York, NY 10001	04-2937697	501 (c)(3)	32,976				USA NY Hurricane Sandy Medical Support in Far 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
Portlight Strategies Inc 60 Fenwick Hall Allee 721 Johns Island, SC 29455	58-2299951	501 (c)(3)	53,312				USA NJ-Portable Ramps for Persons with Disabilities, USA OK-Replacement of Durable Medical Equipment

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Project Hospitality 100 Park Avenue Staten Island, NY 10302	13-3234441	501 (c)(3)	15,000				USA Project Hospitality Response to Hurricane San
Recover Rebuild Restore Southeast Mississippi LTPO Box 1506 Hattiesburg, MS 394031506	64-0410475	501 (c)(3)	25,000				USA MS 2013 Greater Hattiesburg Tornado Recovery

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Society of St Vincent de Paul USA - South Central 320 Decker Drive Suite 100 Irving, TX 75062	13-5562362	501 (c)(3)	25,000				USA TX-Disaster Case Management for Survivors of t
Traumatic loss Coalition for Youth & Young Adults Rutgers University Behavioral health Piscataway, NJ 08854	22-1980408	501 (c)(3)	98,040				USA NJ - Hurricane Sandy Trauma Response Initiativ



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United States Sierra Leonean Association 141 Park Hill Avenue Lobby AB Staten Island, NY 10304	26-2252152	501 (c)(3)	9,227				USA- Hurricane Sandy Disaster Relief, USA Hurricane Sandy Emergency Food Pantry Response
World Cares Center Inc 520 Eight Ave Ste 201B NY, NY 10018	41-2024802	501 (c)(3)	190,810				USA 2012 Hurricane Sandy Mold Remediation, USA NY-Muck out/Mold Remediation for Rockaways

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YMCA of Greater New York 5 West 63rd Street 6th Floor New York, NY 10023	13-1624228	501 (c)(3)	71,500				USA NY- Hurricane Sandy Youth Emotional Relief Pro
Med Care United Charitable Pharmacy 711 STANTON L YOUNG STE 100 OKLAHOMA CITY, OK 73104	45-3361897	501 (c)(3)		2,126,014	Fair Mkt Val	Med Suppl	EMERGENCY

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WV HEALTH RIGHT INC 1520 WASHINGTON ST CHARLESTON, WV 25311	31-1066881	501 (c)(3)		467,858	Fair Mkt Val	Med Suppl	EMERGENCY
JEWISH RENAISSANCE FAMILY OF ORGS MIDDLESEX275 HOBART ST PERTH AMBOY, NJ 08861	22-3780067	501 (c)(3)		283,840	Fair Mkt Val	Med Suppl	EMERGENCY

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New Orleans Dream Center 1137 Saint Charles Avenue New Orleans, LA 70130	30-0591534	501 (c)(3)		254,605	Fair Mkt Val	Med Suppl	EMERGENCY
North Hudson Community Action Corporation 714-31ST STREET UNION CITY, NJ 07087	22-1818699	501 (c)(3)		251,433	Fair Mkt Val	Med Suppl	EMERGENCY

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Community Health Centers Inc 12716 NE 36TH STREET SPENCER, OK 73084	73-0930123	501 (c)(3)		244,209	Fair Mkt Val	Med Suppl	EMERGENCY
PROJECT HOPE CHARITIES INC 170-20 140th Avenue Jamaica, NE 68134	26-0897746	501 (c)(3)		217,855	Fair Mkt Val	Med Suppl	EMERGENCY

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YWCA-NYC500 W 56th Street New York, NY 10019	13-1624230	501 (c)(3)		209,105	Fair Mkt Val	Med Suppl	EMERGENCY
NASSAU UNIVERSITY MEDICAL CENTER2201 Hempstead Turnpike East Meadow, NY 11554	11-3465609	501 (c)(3)		201,240	Fair Mkt Val	Med Suppl	EMERGENCY

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HEART TO HEART 401 S Clairborne Rd Suite 302 oLATHE, KS 66102	48-1108359	501 (c)(3)		178,138	Fair Mkt Val	Med Suppl	EMERGENCY
UNITED HEALTHCARE WORKERS EAST 310 W 43rd Street 5th Floor New York, NY 10036	13-1510821	501 (c)(3)		175,713	Fair Mkt Val	Med Suppl	EMERGENCY

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OCEAN COUNTY HEALTH DEPARTMENT 175 Sunset Avenue Toms River, NJ 08754	22-3061367	501 (c)(3)		174,954	Fair Mkt Val	Med Suppl	EMERGENCY
Baptist Mission Center 2125 EXCHANGE AVE OKLAHOMA CITY, OK 73108	73-0644143	501 (c)(3)		167,076	Fair Mkt Val	Med Suppl	EMERGENCY



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WORLD CARE CENTER 79 North 11th street Brooklyn, NY 11211	41-2024802	501 (c)(3)		163,123	Fair Mkt Val	Med Suppl	EMERGENCY
MIDDLESEX COUNTY LONG TERM RECOVERY COMMITTEE - NJ Middlesex County Emergency Services Sayreville, NE 08872	22-1520408	501 (c)(3)		157,829	Fair Mkt Val	Med Suppl	EMERGENCY

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ST MARTINS HEALTHCARE INC1359 SOUTH RANDOLPH STREET GARRETT, IN 46738	20-8609620	501 (c)(3)		147,888	Fair Mkt Val	Med Suppl	EMERGENCY
JFK CHAMBER OF COMMERCESt Frances de Sales Jamaica, NY 11430	11-2457674	501 (c)(3)		141,543	Fair Mkt Val	Med Suppl	EMERGENCY

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NORTH HUDSON COMMUNITY ACTION CENTER714-31ST STREET UNION CITY, NJ 07087	22-1818699	501 (c)(3)		125,342	Fair Mkt Val	Med Suppl	EMERGENCY
CATHOLIC CHARITIES OF BROOKLYN & QUEENS1329 Beach Channel Drive Queens, NY 11691	11-2457674	501 (c)(3)		115,306	Fair Mkt Val	Med Suppl	EMERGENCY

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FEEDING AMERICA 35 East Wacker Drive Chicago, IL 60601	36-3673599	501 (c)(3)		109,466	Fair Mkt Val	Med Suppl	EMERGENCY
PHYSICIANS NATIONAL HEALTH PROJECT 20 Fifth Avenue NEW YORK, NY 10001	11-3095217	501 (c)(3)		105,153	Fair Mkt Val	Med Suppl	EMERGENCY

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ADDABBO HEALTH CENTER 6200 Beach Channel Drive Arverne, NY 11692	06-1181226	501 (c)(3)		98,472	Fair Mkt Val	Med Suppl	EMERGENCY
SHAWNEE POTTAWATOMIE COUNTY EMERGENCY MANAGEMENT16 West 9th Street Shawnee, OK 74801	73-5006424	501 (c)(3)		88,350	Fair Mkt Val	Med Suppl	EMERGENCY

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COAL COUNTY EMERGENCY MANAGEMENT 3 South Main Street Coalgate, OK 74538	73-6006355	501 (c)(3)		85,118	Fair Mkt Val	Med Suppl	EMERGENCY
GENERATION GAP CONEY ISLAND2904 Neptune Avenue Brooklyn, NY 11224	20-8562533	501 (c)(3)		77,472	Fair Mkt Val	Med Suppl	EMERGENCY

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REGIONAL FOOD BANK OF OKLAHOMA 3355 South Purdue Avenue Oklahoma City, OK 73137	73-1100380	501 (c)(3)		65,029	Fair Mkt Val	Med Suppl	EMERGENCY
BETHEL ACRES FIRE DEPARTMENT 18101 Bethel Road Shawnee, OK 74801	73-6005424	501 (c)(3)		63,839	Fair Mkt Val	Med Suppl	EMERGENCY

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CITIZEN POTAWATOMI NATION 1601 South Gordon Cooper Drive Shawnee, OK 74801	73-9045447	501 (c)(3)		63,839	Fair Mkt Val	Med Suppl	EMERGENCY
TEAM RUBICON 300 North Continental Boulevard Su El Segundo, CA 90245	27-1720480	501 (c)(3)		62,453	Fair Mkt Val	Med Suppl	EMERGENCY



**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SAVE THE CHILDREN US54 Wilton Road Westport, CT 06880	06-0726487	501 (c)(3)		60,390	Fair Mkt Val	Med Suppl	EMERGENCY
COMMUNITY FOOD BANK OF NEW JERSEY31 Evans Terminal Hillside, NJ 07205	22-2423882	501 (c)(3)		59,657	Fair Mkt Val	Med Suppl	EMERGENCY

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FOUNDATION FOR HIVAID AND KIDNEY DIALYSIS14 ZIRKEL AVENUE PISCATAWAY, NJ 08854	43-2024266	501 (c)(3)		59,549	Fair Mkt Val	Med Suppl	EMERGENCY
SET Family Medical Clinics 825 east Pkikes Peak Ave Colorado Springs, CO 80903	84-1183335	501 (c)(3)		56,611	Fair Mkt Val	Med Suppl	EMERGENCY

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CALVARY TABERNACLE OF CONEY ISLAND 2828 Neptune Ave New York, NY 11224	51-0142296	501 (c)(3)		56,366	Fair Mkt Val	Med Suppl	EMERGENCY
LONG BEACH LATINO CIVIC ASSOCIATION INC 52 E Park Avenue 2nd Floor Long Beach, NY 11561	11-3320724	501 (c)(3)		51,087	Fair Mkt Val	Med Suppl	EMERGENCY

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AMERICARES FOUNDATION 88 Hamilton Avenue Stamford, CO 06902	06-1008595	501 (c)(3)		46,761	Fair Mkt Val	Med Suppl	EMERGENCY
The Floating Hospital 4140 27TH ST LONG ISLAND CITY, NY 11101	13-1624169	501 (c)(3)		44,984	Fair Mkt Val	Med Suppl	EMERGENCY

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BCFS1506 Bexar Crossing San Antonio, TX 78232	74-1260710	501 (c)(3)		42,583	Fair Mkt Val	Med Suppl	EMERGENCY
PONTOTOC COUNTYADA EMERGENCY MANAGEMENT 231 South Townsend Avenue ada, OK 74820	73-6006408	501 (c)(3)		42,559	Fair Mkt Val	Med Suppl	EMERGENCY

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ISLAND HARVEST (MINEOLA NY)40 Marcus Blvd Hauppauge, NY 11788	11-3136350	501 (c)(3)		39,111	Fair Mkt Val	Med Suppl	EMERGENCY
BEACON CHRISTIAN COMMUNITY HEALTH CENTER2079 Forest Ave Staten Island, NY 10303	02-0703686	501 (c)(3)		37,796	Fair Mkt Val	Med Suppl	EMERGENCY

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SAVE LATIN AMERICA 138-39th Street Union City, NE 07087	22-3454940	501 (c)(3)		34,431	Fair Mkt Val	Med Suppl	EMERGENCY
CHURCH OF GOD OF PROPHECY 118-66 129 street Queens, NE 11240	11-3196061	501 (c)(3)		29,850	Fair Mkt Val	Med Suppl	EMERGENCY

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SALVATION ARMY OF OKLAHOMA 311 SW Fifth Street oklahoma city, OK 73101	73-0579266	501 (c)(3)		28,814	Fair Mkt Val	Med Suppl	EMERGENCY
PROJECT HOSPITALITY 100 Park Avenue Staten Island, NY 10302	13-3234441	501 (c)(3)		28,154	Fair Mkt Val	Med Suppl	EMERGENCY



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ROCKAWAY FIRE DEPARTMENT 204-26 Rockaway Point Blvd Rockaway Point, NY 11697	11-2665405	501 (c)(3)		26,149	Fair Mkt Val	Med Suppl	EMERGENCY
CALVARY CHAPEL OF OLD BRIDGE 123 White Oak Lane Old Bridge, NJ 08857	22-2603508	501 (c)(3)		25,379	Fair Mkt Val	Med Suppl	EMERGENCY

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AHEART Ministries 27 Gordons Alley Atlantic City, NJ 08401	22-3352176	501 (c)(3)		24,845	Fair Mkt Val	Med Suppl	EMERGENCY
HENRY STREET SETTLEMENT 888 East 6th Street New York, NY 10002	13-1562242	501 (c)(3)		23,570	Fair Mkt Val	Med Suppl	EMERGENCY

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Community HealthWorx1543 MCGINNIS STREET ALEXANDRIA, LA 71301	72-1444312	501 (c)(3)		23,415	Fair Mkt Val	Med Suppl	EMERGENCY
AMERICAN RED CROSS NASSAU COMM COLLEGE SHELTER1 Education Drive Garden City, NY 11530	11-2533314	501 (c)(3)		22,054	Fair Mkt Val	Med Suppl	EMERGENCY

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FOOD BANK FOR NEW YORK CITY 39 Broadway 10th Floor New York, NY 10006	13-3179546	501 (c)(3)		21,598	Fair Mkt Val	Med Suppl	EMERGENCY
THE SALVATION ARMY - PHILADELPHIA 1320 Arch Street Philadelphia, PA 19107	58-0660607	501 (c)(3)		21,290	Fair Mkt Val	Med Suppl	EMERGENCY

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THE SALVATION ARMY - BRIDGEPORT CORPS30 Elm Street Bridgeport, CT 06601	58-0660607	501 (c)(3)		20,438	Fair Mkt Val	Med Suppl	EMERGENCY
LONG BEACH MEDICAL CENTERLong Beach Medical Center Long Beach, NY 11561	11-1635084	501 (c)(3)		20,089	Fair Mkt Val	Med Suppl	EMERGENCY

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GERRITSEN BEACH FIRE DEPARTMENT 43 Seba Ave Brooklyn, NY 11229	11-6076710	501 (c)(3)		19,330	Fair Mkt Val	Med Suppl	EMERGENCY
AmeriCares Free Clinics Inc 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501 (c)(3)		19,237	Fair Mkt Val	Med Suppl	EMERGENCY

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WORLD CARES CENTER79 North 11th street Brooklyn, NY 11211	41-2024802	501 (c)(3)		18,649	Fair Mkt Val	Med Suppl	EMERGENCY
BRIDGEPORT HEALTH AND SOCIAL SERVICES DEPARTMENT752 East Main Street Bridgeport, CT 06608	06-6001865	501 (c)(3)		18,055	Fair Mkt Val	Med Suppl	EMERGENCY

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FREE CLINIC IN NORWALK 98 SOUTH MAIN ST NORWALK, CT 06854	06-1422741	501 (c)(3)		17,960	Fair Mkt Val	Med Suppl	EMERGENCY
CITY HARVEST 6 East 32nd Street new york, NY 10016	13-3170676	501 (c)(3)		16,783	Fair Mkt Val	Med Suppl	EMERGENCY



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FOOD FIRST FAMILY PROJECT 165 Conover Street Brooklyn, NY 11231	13-3635059	501 (c)(3)		16,026	Fair Mkt Val	Med Suppl	EMERGENCY
UNITED STATES SIERRA LEONEAN ASSOCIATION 141 Park Hill Avenue Staten Island, NY 10304	26-2252152	501 (c)(3)		15,910	Fair Mkt Val	Med Suppl	EMERGENCY

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CATHOLIC CHARITIES OF THE DIOCESE OF BATON ROUGE 1800 S Acadian Thruway Baton Rouge, LA 70808	72-0590685	501 (c)(3)		15,820	Fair Mkt Val	Med Suppl	EMERGENCY
SALVATION ARMY GULFPORT MS 2019 22nd Street Gulfport, MS 39501	58-0660607	501 (c)(3)		15,730	Fair Mkt Val	Med Suppl	EMERGENCY

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GOOD SHEPHERDS173 Conover Street Brooklyn, NY 11231	13-5598710	501 (c)(3)		15,723	Fair Mkt Val	Med Suppl	EMERGENCY
NORWALK EQUAL OPPORTUNITY NOW98 South Main Street Norwalk, CT 06854	06-0834804	501 (c)(3)		13,804	Fair Mkt Val	Med Suppl	EMERGENCY

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RED HOOK INITIATIVE767 Hicks St Brooklyn, NY 11232	20-3904662	501 (c)(3)		13,718	Fair Mkt Val	Med Suppl	EMERGENCY
STAFFORD RECOVERY CENTER307 Union Avenue Stratford, NJ 08084	21-6001206	501 (c)(3)		13,548	Fair Mkt Val	Med Suppl	EMERGENCY

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LONG BEACH ISLAND HEALTH DEPARTMENT 6805 Long Beach Blvd Brant Beach, NJ 08008	21-6000805	501 (c)(3)		12,990	Fair Mkt Val	Med Suppl	EMERGENCY
RESOURCES FOR INDEPENDENT LIVING INC 2001 21st Street Kenner, LA 70062	72-1152503	501 (c)(3)		11,770	Fair Mkt Val	Med Suppl	EMERGENCY

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THE SALVATION ARMY OF FLORIDA 930 East 139th Ave Tampa, FL 33613	58-0660607	501 (c)(3)		11,651	Fair Mkt Val	Med Suppl	EMERGENCY
BISHOP CHARLES WALDO MACLEAN EPISCOPAL NURSING HOME 17-11 Brookhaven Avenue Far Rockaway, NY 11691	11-1665825	501 (c)(3)		11,292	Fair Mkt Val	Med Suppl	EMERGENCY

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THE SALVATION ARMY WAREHOUSE - LA5843 River Road New Orleans, LA 70123	58-0660607	501 (c)(3)		10,101	Fair Mkt Val	Med Suppl	EMERGENCY
Community Health Care410 ROUTE 9 NORTH CAPE MAY COURTHOUSE, NJ 08210	22-2763588	501 (c)(3)		9,654	Fair Mkt Val	Med Suppl	EMERGENCY

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THE SALVATION ARMY MASSACHUSETTS DIVISION25 Shawmut Rd Canton, MA 02021	04-2103624	501 (c)(3)		9,282	Fair Mkt Val	Med Suppl	EMERGENCY
AMERICAN RED CROSS - NEW JERSEY850 North Franklin Blvd Pleasantville, NJ 08232	21-0634957	501 (c)(3)		9,173	Fair Mkt Val	Med Suppl	EMERGENCY



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AMERICAN RED CROSS OF GREATER NY 520 W 49th St New York, NY 10036	11-1631711	501 (c)(3)		8,950	Fair Mkt Val	Med Suppl	EMERGENCY
NASSAU OEM 510 Grumman Road West Bethpage, NY 11714	11-6000463	501 (c)(3)		8,860	Fair Mkt Val	Med Suppl	EMERGENCY

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Crossings Community Clinic 2208 WHEFNER RD OKLAHOMA CITY, OK 73112	86-1115863	501 (c)(3)		8,456	Fair Mkt Val	Med Suppl	EMERGENCY
BETHESDA CHURCH - OKLAHOMA 3101 SW 89th St Oklahoma City, OK 73159	44-0577787	501 (c)(3)		8,200	Fair Mkt Val	Med Suppl	EMERGENCY

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VERMONT FOOD BANK 22 Browne Court Unit 108 Brattleboro, VT 05301	22-3021942	501 (c)(3)		7,735	Fair Mkt Val	Med Suppl	EMERGENCY
MILFORD FIRE DEPARTMENT 72 New Haven Avenue Milford, CT 06460	06-6002037	501 (c)(3)		7,728	Fair Mkt Val	Med Suppl	EMERGENCY

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HANCOCK RESOURCE CENTER 454 Highway 90 Waveland, MS 39576	26-3648017	501 (c)(3)		7,540	Fair Mkt Val	Med Suppl	EMERGENCY
AISLING IRISH COMMUNITY CENTER 990 McLean Avenue Yonkers, NY 10704	13-3919126	501 (c)(3)		7,283	Fair Mkt Val	Med Suppl	EMERGENCY

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Capital Area Healthnetwork 719 N 25th Street Richmond, VA 23223	54-1884190	501 (c)(3)		6,648	Fair Mkt Val	Med Suppl	EMERGENCY
OKLAHOMA CITY COUNTY HEALTH DEPARTMENT921 NE 23rd Street Oklahoma City, OK 73105	73-0930123	501 (c)(3)		6,521	Fair Mkt Val	Med Suppl	EMERGENCY

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ASTELLA DEVELOPMENT CORPORATION 1618 Mermaid Ave Brooklyn, NY 11224	11-2458673	501 (c)(3)		6,440	Fair Mkt Val	Med Suppl	EMERGENCY
CATHOLIC CHARITIES 1329 Beach Channel Drive Queens, NY 11691	11-2047151	501 (c)(3)		5,766	Fair Mkt Val	Med Suppl	EMERGENCY

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WASHINGTON EMERGENCY RESPONSE ONGOING CADRE (WEROC2116 Washington Street Franklinton, LA 70438	57-1240541	501 (c)(3)		5,490	Fair Mkt Val	Med Suppl	EMERGENCY
COMMUNITY HEALTHCARE NETWORK97-04 Sutphin Blvd Queens, NY 11435	13-3083068	501 (c)(3)		5,237	Fair Mkt Val	Med Suppl	EMERGENCY

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Eunice Community Health Center 450 MOOSA BLVD STE E EUNICE, LA 70535	27-0213992	501 (c)(3)		1,459,679	Fair Mkt Val	Med Suppl	ON-GOING
WOMENS HEALTH CONNECTIONS 205 E BARAZOS ST PALESTINE, TX 75801	20-0776090	501 (c)(3)		1,080,023	Fair Mkt Val	Med Suppl	ON-GOING



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Johnstown Free Medical Clinic 320 Main Street Johnstown, PA 15901	23-2922409	501 (c)(3)		1,058,068	Fair Mkt Val	Med Suppl	ON-GOING
Gulf Coast Health Center Inc 2548 MEMORIAL BLVD PORT ARTHUR, TX 77640	76-0289927	501 (c)(3)		1,037,580	Fair Mkt Val	Med Suppl	ON-GOING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
IBN SINA FOUNDATION 11226 S WILCREST DR HOUSTON, TX 77099	76-0698464	501 (c)(3)		1,024,450	Fair Mkt Val	Med Suppl	ON-GOING
HEAL Inc 2600 Martin Luther King Jr Dr Atlanta, GA 30311	26-3990559	501 (c)(3)		939,074	Fair Mkt Val	Med Suppl	ON-GOING

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New Life Pentecostal Medical Clinic for the Uninsu183 N Schuyler Ave Kankakee, IL 60901	45-4183388	501 (c)(3)		862,071	Fair Mkt Val	Med Suppl	ON-GOING
Community Health Clinic of Hardin & Larue Counties114 E MEMORIAL DR ELIZABETHTOWN, KY 42701	30-0042070	501 (c)(3)		855,664	Fair Mkt Val	Med Suppl	ON-GOING

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Community Care Center for Forsyth Co Inc 2135 NEW WALKERTOWN RD WINSTON SALEM, NC 27101	58-1403699	501 (c)(3)		851,740	Fair Mkt Val	Med Suppl	ON-GOING
Agape Clinic at Grace United Methodist Church 4105 JUNIUS STREET DALLAS, TX 75246	14-1847977	501 (c)(3)		845,571	Fair Mkt Val	Med Suppl	ON-GOING

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Mission Arlington Medical Clinic 210 W South Arlington, TX 76010	75-2724385	501 (c)(3)		836,103	Fair Mkt Val	Med Suppl	ON-GOING
The Dr Albert B Cleage Sr Memorial Health Cent 700 Seward Street Detroit, MI 48202	11-3754940	501 (c)(3)		828,059	Fair Mkt Val	Med Suppl	ON-GOING

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Bread of Healing Clinic 1821 N 16TH ST MILWAUKEE, WI 53205	81-0669867	501 (c)(3)		824,482	Fair Mkt Val	Med Suppl	ON-GOING
Faith Family Clinic 8711 VILLAGE DR SAN ANTONIO, TX 78217	26-3791828	501 (c)(3)		803,580	Fair Mkt Val	Med Suppl	ON-GOING

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Caring Hands Health Clinic 34-C COURTHOUSE SQUARE CLEVELAND, GA 30528	64-0950194	501 (c)(3)		767,648	Fair Mkt Val	Med Suppl	ON-GOING
Wheeling Health Right Inc61- 29TH ST WHEELING, WV 26003	31-1149085	501 (c)(3)		755,998	Fair Mkt Val	Med Suppl	ON-GOING

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The Community Free Clinic 528 A LAKE CONCORD RD CONCORD, NC 28025	58-2131301	501 (c)(3)		708,620	Fair Mkt Val	Med Suppl	ON-GOING
Greenville Free Medical Clinic 600 ARLINGTON AVENUE GREENVILLE, SC 29601	57-0855205	501 (c)(3)		695,945	Fair Mkt Val	Med Suppl	ON-GOING



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Conway Interfaith Clinic830 NORTH CREEK CONWAY, AR 72032	41-2058756	501 (c)(3)		686,233	Fair Mkt Val	Med Suppl	ON-GOING
Community Free Clinic Inc249 Mill Street Hagerstown, MD 21740	52-1772594	501 (c)(3)		673,911	Fair Mkt Val	Med Suppl	ON-GOING

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Neighbor for Neighbor 505 E 36TH STREET NORTH TULSA, OK 74066	73-0776404	501 (c)(3)		669,550	Fair Mkt Val	Med Suppl	ON-GOING
Interfaith Clinic 403 W Oak Suite 200 El Dorado, AR 71730	71-0236863	501 (c)(3)		668,643	Fair Mkt Val	Med Suppl	ON-GOING

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SEMO Health NetWork421 Line Street New Madrid, MO 63869	43-1253101	501 (c)(3)		644,153	Fair Mkt Val	Med Suppl	ON-GOING
Open Door Health Center 1350 SW 4 ST HOMESTEAD, FL 33030	83-0375996	501 (c)(3)		620,192	Fair Mkt Val	Med Suppl	ON-GOING

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The Good Samaritan Health Center 313 Arnold Avenue Greenville, MS 38701	26-2117290	501 (c)(3)		610,835	Fair Mkt Val	Med Suppl	ON-GOING
Good Samritan Clinic 4704 Augusta Rd Garden City, GA 31408	58-2288758	501 (c)(3)		592,035	Fair Mkt Val	Med Suppl	ON-GOING

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AmeriCares Free Clinics Inc 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501 (c)(3)		564,537	Fair Mkt Val	Med Suppl	ON-GOING
DR GARY BURNSTEIN COMMUNITY HEALTH CLINIC90 W UNIVERSITY PONTIAC, MI 48342	32-0015321	501 (c)(3)		563,220	Fair Mkt Val	Med Suppl	ON-GOING

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Stehouwer Free Clinic 201 N MITCHELL CADILLAC, MI 49601	61-1401888	501 (c)(3)		556,792	Fair Mkt Val	Med Suppl	ON-GOING
Catherine McAuley Clinic 5514 HOHMAN AVE HAMMOND, IN 46320	35-1835133	501 (c)(3)		548,316	Fair Mkt Val	Med Suppl	ON-GOING

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Medical Outreach Ministries 1401 E South Boulevard Montgomery, AL 36116	63-1204645	501 (c)(3)		519,739	Fair Mkt Val	Med Suppl	ON-GOING
CommunityHealth2611 W CHICAGO AVE CHICAGO, IL 60622	36-3931793	501 (c)(3)		519,061	Fair Mkt Val	Med Suppl	ON-GOING

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Light of the World Clinic Inc 806 E Prospect Road Oakland Park, FL 33334	65-0266070	501 (c)(3)		511,380	Fair Mkt Val	Med Suppl	ON-GOING
Volunteers In Medicine Clinic2260 Marcola Road Springfield, OR 97477	93-1276816	501 (c)(3)		497,348	Fair Mkt Val	Med Suppl	ON-GOING



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HeartBright Foundation Inc 2923 South Tryon Suite 200 Charlotte, NC 28203	45-0496759	501 (c)(3)		495,937	Fair Mkt Val	Med Suppl	ON-GOING
A PROMISE TO HELP1332 Winola Lane Birmingham, AL 35235	26-4401185	501 (c)(3)		489,881	Fair Mkt Val	Med Suppl	ON-GOING

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Bridges to Health 1251 W KEM ROAD MARION, IN 46952	20-5405181	501 (c)(3)		485,121	Fair Mkt Val	Med Suppl	ON-GOING
Greater Texoma Health Clinic 900 N ARMSTRONG AVE DENISON, TX 75020	81-0584983	501 (c)(3)		478,649	Fair Mkt Val	Med Suppl	ON-GOING

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Community Health Care410 ROUTE 9 NORTH CAPE MAY COURTHOUSE, NJ 08210	22-2763588	501 (c)(3)		477,957	Fair Mkt Val	Med Suppl	ON-GOING
Grace Medical Clinic211 S 8th St Mayfield, KY 42066	61-1351519	501 (c)(3)		470,981	Fair Mkt Val	Med Suppl	ON-GOING

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CARIDAD CENTER 8645 W BOYNTON BEACH BOULEVARD BOYNTON BEACH, FL 33472	65-0149423	501 (c)(3)		447,272	Fair Mkt Val	Med Suppl	ON-GOING
Etowah Free Community Clinic 423 S 3rd Street Gadsden, AL 35901	82-0562064	501 (c)(3)		438,734	Fair Mkt Val	Med Suppl	ON-GOING

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Rock Springs Clinic 219 ROCK SPRINGS ROAD MILNER, GA 30257	26-4485460	501 (c)(3)		436,886	Fair Mkt Val	Med Suppl	ON-GOING
HealthQuest of Union County 415 E FRANKLIN STREET MONROE, NC 28112	56-2117596	501 (c)(3)		423,593	Fair Mkt Val	Med Suppl	ON-GOING

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HEALING HANDS MINISTRIES INC8515 GREENVILLE AVENUE BOX 25 DALLAS, TX 75243	65-1259379	501 (c)(3)		422,355	Fair Mkt Val	Med Suppl	ON-GOING
City Square2835 GRAND AVE DALLAS, TX 75215	79-2332948	501 (c)(3)		421,976	Fair Mkt Val	Med Suppl	ON-GOING

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Ministries of Jesus 1100 E I-35 FRONTAGE ROAD EDMOND, OK 73034	73-1622804	501 (c)(3)		407,539	Fair Mkt Val	Med Suppl	ON-GOING
Raphael Community Free Clinic Inc 1807 Water Street Kerrville, TX 78028	74-2819628	501 (c)(3)		400,929	Fair Mkt Val	Med Suppl	ON-GOING

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COMMUNITY CLINIC OF SHELBYVILLE BEDFORD CO 200 DOVER ST SUITE 203 SHELBYVILLE, TN 37160	34-1974609	501 (c)(3)		398,005	Fair Mkt Val	Med Suppl	ON-GOING
PEOPLES HEALTH WELLNESS CLINIC 553 North Main Street Barre, VT 05641	03-0343290	501 (c)(3)		391,418	Fair Mkt Val	Med Suppl	ON-GOING



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Snake River Community Clinic 215 10TH STREET LEWISTON, ID 83501	31-1726460	501 (c)(3)		382,275	Fair Mkt Val	Med Suppl	ON-GOING
The Free Medical Clinic of Greater Cleveland 12201 EUCLID AVE CLEVELAND, OH 44146	23-7078501	501 (c)(3)		382,170	Fair Mkt Val	Med Suppl	ON-GOING

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Church Hill Free Clinic 401 Richmond Street Church Hill, TN 37642	62-1391365	501 (c)(3)		382,006	Fair Mkt Val	Med Suppl	ON-GOING
The Community Free Clinic of Newport News 727 25TH STREET NEWPORT NEWS, VA 23607	27-3510814	501 (c)(3)		381,769	Fair Mkt Val	Med Suppl	ON-GOING

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Arlington Free Clinic 2921 SOUTH 11TH STREET ARLINGTON, VA 22204	54-1671883	501 (c)(3)		361,676	Fair Mkt Val	Med Suppl	ON-GOING
Angels Community Clinic 1005 POPLAR STREET MURRAY, KY 42071	62-1777249	501 (c)(3)		360,250	Fair Mkt Val	Med Suppl	ON-GOING

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first baptist church medicaldental clinic1607 CHERRY STREET VICKSBURG, MS 39180	64-0356253	501 (c)(3)		358,931	Fair Mkt Val	Med Suppl	ON-GOING
Bethesda Health Clinic409 WEST FERGUSON TYLER, TX 75702	26-0036674	501 (c)(3)		345,254	Fair Mkt Val	Med Suppl	ON-GOING

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Partnering for Health501 Howard Ave Suite 204B Altoona, PA 16601	25-1842308	501 (c)(3)		344,903	Fair Mkt Val	Med Suppl	ON-GOING
Capital Area Healthnetwork 719 N 25th Street Richmond, VA 23223	54-1884190	501 (c)(3)		341,287	Fair Mkt Val	Med Suppl	ON-GOING

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Good Samaritan House Free Community Health Center 213 N Main St Dearing, GA 30808	32-0126528	501 (c)(3)		334,217	Fair Mkt Val	Med Suppl	ON-GOING
ST LUKES FREE MEDICAL CLINIC 162 N DEAN ST SPARTANBURG, SC 29302	57-0943232	501 (c)(3)		333,459	Fair Mkt Val	Med Suppl	ON-GOING

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Social Welfare Board 904 S 10th Suite A St Joseph, MO 64503	44-6000455	501 (c)(3)		317,841	Fair Mkt Val	Med Suppl	ON-GOING
North County Health Services 150 Valpreda Road San Marcos, CA 92069	95-2847102	501 (c)(3)		317,733	Fair Mkt Val	Med Suppl	ON-GOING

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Grand Prairie Wellness Center 1710 Small Street Grand Prairie, TX 75050	75-2877107	501 (c)(3)		314,538	Fair Mkt Val	Med Suppl	ON-GOING
Broad Street Clinic 534 N 35TH STREET SUITE K MOREHEAD CITY, NC 28557	56-1853604	501 (c)(3)		312,784	Fair Mkt Val	Med Suppl	ON-GOING



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Presbyterian Medical Care Mission 1857 Pine St Ste 100 Abilene, TX 79601	75-1910600	501 (c)(3)		308,354	Fair Mkt Val	Med Suppl	ON-GOING
Detroit Health Care for the Homeless 15400 W McNichols Detroit, MI 48235	38-2724796	501 (c)(3)		306,814	Fair Mkt Val	Med Suppl	ON-GOING

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OZARK TRICOUNTY HEALTHCARE CONSORTIUM DBS ACCEESSACCESS Family Care Neosho, MO 64850	43-1752799	501 (c)(3)		300,093	Fair Mkt Val	Med Suppl	ON-GOING
Georgia Farmworker Health Program 920 SOUTH WEST ST BAINBRIDGE, GA 39819	58-6000359	501 (c)(3)		298,086	Fair Mkt Val	Med Suppl	ON-GOING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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M-POWER Ministries Health Center 4022 4th Ave South Birmingham, AL 35222	31-1639601	501 (c)(3)		295,260	Fair Mkt Val	Med Suppl	ON-GOING
Konza Prairie Community Health Center 361 Grant Avenue Junction City, KS 66441	48-1150706	501 (c)(3)		294,932	Fair Mkt Val	Med Suppl	ON-GOING

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The Free Medical Clinic1875 HARDEN STREET COLUMBIA, SC 29204	57-0779279	501 (c)(3)		294,495	Fair Mkt Val	Med Suppl	ON-GOING
Samaritan Regional Health Clinic937 Broadway Cape Girardeau, MO 63701	27-5427837	501 (c)(3)		285,747	Fair Mkt Val	Med Suppl	ON-GOING

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Free Medical Clinic of Oak Ridge 320 Robertsville Rd Suite 1 Oak Ridge, TN 37830	90-0715369	501 (c)(3)		280,955	Fair Mkt Val	Med Suppl	ON-GOING
NorthShore Scottsdale Pharmacy 3564 SCOTTSDALE ST PORTAGE, IN 46368	35-2028588	501 (c)(3)		279,027	Fair Mkt Val	Med Suppl	ON-GOING

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Community HealthWorx1543 MCGINNIS STREET ALEXANDRIA, LA 71301	72-1444312	501 (c)(3)		278,030	Fair Mkt Val	Med Suppl	ON-GOING
GOOD HEALTH CLINIC INC 91555 OSEAS HWY 2 Tavernier, FL 33070	04-3745805	501 (c)(3)		275,065	Fair Mkt Val	Med Suppl	ON-GOING

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ST VINCENT DEPAUL COMMUNITY PHARMACY 502 GRAMMONT ST MONROE, LA 71201	90-0014479	501 (c)(3)		273,956	Fair Mkt Val	Med Suppl	ON-GOING
Healthcare for the Homeless - Houston 2505 FANNIN STREET HOUSTON, TX 77002	76-0647934	501 (c)(3)		269,791	Fair Mkt Val	Med Suppl	ON-GOING

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Arthur Nagel Community Clinic 1116 12th Street Unit 3 Bandera, TX 78003	77-0697361	501 (c)(3)		268,741	Fair Mkt Val	Med Suppl	ON-GOING
BECKLEY HEALTH RIGHT INC 111 RANDOLPH STREET BECKLEY, WV 25801	55-0774466	501 (c)(3)		262,034	Fair Mkt Val	Med Suppl	ON-GOING



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St Vincent De Paul Charitable Pharmacy 1125 BANK ST CINCINNATI, OH 45214	30-0272954	501 (c)(3)		258,975	Fair Mkt Val	Med Suppl	ON-GOING
RotaCare Inc 875 JERUSALEM AVE UNIONDALE, NY 11530	11-3135331	501 (c)(3)		257,030	Fair Mkt Val	Med Suppl	ON-GOING

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River Valley Christian Clinic 1714 STATE HWY 22 DARDANELLE, AR 72834	20-5193973	501 (c)(3)		251,038	Fair Mkt Val	Med Suppl	ON-GOING
A Storehouse for Jesus 675 E Lexington Road Mocksville, NC 27028	56-1875073	501 (c)(3)		248,795	Fair Mkt Val	Med Suppl	ON-GOING

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Open Door Clinic of Alamance County 1214 Vaughn Road Suite 103 Burlington, NC 27217	56-1794210	501 (c)(3)		247,159	Fair Mkt Val	Med Suppl	ON-GOING
Cape Fear Clinic Inc 1605 DOCTORS CIRCLE WILMINGTON, NC 28401	56-1984630	501 (c)(3)		244,140	Fair Mkt Val	Med Suppl	ON-GOING

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Kansas City Free Health Clinic 3515 Broadway Kansas City, MO 64111	43-0967292	501 (c)(3)		243,115	Fair Mkt Val	Med Suppl	ON-GOING
Good Samaritan Health Clinic 401 Arnold Street NE Cullman, AL 35055	20-0149215	501 (c)(3)		240,526	Fair Mkt Val	Med Suppl	ON-GOING

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Southwest Missouri Area Coalition 11 TERRACE LN BUFFALO, MO 65622	27-3253482	501 (c)(3)		234,858	Fair Mkt Val	Med Suppl	ON-GOING
Western Stark Free Clinic 820 AMHERST ROAD NE MASSILLON, OH 44646	34-1887206	501 (c)(3)		232,385	Fair Mkt Val	Med Suppl	ON-GOING

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Med Care United Charitable Pharmacy 711 STANTON L YOUNG STE 100 OKLAHOMA CITY, OK 73104	45-3361897	501 (c)(3)		231,511	Fair Mkt Val	Med Suppl	ON-GOING
Open Arms Health Clinic 3921 W Green Oaks Blvd Arlington, TX 76017	45-0621201	501 (c)(3)		229,431	Fair Mkt Val	Med Suppl	ON-GOING

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CATHERINES HEALTH CENTER 1211 Lafayette Ave NE Grand Rapids, MI 49505	20-3572418	501 (c)(3)		228,845	Fair Mkt Val	Med Suppl	ON-GOING
LA CLINICA CRISTIANA 3200 Woodward Av Muscle Shoals, AL 35661	20-1624284	501 (c)(3)		225,537	Fair Mkt Val	Med Suppl	ON-GOING

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Healing Hands Health Center 210 MEMORIAL DR BRISTOL, TN 37620	62-1677000	501 (c)(3)		224,700	Fair Mkt Val	Med Suppl	ON-GOING
Compassionate Care of Shelby County Inc124 N OHIO AVE SIDNEY, OH 45365	20-8479583	501 (c)(3)		222,290	Fair Mkt Val	Med Suppl	ON-GOING



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Neighborhood Health Clinic 121 Goodlette RD N Naples, FL 34102	59-3546884	501 (c)(3)		221,666	Fair Mkt Val	Med Suppl	ON-GOING
Smith Medical Clinic Inc116 BASKERVILL DRIVE PAWLEYS ISLAND, SC 29585	57-0786699	501 (c)(3)		221,304	Fair Mkt Val	Med Suppl	ON-GOING

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St Clare Health Clinic 1121 S INDIANA AVE CROWN POINT, IN 46307	35-1330472	501 (c)(3)		221,078	Fair Mkt Val	Med Suppl	ON-GOING
Mamou Health Resources Inc 300 South Street Mamou, LA 70554	72-0949444	501 (c)(3)		219,541	Fair Mkt Val	Med Suppl	ON-GOING

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The Bridge Clinic318 NORTH CHURCH STREET ROCKFORD,IL 61111	27-3097955	501 (c)(3)		219,202	Fair Mkt Val	Med Suppl	ON-GOING
THE PEOPLES CITY MISSION FREE MEDICAL CLINIC110 Q STREET LINCOLN,NE 68512	26-3819766	501 (c)(3)		217,774	Fair Mkt Val	Med Suppl	ON-GOING

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The Clinic143 Church St Phoenixville, PA 19460	75-5229590	501 (c)(3)		212,230	Fair Mkt Val	Med Suppl	ON-GOING
Westminster Free Clinic5560 Napoleon Drive Oak Park, CA 91377	77-0563241	501 (c)(3)		210,637	Fair Mkt Val	Med Suppl	ON-GOING

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Seton Central Outpatient Pharmacy 601 E 15TH STREET AUSTIN, TX 78701	74-1109643	501 (c)(3)		210,038	Fair Mkt Val	Med Suppl	ON-GOING
HealthReach Community Clinic 400 EAST STATESVILLE AVE MOORESVILLE, NC 28115	20-1020941	501 (c)(3)		207,376	Fair Mkt Val	Med Suppl	ON-GOING

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Safe Harbor Free Clinic 9631 269TH ST NW STANWOOD, WA 98292	26-3825107	501 (c)(3)		206,181	Fair Mkt Val	Med Suppl	ON-GOING
Crossings Community Clinic 2208 WHEFNER RD OKLAHOMA CITY, OK 73112	86-1115863	501 (c)(3)		201,993	Fair Mkt Val	Med Suppl	ON-GOING

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Coastal Family Health Center 1046 DIVISION STREET BILOXI, MS 39530	64-0592416	501 (c)(3)		201,050	Fair Mkt Val	Med Suppl	ON-GOING
Leflore County Health Center 706 HWY 82 WEST SUITE A GREENWOOD, MS 38930	20-0069223	501 (c)(3)		198,323	Fair Mkt Val	Med Suppl	ON-GOING

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PEOPLES CLINIC FOR THE UNINSURED 183 N Schuyler Ave Kankakee, IL 60901	45-4183388	501 (c)(3)		198,186	Fair Mkt Val	Med Suppl	ON-GOING
Alaska Immunization Program 3601 C Street Anchorage, AK 99503	92-6001185	501 (c)(3)		196,984	Fair Mkt Val	Med Suppl	ON-GOING



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CrossOver Ministry 108 COWARDIN AVE RICHMOND, VA 23224	54-1371067	501 (c)(3)		195,747	Fair Mkt Val	Med Suppl	ON-GOING
Mercy Medical Clinic 615 Washington Street Shelbyville, KY 40065	61-1211189	501 (c)(3)		192,537	Fair Mkt Val	Med Suppl	ON-GOING

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Shelby Community Health Center 1640 E STATE RD 44 SUITE B SHELBYVILLE, IN 46176	30-0174146	501 (c)(3)		190,624	Fair Mkt Val	Med Suppl	ON-GOING
Health and Hope Clinic Inc 9999 Chemstrand Rd Pensacola, FL 32514	26-4336638	501 (c)(3)		186,356	Fair Mkt Val	Med Suppl	ON-GOING

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Macon Volunteer Clinic 376 Rogers Ave Macon, GA 31204	74-3055376	501 (c)(3)		185,197	Fair Mkt Val	Med Suppl	ON-GOING
TCHMA FAMILY MEDICINE CENTER 2123 AUBURN AVE CINCINNATI, OH 45219	26-1332866	501 (c)(3)		184,389	Fair Mkt Val	Med Suppl	ON-GOING

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Forest Baptist Church Medical Mission Clinic 439 EAST FIRST ST FOREST, MS 39074	64-0368681	501 (c)(3)		184,286	Fair Mkt Val	Med Suppl	ON-GOING
Hope Health Clinic 1025 Sanibel Way LaGrange, KY 40031	45-2340606	501 (c)(3)		184,050	Fair Mkt Val	Med Suppl	ON-GOING

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Community Care Clinic of Highlands-Cashiers Inc 52 Aunt Dora Drive Highlands, NC 28741	65-1251915	501 (c)(3)		182,153	Fair Mkt Val	Med Suppl	ON-GOING
North Hudson Community Action Corporation 714-31ST STREET UNION CITY, NJ 07087	22-1818699	501 (c)(3)		176,490	Fair Mkt Val	Med Suppl	ON-GOING

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The LA Free Clinic DBA Saban Free Clinic8405 Beverly Blvd Los Angeles, CA 90048	95-2539105	501 (c)(3)		175,531	Fair Mkt Val	Med Suppl	ON-GOING
Charles Town Health Right Inc1212 N MILDRED ST RANSON, WV 25438	55-0778553	501 (c)(3)		172,907	Fair Mkt Val	Med Suppl	ON-GOING

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Helping Hand Clinic 507 NORTH STEELE ST SANFORD, NC 27330	56-1752295	501 (c)(3)		171,192	Fair Mkt Val	Med Suppl	ON-GOING
Ellensburg Community Health Clinic 110 W 6TH AVE ELLENSBURG, WA 98926	65-1185178	501 (c)(3)		170,762	Fair Mkt Val	Med Suppl	ON-GOING

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Mission Medical Clinic 2125 E LaSalle Street Colorado Springs, CO 80909	68-0506812	501 (c)(3)		169,132	Fair Mkt Val	Med Suppl	ON-GOING
Siloam Family Health Center 820 Gale Lane Nashville, TN 37204	58-1867940	501 (c)(3)		168,568	Fair Mkt Val	Med Suppl	ON-GOING



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Cleveland County Health Department 315 E GROVER ST SHELBY, NC 28150	56-6000288	501 (c)(3)		166,044	Fair Mkt Val	Med Suppl	ON-GOING
Christian Community Clinic of Jackson County 1420A McLain Street Newport, AR 72112	27-1913982	501 (c)(3)		165,620	Fair Mkt Val	Med Suppl	ON-GOING

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The Floating Hospital 4140 27TH ST LONG ISLAND CITY, NY 11101	13-1624169	501 (c)(3)		164,626	Fair Mkt Val	Med Suppl	ON-GOING
Children and Community Health Center 120 S CENTRAL EXPRESSWAY MCKINNEY, TX 75070	20-0637782	501 (c)(3)		163,606	Fair Mkt Val	Med Suppl	ON-GOING

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WV HEALTH RIGHT INC 1520 WASHINGTON ST CHARLESTON, WV 25311	31-1066881	501 (c)(3)		158,876	Fair Mkt Val	Med Suppl	ON-GOING
Union Gospel Mission Clinic 1300 N 1st street Yakima, WA 98901	23-7050061	501 (c)(3)		158,817	Fair Mkt Val	Med Suppl	ON-GOING

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Baptist Mission Center 2125 EXCHANGE AVE OKLAHOMA CITY, OK 73108	73-0644143	501 (c)(3)		156,781	Fair Mkt Val	Med Suppl	ON-GOING
Free Clinic of Our Towns (Ada Jenkins Center) 212 Gamble Street Davidson, NC 28036	56-1927067	501 (c)(3)		156,560	Fair Mkt Val	Med Suppl	ON-GOING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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Sacramento Native American Health Center Inc 2020 J Street Sacramento, CA 95811	20-4287737	501 (c)(3)		152,648	Fair Mkt Val	Med Suppl	ON-GOING
ACS Community LIFT Medical Services 5045 West 1st Ave Denver, CO 80219	52-0643036	501 (c)(3)		151,385	Fair Mkt Val	Med Suppl	ON-GOING

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HEAL Inc 2600 Martin Luther King Jr Dr Atlanta, GA 30311	26-3990559	501 (c)(3)		149,340	Fair Mkt Val	Med Suppl	ON-GOING
Delta Health Alliance PO Box 277 Stoneville, MS 38776	14-7091557	501 (c)(3)		146,715	Fair Mkt Val	Med Suppl	ON-GOING

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Goodwin Community Health Center Inc dba CMAP2605 Parkwood Dr Brunswick, GA 31520	01-0576945	501 (c)(3)		146,099	Fair Mkt Val	Med Suppl	ON-GOING
Orangeburg-Calhoun Free Medical Clinic860 HOLLY STREET ORANGEBURG, SC 29115	26-3762573	501 (c)(3)		146,086	Fair Mkt Val	Med Suppl	ON-GOING

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White House Clinics 1010 MAIN ST SOUTH MCKEE, KY 40447	61-0843731	501 (c)(3)		145,130	Fair Mkt Val	Med Suppl	ON-GOING
Volunteers In Medicine Inc 1039 S Duchesne St Charles, MO 63301	43-1791543	501 (c)(3)		143,152	Fair Mkt Val	Med Suppl	ON-GOING



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Sacred Heart Community Clinic 620 ROUND ROCK WEST 8 ROUND ROCK, TX 78681	27-2901548	501 (c)(3)		143,143	Fair Mkt Val	Med Suppl	ON-GOING
Get Up Project 10401 Anderson Mill Rd Austin, TX 78750	45-4931906	501 (c)(3)		139,106	Fair Mkt Val	Med Suppl	ON-GOING

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Rural Health Clinic of the Cumberlands9400 Sparta Highway Crossville, TN 38572	20-5562191	501 (c)(3)		137,405	Fair Mkt Val	Med Suppl	ON-GOING
Kids Come First Community Health Center1501-A S Bon View Ave Ontario, CA 91761	33-0969025	501 (c)(3)		136,119	Fair Mkt Val	Med Suppl	ON-GOING

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The Health Care Connection 1401 Steffen Avenue Cincinnati, OH 45215	31-0822524	501 (c)(3)		134,188	Fair Mkt Val	Med Suppl	ON-GOING
Eisner Pediatric & Family Medical Center 1500 S Olive St Los Angeles, CA 90015	95-1690966	501 (c)(3)		134,105	Fair Mkt Val	Med Suppl	ON-GOING

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CHCGDEast Dayton Health Center 2132 E Third St Dayton, OH 45403	26-1253235	501 (c)(3)		133,617	Fair Mkt Val	Med Suppl	ON-GOING
ST MARYS HEALTH CENTER 1302 DRAYTON ST SAVANNAH, GA 31401	58-2282758	501 (c)(3)		133,333	Fair Mkt Val	Med Suppl	ON-GOING

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Etowah Baptist Charity Pharmacy 18901 E ETOWAH RD NOBLE, OK 73068	73-1637087	501 (c)(3)		133,274	Fair Mkt Val	Med Suppl	ON-GOING
URBAN MINISTRIES OF WAKE CO 1390 Capital Blvd Raleigh, NC 27603	58-1422700	501 (c)(3)		131,282	Fair Mkt Val	Med Suppl	ON-GOING

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chippewa valley free clinic 836 RICHARD DR EAU CLAIRE, WI 54701	39-1840231	501 (c)(3)		127,882	Fair Mkt Val	Med Suppl	ON-GOING
Family Health Partnership Clinic13707 W Jackson St Woodstock,IL 60098	36-4277029	501 (c)(3)		127,873	Fair Mkt Val	Med Suppl	ON-GOING

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Public Health - Seattle & King County 401 5th Avenue Seattle, WA 98104	91-6001327	501 (c)(3)		127,525	Fair Mkt Val	Med Suppl	ON-GOING
Coordinated Health Services Inc 2110 Broad Street Augusta, GA 30904	58-2060572	501 (c)(3)		127,332	Fair Mkt Val	Med Suppl	ON-GOING

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Bighorn Valley Health Center 10 WEST 4TH STREET HARDIN, MT 59034	27-3113428	501 (c)(3)		126,773	Fair Mkt Val	Med Suppl	ON-GOING
The Medina Health Ministry 970 E WASHINGTON STREET MEDINA, OH 44256	30-0092944	501 (c)(3)		124,348	Fair Mkt Val	Med Suppl	ON-GOING



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Georgia Highlands Medical Services Inc 260 Elm St Cumming, GA 30040	58-1338038	501 (c)(3)		123,990	Fair Mkt Val	Med Suppl	ON-GOING
Northwest Arkansas Free Health Center 1100 NORTH WOOLSEY AVENUE FAYETTEVILLE, AR 72703	58-1691790	501 (c)(3)		123,853	Fair Mkt Val	Med Suppl	ON-GOING

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Hope Clinic of Garland 808 W AVE A GARLAND, TX 75040	75-2960314	501 (c)(3)		123,441	Fair Mkt Val	Med Suppl	ON-GOING
Union Gospel Mission CLINIC UNION GOSPEL MISSION DALLAS, TX 75232	75-6003612	501 (c)(3)		123,222	Fair Mkt Val	Med Suppl	ON-GOING

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Health Access Inc489 WASHINGTON AVENUE CLARKSBURG, WV 26301	55-0715066	501 (c)(3)		122,338	Fair Mkt Val	Med Suppl	ON-GOING
SET Family Medical Clinics 825 east Pkikes Peak Ave Colorado Springs, CO 80903	84-1183335	501 (c)(3)		120,243	Fair Mkt Val	Med Suppl	ON-GOING

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Health Unit on Davison Avenue Clinic 13240 WOODROW WILSON AVENUE DETROIT, MI 48238	37-1490937	501 (c)(3)		118,748	Fair Mkt Val	Med Suppl	ON-GOING
Total Living Center Free Medical Clinic 2221 9TH ST SW CANTON, OH 44706	34-1387834	501 (c)(3)		118,084	Fair Mkt Val	Med Suppl	ON-GOING

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Heartland Community Health Clinic 1701 W Garden Peoria, IL 61605	37-1270794	501 (c)(3)		117,032	Fair Mkt Val	Med Suppl	ON-GOING
WESLEY HEALTH CENTER 1300 S 10TH ST PHOENIX, AZ 85034	86-0133770	501 (c)(3)		116,834	Fair Mkt Val	Med Suppl	ON-GOING

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Lloyd F Moss Free Clinic1301 SAM PERRY BOULEVARD FREDERICKSBURG, VA 22401	54-1677934	501 (c)(3)		115,606	Fair Mkt Val	Med Suppl	ON-GOING
Southeast Inc16 West Long Street Columbus, OH 43215	31-0940189	501 (c)(3)		111,249	Fair Mkt Val	Med Suppl	ON-GOING

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Grace Medical Home51 Pennsylvania St Orlando, FL 32806	26-1817966	501 (c)(3)		110,015	Fair Mkt Val	Med Suppl	ON-GOING
Clearwater Free Clinic707 N Ft Harrison Ave Clearwater, FL 33755	59-1852871	501 (c)(3)		109,571	Fair Mkt Val	Med Suppl	ON-GOING

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CHRISTIAN APPALACHIAN PROJECT 6550 US 321 South Hagerhill, KY 41222	61-0661137	501 (c)(3)		109,271	Fair Mkt Val	Med Suppl	ON-GOING
FREE MEDICAL CLINIC 47 W LONG AVENUE DUBOIS, PA 15801	25-1804763	501 (c)(3)		109,246	Fair Mkt Val	Med Suppl	ON-GOING



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Community Health Care Clinic 902 N Franklin Normal, IL 61761	37-1316328	501 (c)(3)		108,783	Fair Mkt Val	Med Suppl	ON-GOING
San Jose Clinic 2615 FANNIN ST SUITE 2703 HOUSTON, TX 77002	76-0373703	501 (c)(3)		107,557	Fair Mkt Val	Med Suppl	ON-GOING

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Rutland Free Clinic145 State Street Rutland,VT 05701	83-0427544	501 (c)(3)		107,474	Fair Mkt Val	Med Suppl	ON-GOING
Free Clinic of Culpeper610 LAUREL STREET CULPEPER,VA 22701	52-1366700	501 (c)(3)		105,389	Fair Mkt Val	Med Suppl	ON-GOING

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Community Health Centers Inc 12716 NE 36TH STREET SPENCER, OK 73084	73-0930123	501 (c)(3)		104,791	Fair Mkt Val	Med Suppl	ON-GOING
One Stop Clinic 701 17th Ave W Bradenton, FL 34205	59-3340921	501 (c)(3)		102,940	Fair Mkt Val	Med Suppl	ON-GOING

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Mercy Community Services Outreach Center 142 Webster Avenue Rochester, NY 14609	16-1463421	501 (c)(3)		101,495	Fair Mkt Val	Med Suppl	ON-GOING
Greater Killeen Free Clinic 718 N 2ND STREET STE A KILLEEN, TX 76541	74-2724725	501 (c)(3)		101,114	Fair Mkt Val	Med Suppl	ON-GOING

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Charitable Christian Medical Clinic 133 ARBOR HOT SPRINGS, AR 71901	62-1671396	501 (c)(3)		101,081	Fair Mkt Val	Med Suppl	ON-GOING
The Way Free Medical Clinic Inc 479 Houston St Green Cove Springs, FL 32043	76-0828154	501 (c)(3)		97,739	Fair Mkt Val	Med Suppl	ON-GOING

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World Reach inc DBA Bethesda Health Center133 Stetson dr Charlotte, NC 28262	56-2015959	501 (c)(3)		97,362	Fair Mkt Val	Med Suppl	ON-GOING
The Olympia Free Clinic108 State Ave NW Olympia, WA 98501	27-1606329	501 (c)(3)		97,156	Fair Mkt Val	Med Suppl	ON-GOING

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FAMILY RESOURCE CENTER On Your Feet Inc San Diego, CA 92105	35-2329448	501 (c)(3)		96,914	Fair Mkt Val	Med Suppl	ON-GOING
Crossroad Health Center 5 E Liberty Cincinnati, OH 45202	31-1321054	501 (c)(3)		96,209	Fair Mkt Val	Med Suppl	ON-GOING

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Health Partners Free Clinic 1300 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1596731	501 (c)(3)		95,489	Fair Mkt Val	Med Suppl	ON-GOING
Oregon Adult Immunization Coalition O AIC-Immunization Program Portland, OR 97232	26-1440386	501 (c)(3)		94,517	Fair Mkt Val	Med Suppl	ON-GOING



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Athens Nurses Clinic496 REESE STREET ATHENS, GA 30601	58-2490925	501 (c)(3)		94,305	Fair Mkt Val	Med Suppl	ON-GOING
Scotland Community Health Clinic1405-B West Blvd Laurinburg, NC 28353	20-2841940	501 (c)(3)		94,222	Fair Mkt Val	Med Suppl	ON-GOING

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The Rescue Mission Free Clinic 402 4th Street SE Roanoke, VA 24013	54-0573900	501 (c)(3)		94,028	Fair Mkt Val	Med Suppl	ON-GOING
Manna Ministries Inc 120 STREET A SUITE A PICAYUNE, MS 39466	20-1788094	501 (c)(3)		92,971	Fair Mkt Val	Med Suppl	ON-GOING

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Brockton Neighborhood Health center 63 MAIN STREET BROCKTON, MA 02301	04-3165044	501 (c)(3)		90,308	Fair Mkt Val	Med Suppl	ON-GOING
ST MARTINS HEALTHCARE INC 1359 SOUTH RANDOLPH STREET GARRETT, IN 46738	20-8609620	501 (c)(3)		90,268	Fair Mkt Val	Med Suppl	ON-GOING

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HOPE MedicalDental Clinic 111 Meadowview Drive Cleburne, TX 76033	75-2953856	501 (c)(3)		89,967	Fair Mkt Val	Med Suppl	ON-GOING
Valley Family Health Care 1441 NE 10TH AVE PAYETTE, ID 83655	82-0371383	501 (c)(3)		88,733	Fair Mkt Val	Med Suppl	ON-GOING

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Care Alliance Health Center 1530 St Clair Ave Cleveland, OH 44114	34-1748776	501 (c)(3)		87,342	Fair Mkt Val	Med Suppl	ON-GOING
HealthNet of Rock County Inc 23 W Milwaukee Street Janesville, WI 53548	39-1778804	501 (c)(3)		86,786	Fair Mkt Val	Med Suppl	ON-GOING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Lafayette Community Healthcare Clinic 1317 JEFFERSON STREET LAFAYETTE, LA 70501	72-1221982	501 (c)(3)		86,430	Fair Mkt Val	Med Suppl	ON-GOING
La Clinica de la Esperanza 3200 GRAND AVENUE DES MOINES, IA 50312	42-0680452	501 (c)(3)		86,221	Fair Mkt Val	Med Suppl	ON-GOING

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Cross and Crown Clinic 1008 N MCKINLEY STREET OKLAHOMA CITY, OK 73108	73-1608071	501 (c)(3)		85,099	Fair Mkt Val	Med Suppl	ON-GOING
Free Clinic of Southwest Washington 4100 PLOMONDON ST VANCOUVER, WA 98661	91-1707542	501 (c)(3)		84,761	Fair Mkt Val	Med Suppl	ON-GOING

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CMAP Express1101 4th Street Suite 101-A Alexandria, LA 71301	02-0751416	501 (c)(3)		84,575	Fair Mkt Val	Med Suppl	ON-GOING
Harrisonburg Rockingham Free Clinic25 WEST WATER STREET HARRISONBURG, VA 22801	54-1568909	501 (c)(3)		84,400	Fair Mkt Val	Med Suppl	ON-GOING



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Cabrini Clinic 1234 PORTER STREET DETROIT, MI 48226	38-3129349	501 (c)(3)		83,554	Fair Mkt Val	Med Suppl	ON-GOING
St Vincent de Paul Clinic 420 West Watkins Phoenix, AZ 85003	86-0096789	501 (c)(3)		82,647	Fair Mkt Val	Med Suppl	ON-GOING

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Westside Family Healthcare 300 Water St Wilmington, DE 19801	22-2488654	501 (c)(3)		82,118	Fair Mkt Val	Med Suppl	ON-GOING
North Broward Hospital District 200 Northwest 7th Avenue Fort Lauderdale, FL 33311	59-6012065	501 (c)(3)		82,118	Fair Mkt Val	Med Suppl	ON-GOING

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Salt Lake Valley Health Department 2001 S State St Ste S-3800 Salt Lake City, UT 841144575	87-6000316	501 (c)(3)		82,118	Fair Mkt Val	Med Suppl	ON-GOING
UTAH COUNTY HEALTH DEPARTMENT 151 S University Ave Provo, UT 84601	87-6003120	501 (c)(3)		82,118	Fair Mkt Val	Med Suppl	ON-GOING

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Jefferson County Fourth Street Health Center 701 NORTH FOURTH STREET STEUBENVILLE, OH 43952	20-3924355	501 (c)(3)		81,644	Fair Mkt Val	Med Suppl	ON-GOING
Park Duvalle Community Health Center 3015 Wilson Avenue Louisville, KY 40211	61-0666209	501 (c)(3)		81,502	Fair Mkt Val	Med Suppl	ON-GOING

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The Kitchen Clinic 1630 N Jefferson Ave Springfield, MO 65803	43-1384531	501 (c)(3)		81,241	Fair Mkt Val	Med Suppl	ON-GOING
Lee County Volunteers in Medicine 1154 Lee Boulevard Lehigh Acres, FL 33936	01-0941498	501 (c)(3)		81,190	Fair Mkt Val	Med Suppl	ON-GOING

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Lake County Free Clinic 54 SOUTH STATE ST SUITE 302 PAINESVILLE, OH 44077	34-1081191	501 (c)(3)		78,844	Fair Mkt Val	Med Suppl	ON-GOING
Mercy Health Center Inc 700 Oglethorpe Ave Athens, GA 30606	58-2603523	501 (c)(3)		78,651	Fair Mkt Val	Med Suppl	ON-GOING

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Fort Bend Family Health Center dba AccessHealth 400 AUSTIN ST RICHMOND, TX 77469	74-1951476	501 (c)(3)		78,221	Fair Mkt Val	Med Suppl	ON-GOING
Linn County Public Health Linn County Public Health Cedar Rapids, IA 52405	42-6004338	501 (c)(3)		78,014	Fair Mkt Val	Med Suppl	ON-GOING

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Valley Wide Health Systems INC1710 1ST ST ALAMOSA, CO 81101	84-0706945	501 (c)(3)		77,927	Fair Mkt Val	Med Suppl	ON-GOING
Health Partners of Western Ohio441 E 8TH ST LIMA, OH 45804	56-2330309	501 (c)(3)		77,740	Fair Mkt Val	Med Suppl	ON-GOING



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Good Samaritan Health Clinic of Pasco INC5334 ASPEN ST NEW PORT RICHEY, FL 34652	59-3072334	501 (c)(3)		76,550	Fair Mkt Val	Med Suppl	ON-GOING
Ann Silverman Community Health Clinic595 West State Street Doylestown, PA 18901	23-2892823	501 (c)(3)		75,268	Fair Mkt Val	Med Suppl	ON-GOING

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Peoples Clinic3110 GOULDEN PORT HURON, MI 48060	38-3274342	501 (c)(3)		74,382	Fair Mkt Val	Med Suppl	ON-GOING
Ellenton Health Clinic Public Health District 8-2185 North Baker Street Ellenton, GA 31747	23-7379607	501 (c)(3)		74,276	Fair Mkt Val	Med Suppl	ON-GOING

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Augusta Regional Free Clinic 342 MULE ACADEMY ROAD FISHERSVILLE, VA 22939	54-1651896	501 (c)(3)		73,499	Fair Mkt Val	Med Suppl	ON-GOING
The Open Door Clinic 130 W Central Chippewa Falls, WI 54729	20-3673759	501 (c)(3)		73,102	Fair Mkt Val	Med Suppl	ON-GOING

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The Neighborhood Christian Clinic 1929 W Fillmore Phoenix, AZ 85009	86-0839580	501 (c)(3)		71,033	Fair Mkt Val	Med Suppl	ON-GOING
Trinity Clinic 507 4TH STREET CALVIN, OK 74531	73-1325401	501 (c)(3)		70,764	Fair Mkt Val	Med Suppl	ON-GOING

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East Arkansas Family Health Center Inc 215 EAST BOND AVE WEST MEMPHIS, AR 72301	23-7128104	501 (c)(3)		70,520	Fair Mkt Val	Med Suppl	ON-GOING
Lake Area Free Clinic 856B Armour Rd Oconomowoc, WI 53066	39-2006388	501 (c)(3)		70,001	Fair Mkt Val	Med Suppl	ON-GOING

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Lonoke County Christian Clinic 502 RITCHIE ROAD CABOT, AR 72023	26-1585012	501 (c)(3)		68,892	Fair Mkt Val	Med Suppl	ON-GOING
La State University in Eunice 2048 Johnson Highway Eunice, LA 70535	72-6000848	501 (c)(3)		68,056	Fair Mkt Val	Med Suppl	ON-GOING

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Wasatch Homeless Health Care Inc 404 SOUTH 400 WEST SALT LAKE CITY, UT 84101	87-0569356	501 (c)(3)		67,305	Fair Mkt Val	Med Suppl	ON-GOING
North Dallas Shared Ministries 2875 MERRELL ROAD DALLAS, TX 75229	75-1908563	501 (c)(3)		66,559	Fair Mkt Val	Med Suppl	ON-GOING

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Katahdin Valley Health Center 30 HOULTON ST PATTEN, ME 04747	23-7411014	501 (c)(3)		64,539	Fair Mkt Val	Med Suppl	ON-GOING
Waimanalo Health Center Waimanalo Health Center Waimanalo, HI 967951247	99-0273205	501 (c)(3)		63,909	Fair Mkt Val	Med Suppl	ON-GOING



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TLC PHARMACY555 E COSTILLA COLORADO SPRINGS, CO 80903	84-1345520	501 (c)(3)		63,307	Fair Mkt Val	Med Suppl	ON-GOING
New Orleans Dream Center 1137 Saint Charles Avenue New Orleans, LA 70130	30-0591534	501 (c)(3)		63,272	Fair Mkt Val	Med Suppl	ON-GOING

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Unity Health Care Inc1220 12th Street SE Washington,DC 20003	52-1572431	501 (c)(3)		61,589	Fair Mkt Val	Med Suppl	ON-GOING
Greater New Orleans Immunization Network201 Evans Rd Harahan,LA 70123	72-0467503	501 (c)(3)		61,589	Fair Mkt Val	Med Suppl	ON-GOING

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CHRISTIAN HEALTH CENTER 2001 CARES DRIVE HEBER SPRINGS, AR 72543	71-0852792	501 (c)(3)		61,149	Fair Mkt Val	Med Suppl	ON-GOING
Goochland Free Clinic and Family Services 1800 Sandy Hook Rd Goochland, VA 23063	54-1967650	501 (c)(3)		60,463	Fair Mkt Val	Med Suppl	ON-GOING

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Community Health Centers of Greater Dayton 1323 W Third St Dayton, OH 45402	26-1253235	501 (c)(3)		60,266	Fair Mkt Val	Med Suppl	ON-GOING
Morton Comprehensive Services 1334 N LANSING AVE TULSA, OK 74106	73-1177858	501 (c)(3)		58,792	Fair Mkt Val	Med Suppl	ON-GOING

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Pima County Health Department 3950 S COUNTRY CLUB TUCSON, AZ 85714	86-6000543	501 (c)(3)		57,536	Fair Mkt Val	Med Suppl	ON-GOING
York County Community Health Care PO BOX 72 SANFORD, ME 04073	01-6020406	501 (c)(3)		54,192	Fair Mkt Val	Med Suppl	ON-GOING

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Shepherds Care Medical Clinic 304 B Pony Road Zebulon, NC 27597	26-2757593	501 (c)(3)		52,392	Fair Mkt Val	Med Suppl	ON-GOING
Community Health Services 4675 E 69TH AVENUE COMMERCE CITY, CO 80022	84-0799374	501 (c)(3)		52,216	Fair Mkt Val	Med Suppl	ON-GOING

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Family Christian Health Center 31 W 155th Street Harvey, IL 60426	36-4346917	501 (c)(3)		52,087	Fair Mkt Val	Med Suppl	ON-GOING
Community Volunteers in Medicine 300B Lawrence Drive West Chester, PA 19380	23-2944553	501 (c)(3)		51,967	Fair Mkt Val	Med Suppl	ON-GOING

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Richmond Area High Blood Pressure Center 1200 West Cary Street Richmond, VA 23220	52-1303481	501 (c)(3)		51,961	Fair Mkt Val	Med Suppl	ON-GOING
Las Clinicas Del Norte STATE ROAD 571 BLDG 28 EL RITO, NM 87530	85-0249591	501 (c)(3)		51,180	Fair Mkt Val	Med Suppl	ON-GOING



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St Thomas Clinic 600 PAUL HAND BOULEVARD FRANKLIN, IN 46131	35-1449379	501 (c)(3)		51,096	Fair Mkt Val	Med Suppl	ON-GOING
Good Samaritan Clinic 418 Grand Park Drive Parkersburg, WV 26105	55-0708491	501 (c)(3)		50,336	Fair Mkt Val	Med Suppl	ON-GOING

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Fairfield Community Health Center 1155 East Main Street Lancaster, OH 43130	27-1092132	501 (c)(3)		49,669	Fair Mkt Val	Med Suppl	ON-GOING
Community Care Clinic of Dare PO Box 1329 Nags Head, NC 27959	20-2230717	501 (c)(3)		49,477	Fair Mkt Val	Med Suppl	ON-GOING

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Good Samaritan Pharmacy & Health Services Inc 2502 TAMIAMI TRAIL NORTH NOKOMIS, FL 34275	26-2295558	501 (c)(3)		49,098	Fair Mkt Val	Med Suppl	ON-GOING
Crisis Control Ministry 200 EAST 10TH STREET WINSTONSALEM, NC 27101	23-7348168	501 (c)(3)		48,814	Fair Mkt Val	Med Suppl	ON-GOING

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ST JOSEPHS NEIGHBORHOOD CENTER 417 South Avenue Rochester, NY 14620	46-1176792	501 (c)(3)		47,873	Fair Mkt Val	Med Suppl	ON-GOING
Clinic by the Bay4877 MISSION STREET SAN FRANCISCO, CA 94112	26-2593712	501 (c)(3)		45,413	Fair Mkt Val	Med Suppl	ON-GOING

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Thundermist Health Center 450 Clinton Street Woonsocket, RI 02895	05-0355097	501 (c)(3)		44,785	Fair Mkt Val	Med Suppl	ON-GOING
Corpus Christi Metro Ministries 1919 Leopard St Corpus Christi, TX 78408	74-2247261	501 (c)(3)		43,798	Fair Mkt Val	Med Suppl	ON-GOING

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A Community Clinic Inc335 Market Street Sunbury, PA 17801	20-4051982	501 (c)(3)		43,202	Fair Mkt Val	Med Suppl	ON-GOING
Shelter Health Services534 SPRATT ST CHARLOTTE, NC 28206	20-3041985	501 (c)(3)		42,764	Fair Mkt Val	Med Suppl	ON-GOING

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Harmony Health Clinic 201 E ROOSEVELT LITTLE ROCK, AR 72206	20-5691313	501 (c)(3)		42,454	Fair Mkt Val	Med Suppl	ON-GOING
Shasta Community Health Center 1035 Placer St Redding, CA 96001	68-0165855	501 (c)(3)		41,691	Fair Mkt Val	Med Suppl	ON-GOING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Eastern Idaho Public Health District 1250 Hollipark Drive Idaho Falls, ID 83401	82-6000952	501 (c)(3)		41,450	Fair Mkt Val	Med Suppl	ON-GOING
Buncombe County Department of Health 40 COXE AVENUE ASHEVILLE, NC 28801	56-6000279	501 (c)(3)		41,060	Fair Mkt Val	Med Suppl	ON-GOING



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Benton Franklin Health District 7102 OKANOGAN PLACE KENNEICK, WA 99336	91-1018182	501 (c)(3)		41,060	Fair Mkt Val	Med Suppl	ON-GOING
Health Care Network Inc 904 STATE STREET RACINE, WI 53404	42-1299913	501 (c)(3)		40,378	Fair Mkt Val	Med Suppl	ON-GOING

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Florida Hospital Waterman Community Health Clinic 2300 KURT STREET EUSTIS, FL 32726	59-3140669	501 (c)(3)		39,940	Fair Mkt Val	Med Suppl	ON-GOING
Lane County Public Health 151 West 7th Ave 310 Eugene, OR 97401	93-6002303	501 (c)(3)		39,397	Fair Mkt Val	Med Suppl	ON-GOING

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Southwest Utah Public Health Department 620 SOUTH 400 EAST 400 STGEORGE, UT 84770	87-0331280	501 (c)(3)		39,396	Fair Mkt Val	Med Suppl	ON-GOING
Crossroads Medical Mission Inc 300 West Valley Drive Bristol, VA 24201	54-2038877	501 (c)(3)		39,311	Fair Mkt Val	Med Suppl	ON-GOING

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Good Shepherd Community Clinic 240 East Washington ST Martinsville, IN 46151	35-1365963	501 (c)(3)		38,846	Fair Mkt Val	Med Suppl	ON-GOING
Cincinnati Health Network Inc 2825 Burnet Avenue Cincinnati, OH 45219	31-1182378	501 (c)(3)		37,765	Fair Mkt Val	Med Suppl	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)		36,355	Fair Mkt Val	Med Suppl	ON-GOING
Community Health and Social Services Center 5635 W FORT ST DETROIT, MI 482093154	38-3094394	501 (c)(3)		36,230	Fair Mkt Val	Med Suppl	ON-GOING

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Greater Greenwood United Ministry Free Medical Cl 1404 EDGEFIELD STREET GREENWOOD, SC 29384	57-1012393	501 (c)(3)		35,986	Fair Mkt Val	Med Suppl	ON-GOING
Oasis of Hope Center 522 LEONARD ST NW GRAND RAPIDS, MI 49504	20-2781312	501 (c)(3)		35,425	Fair Mkt Val	Med Suppl	ON-GOING

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FernCare Free Clinic Inc459 E Nine Mile Road Ferndale, MI 48220	32-0246843	501 (c)(3)		34,816	Fair Mkt Val	Med Suppl	ON-GOING
Health Partners Inc3070 CRAIN HIGHWAY WALDORF, MD 20601	52-1767044	501 (c)(3)		34,673	Fair Mkt Val	Med Suppl	ON-GOING

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Malta House of Care Inc 19 WOODLAND STREET HARTFORD, CT 06105	20-3562424	501 (c)(3)		34,527	Fair Mkt Val	Med Suppl	ON-GOING
River Hills Community Health Center 201 South Market Street Ottumwa, IA 52501	42-1489471	501 (c)(3)		34,293	Fair Mkt Val	Med Suppl	ON-GOING



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COMMUNITY HEALTH CLINIC OF JOPLIN701 S Joplin Ave Joplin, MO 64801	43-1643962	501 (c)(3)		34,185	Fair Mkt Val	Med Suppl	ON-GOING
Raleigh Rescue Mission314 E Hargett St Raleigh, NC 27601	56-6024168	501 (c)(3)		34,168	Fair Mkt Val	Med Suppl	ON-GOING

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RAPHA CLINIC OF WEST GEORGIA INC109B ALLEN MEMORIAL DRIVE BREMEN, GA 30110	27-1188932	501 (c)(3)		34,102	Fair Mkt Val	Med Suppl	ON-GOING
Traverse Health Clinic3147 LOGAN VALLEY RD TRAVERSE CITY, MI 49684	30-0224028	501 (c)(3)		33,465	Fair Mkt Val	Med Suppl	ON-GOING

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CHAFFEE PEOPLES CLINIC 448 E 1st Street 148 Salida, CO 81201	20-5114022	501 (c)(3)		33,144	Fair Mkt Val	Med Suppl	ON-GOING
Hands of Hope Clinic Inc 1010 HOSPITAL DRIVE BLDG B STOCKBRIDGE, GA 30281	42-1591970	501 (c)(3)		32,924	Fair Mkt Val	Med Suppl	ON-GOING

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Cowlitz Family Health Center 1057 12TH AVENUE LONGVIEW, WA 98632	91-0896241	501 (c)(3)		32,693	Fair Mkt Val	Med Suppl	ON-GOING
Free Clinic Sussex County 4 DILLER AVE AND SPRING STR NEWTON, NJ 07860	45-4224214	501 (c)(3)		31,688	Fair Mkt Val	Med Suppl	ON-GOING

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Siouxland Community Health Center 1021 Nebraska St Sioux City, IA 51105	42-1374894	501 (c)(3)		31,673	Fair Mkt Val	Med Suppl	ON-GOING
PediPlace 502 S Old Orchard Lane Lewisville, TX 75067	75-2512752	501 (c)(3)		30,826	Fair Mkt Val	Med Suppl	ON-GOING

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Matagorda Episcopal Health Outreach Program 101 AVENUE F BAY CITY, TX 77414	20-0537948	501 (c)(3)		30,386	Fair Mkt Val	Med Suppl	ON-GOING
RUTHS PLACE 1411 CRAWFORD AVENUE GRANBURY, TX 76048	20-4594680	501 (c)(3)		29,490	Fair Mkt Val	Med Suppl	ON-GOING

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Rural Health Services Inc 4645 Augusta Rd Beech Island, SC 29842	23-7085643	501 (c)(3)		29,154	Fair Mkt Val	Med Suppl	ON-GOING
Clinica Colorado8406 CLAY ST WESTMINSTER, CO 80031	27-3794068	501 (c)(3)		28,734	Fair Mkt Val	Med Suppl	ON-GOING

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South Central Public Health District 1020 Washington St N Twin Falls, ID 83301	82-0335043	501 (c)(3)		27,577	Fair Mkt Val	Med Suppl	ON-GOING
Lubbock Impact TTUHSC Free Clinic 2707 34th St Lubbock, TX 79416	26-1607120	501 (c)(3)		27,341	Fair Mkt Val	Med Suppl	ON-GOING



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Volunteers in Medicine 190 N Pennsylvania Ave Wilkes Barre, PA 18702	20-3531527	501 (c)(3)		27,163	Fair Mkt Val	Med Suppl	ON-GOING
Bear River Health Department 655 East 1300 North Logan, UT 84341	87-0109001	501 (c)(3)		26,689	Fair Mkt Val	Med Suppl	ON-GOING

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New Hope Clinic Inc 201 W BOILING SPRING RD SOUTHPORT, NC 28461	31-1614379	501 (c)(3)		26,451	Fair Mkt Val	Med Suppl	ON-GOING
Buena Vista County Public Health and Home Care 1709 E RICHLAND ST STORM LAKE, IA 50588	42-6005256	501 (c)(3)		25,940	Fair Mkt Val	Med Suppl	ON-GOING

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Refuge Clinic 525 Corral Street Lexington, KY 40508	37-1547506	501 (c)(3)		24,930	Fair Mkt Val	Med Suppl	ON-GOING
University of Louisville Wings Clinic 550 S JACKSON STREET LOUISVILLE, KY 40202	61-1029626	501 (c)(3)		24,761	Fair Mkt Val	Med Suppl	ON-GOING

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University of Miami 1601 NW 12 Ave 4067 Miami, FL 33136	59-0624458	501 (c)(3)		24,730	Fair Mkt Val	Med Suppl	ON-GOING
Kitsap Public Health District 345 6TH ST STE 300 BREMERTON, WA 98337	42-1689063	501 (c)(3)		24,673	Fair Mkt Val	Med Suppl	ON-GOING

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Midtown Community Health Center 2240 Adams Ave Ogden, UT 84401	87-0540039	501 (c)(3)		24,636	Fair Mkt Val	Med Suppl	ON-GOING
BRENTWOOD FAMILY HEALTH CENTER 1869 Brentwood Road Brentwood, NY 11717	11-1704595	501 (c)(3)		24,636	Fair Mkt Val	Med Suppl	ON-GOING

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Whatcom County Health Department 1500 N State St Bellingham, WA 98225	91-6001383	501 (c)(3)		24,635	Fair Mkt Val	Med Suppl	ON-GOING
The CARE Clinic 239 ROBESON STREET FAYETTEVILLE, NC 28301	56-1837010	501 (c)(3)		24,291	Fair Mkt Val	Med Suppl	ON-GOING

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Weber Morgan Health Dept 477 23rd St Ogden, UT 84401	87-6000308	501 (c)(3)		24,137	Fair Mkt Val	Med Suppl	ON-GOING
NEW ORLEANS CHILDRENS HEALTH PROJECT1440 Canal St Suite 974 New Orleans, LA 70112	72-0423889	501 (c)(3)		23,763	Fair Mkt Val	Med Suppl	ON-GOING

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ONEWORLD COMMUNITY HEALTH CENTERS INC 4920 S 30TH STREET SUITE 103 OMAHA, NE 68107	47-0548990	501 (c)(3)		23,638	Fair Mkt Val	Med Suppl	ON-GOING
Tri City Health Partnership 318 Walnut Street Saint Charles, IL 60174	36-4475369	501 (c)(3)		23,553	Fair Mkt Val	Med Suppl	ON-GOING



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MetroWest Free Medical Program 105 HUDSON RD Sudbury, MA 01776	04-3822273	501 (c)(3)		22,903	Fair Mkt Val	Med Suppl	ON-GOING
Dade County Health Department 413 w water street greenfield, MO 65661	43-1266535	501 (c)(3)		22,613	Fair Mkt Val	Med Suppl	ON-GOING

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Brevard Health Alliance 220 Barton Blvd Rockledge, FL 32955	90-0068515	501 (c)(3)		21,598	Fair Mkt Val	Med Suppl	ON-GOING
I Care San Antonio 1 Haven for Hope Way San Antonio, TX 78207	74-2690192	501 (c)(3)		21,125	Fair Mkt Val	Med Suppl	ON-GOING

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Glendale Community Free Health Clinic 134 N Kenwood St Glendale, CA 91206	87-0732681	501 (c)(3)		20,551	Fair Mkt Val	Med Suppl	ON-GOING
Southwest District Health Department 13307 S Miami Lane Caldwell, ID 83607	82-6000952	501 (c)(3)		20,530	Fair Mkt Val	Med Suppl	ON-GOING

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Lynnfield Board of Health 55 Summer Street Lynnfield, MA 01940	04-6001207	501 (c)(3)		20,530	Fair Mkt Val	Med Suppl	ON-GOING
Butler County Health Department 1619 North Main Street Poplar Bluff, MO 63901	43-1070380	501 (c)(3)		20,530	Fair Mkt Val	Med Suppl	ON-GOING

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DAVIS COUNTY HEALTH DEPARTMENT 22 SOUTH STATE STREET CLEARFIELD, UT 84015	87-6000297	501 (c)(3)		20,530	Fair Mkt Val	Med Suppl	ON-GOING
Wasatch County Health Department 55 South 500 East Heber City, UT 84032	87-6000299	501 (c)(3)		20,530	Fair Mkt Val	Med Suppl	ON-GOING

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SNOHOMISH HEALTH DISTRICT 3020 Rucker Avenue Everett, WA 98201	91-1866899	501 (c)(3)		20,530	Fair Mkt Val	Med Suppl	ON-GOING
Cape Girardeau County Public Health Center PO Box 1839 Cape Girardeau, MO 63702	43-1426014	501 (c)(3)		20,530	Fair Mkt Val	Med Suppl	ON-GOING

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Linn County Health Department 635 S MAIN STREET BROOKFIELD, MO 64628	43-1268666	501 (c)(3)		20,530	Fair Mkt Val	Med Suppl	ON-GOING
Centro San Vicente 8061 ALAMEDA AVE EL PASO, TX 79915	74-2505561	501 (c)(3)		20,530	Fair Mkt Val	Med Suppl	ON-GOING

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Central Utah Public Health Department 70 Westview Dr Richfield, UT 84701	87-0629869	501 (c)(3)		20,530	Fair Mkt Val	Med Suppl	ON-GOING
Cornerstone Assistance Network 3500 NOBLE FORT WORTH, TX 76111	75-2417646	501 (c)(3)		19,751	Fair Mkt Val	Med Suppl	ON-GOING



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Southeastern Idaho Public Health 1901 Alvin Ricken Drive Pocatello, ID 83201	82-6000952	501 (c)(3)		19,698	Fair Mkt Val	Med Suppl	ON-GOING
DuPage County Health Department 111 N COUNTY FARM ROAD WHEATON, IL 60187	36-6006553	501 (c)(3)		19,698	Fair Mkt Val	Med Suppl	ON-GOING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Heart Ministry Center 2222 Binney Street Omaha, NE 68110	81-0614816	501 (c)(3)		19,490	Fair Mkt Val	Med Suppl	ON-GOING
Pitt County Care Inc Brody Bldg 2N-45 Greenville, NC 27834	56-2097183	501 (c)(3)		18,769	Fair Mkt Val	Med Suppl	ON-GOING

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Magis ClinicSiena/Francis House Omaha,NE 68102	47-0376583	501 (c)(3)		18,640	Fair Mkt Val	Med Suppl	ON-GOING
Lighthouse Medical Ministries2801 South Robinson Oklahoma City,OK 73109	20-0503733	501 (c)(3)		18,288	Fair Mkt Val	Med Suppl	ON-GOING

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ACCESS COMMUNITY HEALTH CENTER 83 Maiden Lane 6th Floor new york, NY 10038	13-4032078	501 (c)(3)		18,242	Fair Mkt Val	Med Suppl	ON-GOING
Niagara County Health Department 1001 11th Street Niagara Falls, NY 14301	16-6002564	501 (c)(3)		17,293	Fair Mkt Val	Med Suppl	ON-GOING

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Fish River Rural Health 10 Carter Street Eagle Lake, ME 04739	01-0452749	501 (c)(3)		16,631	Fair Mkt Val	Med Suppl	ON-GOING
Webster County Health Department 723 1ST AVENUE SOUTH FORT DODGE, IA 50501	42-6004677	501 (c)(3)		16,424	Fair Mkt Val	Med Suppl	ON-GOING

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Polk County Health Department 1907 Carpenter Ave Des Moines, IA 50314	42-6004519	501 (c)(3)		16,424	Fair Mkt Val	Med Suppl	ON-GOING
SIOUXLAND DISTRICT HEALTH DEPARTMENT 1014 NEBRASKA STREET SIOUX CITY, IA 51105	42-6005221	501 (c)(3)		16,091	Fair Mkt Val	Med Suppl	ON-GOING

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Anderson Free Clinic 414 N FANT ST ANDERSON, SC 29621	57-0787584	501 (c)(3)		15,635	Fair Mkt Val	Med Suppl	ON-GOING
GOOD HEALTH CLINIC INC 91555 OSEAS HWY 2 Tavernier, FL 33070	04-3745805	501 (c)(3)		14,767	Fair Mkt Val	Med Suppl	ON-GOING

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Native American Community Health Center-West 2423 W Dunlap Ave Phoenix, AZ 85021	94-2540194	501 (c)(3)		14,539	Fair Mkt Val	Med Suppl	ON-GOING
Livingstone Community Development Corporation 12362 Beach Blvd Stanton, CA 90680	27-0947808	501 (c)(3)		14,412	Fair Mkt Val	Med Suppl	ON-GOING



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North Coast Health Ministry 16110 Detroit Avenue Lakewood, OH 44107	34-1536257	501 (c)(3)		14,270	Fair Mkt Val	Med Suppl	ON-GOING
Charlotte Community Health Clinic6900 FARMINGDALE DR CHARLOTTE, NC 28212	56-2274174	501 (c)(3)		14,199	Fair Mkt Val	Med Suppl	ON-GOING

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Columbia County DOH325 COLUMBIA STREET HUDSON, NY 12534	14-6002564	501 (c)(3)		14,121	Fair Mkt Val	Med Suppl	ON-GOING
Zufall Health Center18 W BLACKWELL STREET DOVER, NJ 07801	22-3125397	501 (c)(3)		14,086	Fair Mkt Val	Med Suppl	ON-GOING

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St Anthony Medical Clinic 150 Golden Gate Avenue San Francisco, CA 94102	94-1513140	501 (c)(3)		13,976	Fair Mkt Val	Med Suppl	ON-GOING
Free Medical Clinic of Darlington County 203 GROVE STREET DARLINGTON, SC 29532	58-2445265	501 (c)(3)		13,569	Fair Mkt Val	Med Suppl	ON-GOING

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Banner School Based Health Centers 1400 S Dobson Mesa, AZ 85202	90-0054201	501 (c)(3)		13,525	Fair Mkt Val	Med Suppl	ON-GOING
Clinton County Health Department 133 Margaret St Plattsburgh, NY 12901	14-6002565	501 (c)(3)		13,345	Fair Mkt Val	Med Suppl	ON-GOING

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Livingston County Health Center 800 ADAM DRIVE CHILLICOTHE, MO 64601	43-1103989	501 (c)(3)		12,318	Fair Mkt Val	Med Suppl	ON-GOING
Erie County Health Department 608 William St Buffalo, NY 14206	16-6002558	501 (c)(3)		12,318	Fair Mkt Val	Med Suppl	ON-GOING

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Martin Luther King Jr Community Health Center 1556 STRAIGHT PATH WYANDANCH, NY 11798	11-6000464	501 (c)(3)		12,318	Fair Mkt Val	Med Suppl	ON-GOING
Grays Harbor County Public Health2109 Sumner Ave Aberdeen, WA 98520	91-6001320	501 (c)(3)		12,318	Fair Mkt Val	Med Suppl	ON-GOING

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KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT 507 N NANUM SUITE 102 ELLENSBURG, WA 98926	91-6001349	501 (c)(3)		12,318	Fair Mkt Val	Med Suppl	ON-GOING
Nhan Hoa Comprehensive Health Care Clinic 7761 Garden Grove Blvd Garden Grove, CA 92841	33-0477323	501 (c)(3)		12,256	Fair Mkt Val	Med Suppl	ON-GOING

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Chautauqua County Health Department 7 North Erie Street Mayville, NY 14757	16-6002556	501 (c)(3)		12,173	Fair Mkt Val	Med Suppl	ON-GOING
Wayne County Health Department 405 NORTH BASIN ROAD FAIRFIELD, IL 62837	37-6002324	501 (c)(3)		12,152	Fair Mkt Val	Med Suppl	ON-GOING



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Cole County Health Department 1616 INDUSTRIAL DRIVE JEFFERSON CITY, MO 65109	44-6000488	501 (c)(3)		11,819	Fair Mkt Val	Med Suppl	ON-GOING
Edward R Leahy Jr Center Clinic for the Uninsured 800 Linden Street Scranton, PA 18510	24-0795495	501 (c)(3)		11,314	Fair Mkt Val	Med Suppl	ON-GOING

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Navajo County Public Health 600 N 9TH PLACE SHOW LOW, AZ 85901	86-6000541	501 (c)(3)		10,265	Fair Mkt Val	Med Suppl	ON-GOING
VOLUNTEERS IN MEDICINE Volunteers in Medicine Hilton Head Island, SC 29926	57-0959206	501 (c)(3)		10,250	Fair Mkt Val	Med Suppl	ON-GOING

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The Free Clinics of Henderson County 841 CASE STREET HENDERSONVILLE, NC 28792	56-2212024	501 (c)(3)		10,125	Fair Mkt Val	Med Suppl	ON-GOING
Kalsipel Tribe of Indians Camas Center Clinic 1821 NORTH LECLERC ROAD CUSICK, WA 99119	91-0875018	501 (c)(3)		10,073	Fair Mkt Val	Med Suppl	ON-GOING

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Water Street Health Services 210 S Prince Street Lancaster, PA 17603	23-2798318	501 (c)(3)		9,894	Fair Mkt Val	Med Suppl	ON-GOING
Southwest Nebraska Public Health Department 404 W 10th Street McCook, NE 69001	03-0462335	501 (c)(3)		9,849	Fair Mkt Val	Med Suppl	ON-GOING

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EASTERN STATE HOSPITAL 850 MAPLE ST MEDICAL LAKE, WA 99022	91-6001079	501 (c)(3)		9,061	Fair Mkt Val	Med Suppl	ON-GOING
Christ Clinic 914 W Carlisle Ave Spokane, WA 99205	91-1435174	501 (c)(3)		8,911	Fair Mkt Val	Med Suppl	ON-GOING

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COMMUNITY HEALTH SERVICES OF UNION COUNTY INC415-B EAST WINDSOR STREET MONROE, NC 28112	46-0495947	501 (c)(3)		8,347	Fair Mkt Val	Med Suppl	ON-GOING
BETHESDA FREE HEALTH CLINIC OF DIBERVILLE 10701 Boney Ave DIBERVILLE, MS 39540	27-3534168	501 (c)(3)		8,292	Fair Mkt Val	Med Suppl	ON-GOING

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Christian Community Action 200 South Mill Street Lewisville, TX 75057	23-7319371	501 (c)(3)		8,292	Fair Mkt Val	Med Suppl	ON-GOING
MARYS CENTER3912 Georgia Ave NW Washington, DC 20011	52-1594116	501 (c)(3)		8,212	Fair Mkt Val	Med Suppl	ON-GOING

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Curtis V Cooper Primary Health Center 106 East Broad St Savannah, GA 31401	58-1136296	501 (c)(3)		8,212	Fair Mkt Val	Med Suppl	ON-GOING
Panhandle Public Health Department 1930 East 20th Place Scottsbluff, NE 69361	03-0475216	501 (c)(3)		8,212	Fair Mkt Val	Med Suppl	ON-GOING



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Oneida County Health Department 406 Elizabeth Street Utica, NY 13501	15-6000460	501 (c)(3)		8,212	Fair Mkt Val	Med Suppl	ON-GOING
Mountainlands Community Health Center 589 South State Street Provo, UT 84660	87-0515716	501 (c)(3)		8,212	Fair Mkt Val	Med Suppl	ON-GOING

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ST LUKES FAMILY HEALTH CENTER 4251 River Center Court NE Cedar Rapids, IA 52402	54-0504780	501 (c)(3)		8,212	Fair Mkt Val	Med Suppl	ON-GOING
STE GENEVIEVE COUNTY HEALTH DEPARTMENT 115 BASLER DRIVE STE GENEVIEVE, MO 63670	43-1261308	501 (c)(3)		8,212	Fair Mkt Val	Med Suppl	ON-GOING

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Red Willow County Health Department 1400 West 5th St McCook, NE 69001	47-6006500	501 (c)(3)		8,212	Fair Mkt Val	Med Suppl	ON-GOING
SUMMIT COUNTY HEALTH DEPARTMENT 85 NORTH 50 EAST COALVILLE, UT 84017	87-6000295	501 (c)(3)		8,212	Fair Mkt Val	Med Suppl	ON-GOING

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ST ANDREW COMMUNITY MEDICAL CENTER 3101-B WEST HIGHWAY 98 PANAMA CITY, FL 32401	32-0103234	501 (c)(3)		8,088	Fair Mkt Val	Med Suppl	ON-GOING
Live Oak Clinic of Brazosport 796 S Brazosport Blvd Clute, TX 77531	30-0395491	501 (c)(3)		7,946	Fair Mkt Val	Med Suppl	ON-GOING

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camino health center30300 Camino Capistrano San Juan Capistrano, CA 92675	33-0574214	501 (c)(3)		7,879	Fair Mkt Val	Med Suppl	ON-GOING
SUFFOLK DOH AMITYVILLE 1080 Sunrise Hwy Amityville, NY 11701	11-6000464	501 (c)(3)		7,879	Fair Mkt Val	Med Suppl	ON-GOING

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CITY OF INDEPENDENCE HEALTH DEPARTMENT 515 S Liberty Independence, MO 64050	44-6000190	501 (c)(3)		7,879	Fair Mkt Val	Med Suppl	ON-GOING
Volunteer Healthcare Clinic 4215 MEDICAL PARKWAY AUSTIN, TX 78756	74-6082464	501 (c)(3)		7,827	Fair Mkt Val	Med Suppl	ON-GOING

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Community Health Service Agency 4500 WESLEY GREENVILLE, TX 75403	75-1528614	501 (c)(3)		7,762	Fair Mkt Val	Med Suppl	ON-GOING
San Francisco Free Clinic 4900 CALIFORNIA ST SAN FRANCISCO, CA 94118	94-3186248	501 (c)(3)		7,338	Fair Mkt Val	Med Suppl	ON-GOING

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Volunteers in Medicine Berkshires 777 MAIN STREET STE 4 GREAT BARRINGTON, MA 01230	90-0140004	501 (c)(3)		7,008	Fair Mkt Val	Med Suppl	ON-GOING
CARIN CLINIC 5150 ALLSON ST ARVADA, CO 80002	84-1331444	501 (c)(3)		6,988	Fair Mkt Val	Med Suppl	ON-GOING



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HOMEFRONT88 Hamilton Avenue Stamford, CT 06902	30-0281085	501 (c)(3)		6,888	Fair Mkt Val	Med Suppl	ON-GOING
PEOPLES HEALTH CLINIC 650 ROUND VALLEY DRIVE Park City, UT 84060	87-0638042	501 (c)(3)		6,798	Fair Mkt Val	Med Suppl	ON-GOING

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Centre Volunteers In Medicine 2520 Green Tech Dr Ste D State College, PA 16803	25-1897969	501 (c)(3)		6,546	Fair Mkt Val	Med Suppl	ON-GOING
City on a Hill Ministries Health Clinic 100 S Pine St Suite 140 Zeeland, MI 49464	20-3901260	501 (c)(3)		6,537	Fair Mkt Val	Med Suppl	ON-GOING

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Alcona Citizens for Health (dba Alcona Health Cent)177 N BARLOW RD LINCOLN, MI 48742	38-2170985	501 (c)(3)		6,522	Fair Mkt Val	Med Suppl	ON-GOING
Grinnell Regional Public Health306 4th Ave Grinnell, IA 50112	42-0933383	501 (c)(3)		6,198	Fair Mkt Val	Med Suppl	ON-GOING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISITING NURSE ASSOC COMMUNITY HEALTH CENTER1301 Main Street Asbury Park, NJ 07712	22-3321236	501 (c)(3)		5,993	Fair Mkt Val	Med Suppl	ON-GOING
weymouth health department 75 middle street weymouth, MA 02189	04-6001363	501 (c)(3)		5,909	Fair Mkt Val	Med Suppl	ON-GOING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Essex County Public Health 132 WATER ST ELIZABETHTOWN, NY 12932	14-6002889	501 (c)(3)		5,909	Fair Mkt Val	Med Suppl	ON-GOING
Steuben County Public Health & Nursing Services STEUBEN COUNTY PUBLIC HEALTH BATH, NY 14810	16-6002567	501 (c)(3)		5,909	Fair Mkt Val	Med Suppl	ON-GOING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FEEDING AMERICA 35 East Wacker Drive Chicago, IL 60601	36-3673599	501 (c)(3)		5,858	Fair Mkt Val	Med Suppl	ON-GOING
Monroe County Dept of Public Health 111 Westfall Rd Rochester, NY 14620	16-6002563	501 (c)(3)		5,764	Fair Mkt Val	Med Suppl	ON-GOING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lewis County Public Health and Social Services 360 NW NORTH ST CHEHALIS, WA 98532	91-6001351	501 (c)(3)		5,764	Fair Mkt Val	Med Suppl	ON-GOING
Charitable Pharmacy of Central Ohio 200 EAST LIVINGSTON AVE COLUMBUS, OH 43215	27-0147099	501 (c)(3)		5,748	Fair Mkt Val	Med Suppl	ON-GOING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Ashland Free Medical Clinic 16539 Ashland Ave San Lorenzo, CA 94580	68-0554276	501 (c)(3)		5,583	Fair Mkt Val	Med Suppl	ON-GOING
Amaus Health Services at Cathedral 259 East Onondaga St Syracuse, NY 13202	61-1548780	501 (c)(3)		5,566	Fair Mkt Val	Med Suppl	ON-GOING



**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Cattaraugus County Health Department 1 Leo Moss Drive Olean, NY 14760	16-6002555	501 (c)(3)		5,512	Fair Mkt Val	Med Suppl	ON-GOING
Volunteers in Medicine - San Diego 1457 E Madison Avenue El Cajon, CA 92019	26-0057391	501 (c)(3)		5,484	Fair Mkt Val	Med Suppl	ON-GOING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Parker Family Health Center 211 Shrewsbury Ave Red Bank, NJ 07701	22-3619518	501 (c)(3)		5,417	Fair Mkt Val	Med Suppl	ON-GOING
Calhoun County Public Health 501 Court Street Lohrville, IA 50579	42-6005168	501 (c)(3)		5,338	Fair Mkt Val	Med Suppl	ON-GOING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH BROWARD HOSPITAL DISTRICT DBA BROWARD HEAL303 SE 17TH STREET SUITE 309 FORT LAUDERDALE, FL 33316	59-6012065	501 (c)(3)		5,133	Fair Mkt Val	Med Suppl	ON-GOING
Spencer Hospital-Clay County Public Health1200 1st Ave E Spencer,IA 51301	42-6005883	501 (c)(3)		5,133	Fair Mkt Val	Med Suppl	ON-GOING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Good Samaritan Health & Wellness 175 SAMARITAN DRIVE JASPER, GA 30143	58-2576315	501 (c)(3)		5,125	Fair Mkt Val	Med Suppl	ON-GOING
Kankakee County Health Dept 2390 W Station St Kankakee, IL 609013000	36-6006595	501 (c)(3)		5,091	Fair Mkt Val	Med Suppl	ON-GOING

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
AmeriCares Foundation Inc

Employer identification number

06-1008595

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

**b** If any of the boxes 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

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

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

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

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

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

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

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

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

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

- a** The organization?
- b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>	Yes	
<b>8</b>		No
<b>9</b>		

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

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

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

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

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
Schedule J, Part I, Line 7		The AmeriCares Foundation authorized the issuance of one bonus in fiscal 2013 to the Senior V P of Communications, Carol Shattuck. This bonus was authorized by the President & CEO Curtis Welling and was offered in recognition of Ms. Shattuck assuming the job responsibilities of the SVP of Development in addition to her regular duties.

**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		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Curtis R Welling	(i) (ii)	272,296			16,500	26,754	315,550	
Kevin Gilrain	(i) (ii)	169,056			10,185	18,388	197,629	
Christoph Gorder	(i) (ii)	139,629			8,569	21,959	170,157	
Ella Gudwin	(i) (ii)	115,303			7,280	29,738	152,321	
Gary Leeds	(i) (ii)	141,060			8,445	9,194	158,699	
Katherine Sears	(i) (ii)	215,133			13,287	21,910	250,330	
Carol Shattuck	(i) (ii)	178,066	30,000		10,821	19,889	238,776	
Lee Weiner	(i) (ii)	131,025			0	25,243	156,268	
Adam Zayan	(i) (ii)	145,831			8,652	24,190	178,673	
Frank Bia	(i) (ii)	180,560			11,140	28,754	220,454	



SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization AmeriCares Foundation Inc

Employer identification number

06-1008595

Part I Types of Property

Table with 4 columns: (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. Rows include Art, Books, Clothing, Cars, Boats, Intellectual property, Securities, Real estate, Collectibles, Food, Drugs, Taxidermy, Historical artifacts, Scientific specimens, Archeological artifacts, and Other (HYGIENE).

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 33

Table with 3 columns: Question, Yes, No. Rows include 30a (During the year, did the organization receive by contribution any property...), 31 (Does the organization have a gift acceptance policy...), 32a (Does the organization hire or use third parties...), and 33 (If the organization did not report an amount in column (c) for a type of property...).

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

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

**Schedule M (Form 990) (2012)**

**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 to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization  
AmeriCares Foundation Inc

**Employer identification number**

06-1008595

Identifier	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 Audit Committee of the Board of Directors for review and comment. Comments are addressed and the form is distributed to the entire Board of Directors.

Identifier	Return Reference	Explanation
Conflict of Interest Policy	Form 990, Part VI, Line 12	<p>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>

Identifier	Return Reference	Explanation
Process for determining compensation	Form 990, Part VI, Line 15	The Board of Directors determines compensation of the CEO, who receives the same compensation as when he started with AmeriCares in 2002. He has not accepted any annual increases or adjustments to his compensation, although in November 2008, and again in April 2009, he did accept a reduction in compensation as part of an organization-wide action. The Organization's Chief Executive determines the compensation of other senior staff and may utilize available market data, salary survey results and other available tools to substantiate decisions.

Identifier	Return Reference	Explanation
Public disclosure of documents	Form 990, Part VI, Line 19	The taxpayer 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 <a href="http://www.guidestar.org">www.guidestar.org</a> . 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.

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
Other changes in net assets	Form 990, Part XII, Line 5	Split interest agreement (\$133,888)

Identifier	Return Reference	Explanation
Significant Changes to Governing Documents	Form 990, Part VI, Line 4	The Americares Foundation amended its bylaws in fiscal 2013 to accomplish the following organizational changes: 1 The Foundation established term limits for Board Members and Committee Chairs 2 The Foundation combined its Audit and Risk Committees 3 The Foundation expanded the role of the Development Committee to encompass communications and marketing efforts, and 4 The Foundation modified the role of its Discretionary Committee



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
AmeriCares Foundation Inc

**Employer identification number**

06-1008595

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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

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

(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
<b>(1)</b> AmeriCares Free Clinics Inc 88 Hamilton Avenue Stamford, CT 06902 06-1422741	Health care	CT	501(c)(3)	7	na	Yes	

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

(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	

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

(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

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to 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
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

	Yes	No
<b>1a</b>		No
<b>1b</b>	Yes	
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>	Yes	
<b>1r</b>		No
<b>1s</b>		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 other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> AMERICARES FREE CLINICS INC	B	236,541	CASH
<b>(2)</b> AMERICARES FREE CLINICS INC	B	590,799	FMV
<b>(3)</b> AMERICARES FREE CLINICS INC	Q	46,967	FMV



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

**Part VII Supplemental Information**

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

Identifier	Return Reference	Explanation	
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